



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PERSONAL INFORMATION

NAME (LAST NAME, FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY/ RESEARCH WORK OR SPECIAL TRAINING/ SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

(CONTINUED ON OTHER SIDE)

GIVE BELOW THE NAMES OF THREE PERSON NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMALT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO RESPENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS			CHARACTER		
PERSONALITY			ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES	

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

DFW SECURITY PROTECTIVE FORCE provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws, DFW SECURITY PROTECTIVE FORCE complies with applicable state and local laws governing non-discrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

THESE ARE THE ESSENTIAL FUNCTIONS OF THE POSITION OF SECURITY OFFICER.

Conditional Offer of Employment

**ARE YOU ABLE TO PERFORM THESE DUTIES,
WITH OR WITHOUT ANY ACCOMMODATION?**

Do you have a reliable vehicle?	Y	N
Are you willing to work Holidays?	Y	N
Do you have a cell phone?	Y	N
Stand for a complete 8-12 hour shift.	Y	N
Walk carrying 5 pounds of equipment for an 8-12 hour shift.	Y	N
Work in different climates (hot, cold, rain & ect.)	Y	N
Climb a stairwell consisting of 10 flights, in an emergency.	Y	N
Squat and bend to read gauges.	Y	N
Climb in and out of a tractor trailer while conducting searches.	Y	N
Read ID badges up to 3 feet away, regular print.	Y	N
Drive a vehicle continuously for 8-12 hour shifts.	Y	N
Endure temperature extremes for 8-12 hour shifts.	Y	N
Operate firefighting equipment easily and quickly, after being trained.	Y	N
Respond to an emergency situation by moving quickly to investigate	Y	N
Or use reasonable force to prevent a crime in progress.	Y	N
Open and close 70 pounds, 35 feel long gates.	Y	N
Lift or drag up to 150 pounds for 25 feet, in an emergency.	Y	N
Recognize through the sense of smell both usual and unusual odors.	Y	N
See, recognize, identify and describe objects in poorly lighted areas.	Y	N
Hear, recognize and identify both usual and unusual sounds in noisy conditions.	Y	N

I understand that any offer of employment, if given, is conditional pending final inspection and approval of my personnel file by the Employee Selection controller.

Applicant's Signature

Date

Security Guard & Patrol Work Experience

Job Site Name: _____ Client Security Supervisor Name: _____

Job Site Address: _____ Client Security Supervisor Number: _____

Job Site Duties:

Multiple Officers : Y/N

Shift works: Morning/Evening/Night

Job Site Name: _____ Client Security Supervisor Name: _____

Job Site Address: _____ Client Security Supervisor Number: _____

Job Site Duties:

Multiple Officers : Y/N

Shift works: Morning/Evening/Night

Job Site Name: _____ Client Security Supervisor Name: _____

Job Site Address: _____ Client Security Supervisor Number: _____

Job Site Duties:

Multiple Officers : Y/N

Shift works: Morning/Evening/Night

******Please use back of page for more experience logs******



DFW SECURITY PROTECTIVE FORCE B11289

My Availability

Please mark an X in the appropriate box for the times you are available to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
12:00AM							
01:00AM							
02:00AM							
03:00AM							
04:00AM							
05:00AM							
06:00AM							
07:00AM							
08:00AM							
09:00AM							
10:00AM							
11:00AM							
12:00PM							
01:00PM							
02:00PM							
03:00PM							
04:00PM							
05:00PM							
06:00PM							
07:00PM							
08:00PM							
09:00PM							
10:00PM							
11:00PM							

You are confirming and informing DFW SECURITY PROTECTIVE FORCE of your availability to work. Failing to be available on the times you have provided DFW SECURITY PROTECTIVE FORCE can result in disciplinary action or up to termination.

DFW SECURITY PROTECTIVE FORCE reserves the right to change the schedule of an employee at any time. In such a case, DFW SECURITY PROTECTIVE FORCE will give you the affected employee as much notice in advance as possible of your new schedule. By signing below you understand and accept DFW SECURITY PROTECTIVE FORCE company policy. For any questions please give management a call at 817-831-2000

Print Name

Signature

Date

Manager Print Name

Signature

Date

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT

TO: (Name & Address of Employer)

Date: _____

RE: _____
Applicant

Last four digits of Social Security Number

I hereby authorize release of my employment information.

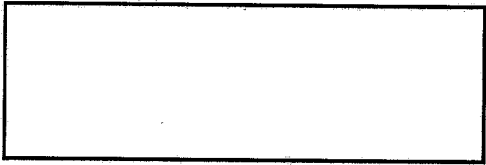
Signature of Applicant

Date

We, the undersigned applicant (s) authorize all persons or companies in the categories listed below to release without liability, all information regarding our employment, income and/or assets. The information may be released only to the applicant.

Owner's Name/Management Agent

Return Form To:



THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____

Job Position Held: _____

Presently Employed: YES _____ NO _____

Date First Employed _____ Last Day of Employment _____

Current Wages/Salary: \$ _____ (Check one)

- Hourly Weekly Bi-Weekly Semi-Monthly Monthly Yearly
 Other _____

Additional Remarks: _____

Employer's Signature

Employer's Print Name

Date

Employer(Company) Name and Address

Phone Number

Fax Number