



DATE RECEIVED _____

RECEIVED BY _____

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION IN BLACK INK OR TYPE, EXCEPT SIGNATURE.

These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "N/A." **DO NOT LEAVE QUESTIONS BLANK.** Be sure to sign when completed. Paladin Investigation & Security, LLC is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure.

How did you hear about us? _____

Applicant Information

Full Name:		Date of Birth:		Date Applied:	
List any other names used if different from name on this application: _____					
Address: (City, State, Zip) _____					
Phone: () _____	E-mail Address: _____				
Place of Birth: _____	Social Security No.: _____	Desired Salary: \$ _____			
Position Applied for: _____					
Are you at least 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you willing to work hours other than 8a-5p?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you at least 21 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Employment Desired	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Days/hours available to work	No Pref.		Thur _____		
			Fri _____		
			Sat _____		
			Sun _____		
	Is there anything in your background that would prohibit you from carrying a firearm if your employment requires you to do so? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain in detail: _____				
HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CLASS A OR B MISDEMEANOR OR A FELONY LEVEL OFFENSE IN ANY STATE?					
YES <input type="checkbox"/>			NO <input type="checkbox"/>		
If yes, explain in concise details giving dates and the nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: _____					
Do you have a driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Driver's License Number: _____		
			Issuing State: _____		
			Expiration Date: _____		
Have you had any accidents during the past 3 years? If so, how many? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Commercial (CDL) <input type="checkbox"/>		
Have you had any moving violations in the past 3 years? If so, how many? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Operator <input type="checkbox"/>		
Do you have any medical conditions that would prohibit you from performing the duties required of a Security Officer? These duties may include standing for long periods of time, running, lifting and possible struggles or wrestling with an uncooperative individual. YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain in detail: _____					

PALADIN

Investigation and Security, LLC
TPSB License #C11637



References

Please list two references other than relatives or previous employers.

Full Name:		Relationship:		Phone: ()
Full Name:		Relationship:		Phone: ()

Work Experience

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Company:		Phone: ()	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			

From:		To:		Reason for Leaving:	
May we contact your previous supervisor?				YES	NO

Company:		Phone: ()	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			

From:		To:		Reason for Leaving:	
May we contact your previous supervisor?				YES	NO

Company:		Phone: ()	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			

From:		To:		Reason for Leaving:	
May we contact your previous supervisor?				YES	NO

Company:		Phone: ()	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			

From:		To:		Reason for Leaving:	
May we contact your previous supervisor?				YES	NO

Company:		Phone: ()	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			

From:		To:		Reason for Leaving:	
May we contact your previous supervisor?				YES	NO

Military Service

Have you ever been in the armed forces?	Are you now a member of the National Guard?
Specialty	Date Entered Date Discharged
Reason for Discharge	



Disclaimer and Signature

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

In exchange for the consideration of my job application by Paladin Investigation & Security, LLC, TPSB License # C11637 (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Paladin Investigation & Security, LLC, TPSB License # C11637, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Paladin Investigation & Security, LLC, TPSB License # C11637 may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated); references, driving records, criminal background searches and others, and hereby release the Company from any liability as a result of such contract. _____ (initials of applicant)

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

1. *I certify that all the information provided by me in the connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.*
2. *I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.*
3. *I understand that Paladin Investigation & Security, LLC, TPSB License#C11637 will check the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.*
4. *I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and I release all such parties from all liability from any damages which may result from furnishing such information to you.*

THIS APPLICATION MUST BE SIGNED.

Signature:

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Date:

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