

SGT County Security Svcs LLC
License No:C12661701
4425 County Road 888
Phone: (832) 988-2383
Email: sgtcounty20@gmail.com

Employee Statement & Security Guard Application

In accordance with applicable law, this company is an equal opportunity employer and does not discriminate because of race, religion, color, age, gender, national origin, marital status, disability, genetic information, veteran status, sexual orientation, or any other status protected by law. No question on this application is intended to secure information to be used for such discrimination.

Applicant's Statement of Understanding and Authorization

I understand that this application will be given every consideration, but its receipt does not imply that the applicant will be employed. I understand that I may choose to leave any portion of the application incomplete or blank and that the following information is given voluntarily. I understand and authorize the company to obtain a consumer report of my financial and credit record as well as an investigative consumer report whereby information is obtained through personal interviews with neighbors, friends and others to whom I am acquainted with. This investigation includes information about my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a report. I give my permission to SGT County Security Svcs, LLC to contact any of my former employers to release all records of my employment including assessments of my job performance, ability and fitness. I understand that the company may require a motor vehicle record (MVR) report. I understand that SGT County Security Svcs, LLC reserves the right to require a medical examination as well as periodic physical and medical examinations and pre-employment as well as post-employment drug and alcohol testing, to the extent permitted by law. I hereby state that the dismissed from SGT County Security Svcs, LLC. If I am employed, I understand that such employment is at will and will not result in an employment contract for any specific term unless otherwise specified.

Instructions: Forms must be completed in blue or black ink. Incomplete forms will not be processed.

Application as (Check only One):

Non-Commissioned Officer

Commissioned Officer

APPLICANT INFORMATION

Social Security Number: _____ - _____ - _____

Date of Birth: _____ - _____ - _____

(Must be at least 18 years old to apply.) M M D D Y Y Y Y

Place of Birth: _____
City State Country

Gender: Male Female

First Name: _____ **Middle:** _____ **Last Name:** _____

DL/ID #: _____ **State:** _____ **Expires:** _____ **Restrictions:** _____

Race: White Black American Indian/Alaskan Native Asian or Pacific Islander Other Unknown

Home Address: (Required)

Mailing Address: (P.O. Box may be added to ensure delivery.)

City State Zip Code

City State Zip Code

Phone Number: _____

Email: _____

1. If employed, how soon can you report to work? _____

2. Type of employment: Full-Time Part-Time Temporary

3. Desired Salary? _____

4. Preferred work days/time: .

	MON	TUES	WED	THUR	FRI	SAT	SUN
SHIFT I							
SHIFT II							

5. Are you currently employed?

YES NO

→ *_IF "YES," you must submit an explanation for your desire to make a change of employment.*

6. Please provide a description of your security experience, including type of business and your duties.

7. Have you ever worked for this company before?

YES NO

→ *_IF "YES," give dates and position held*

8. Are you able to meet attendance requirements for this job?

YES NO

9. Do you have means of transportation to get to and from work?

YES NO

EMPLOYMENT

☞ Please enter the complete record of your occupation for your previous two employments.

Company Two Information:

Name of Company: _____

Employment Status: (Full/Part Time) _____

Hours/Week Worked: _____

Dates of Employment: (From - To) _____

Company Address: _____

Supervisor: _____

Business Telephone: _____

Position/Duties: _____

Company Two Information:

Name of Company: _____

Employment Status: (Full/Part Time) _____

Hours/Week Worked: _____

Dates of Employment: (From - To) _____

Company Address: _____

Supervisor: _____

Business Telephone: _____

Position/Duties: _____

EDUCATION

Classification	Name / Location	Major	Diploma / Degree
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High School or Equivalent			
College / University			
Other			

REFERENCES

Name	Occupation	Relationship	Phone No.	Years Known

GENERAL INFORMATION

☞ Check all uniform items owned:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Flash Light | <input type="checkbox"/> Firearm | <input type="checkbox"/> Black Work Pants | <input type="checkbox"/> Security Lights <input type="checkbox"/> |
| <input type="checkbox"/> Small Light | <input type="checkbox"/> Firearm Holster | <input type="checkbox"/> Dark Blue Shirt | Other: _____ <input type="checkbox"/> |
| <input type="checkbox"/> Baton | <input type="checkbox"/> Handcuffs | <input type="checkbox"/> Pepper Spray | Other: _____ |
| <input type="checkbox"/> Tactical Boots | <input type="checkbox"/> Handcuff Key | <input type="checkbox"/> Taser | |
| <input type="checkbox"/> Black Shoes | <input type="checkbox"/> S.O.'s | <input type="checkbox"/> Bullet Proof Vest | |
| <input type="checkbox"/> Nylon Sec. Belt | <input type="checkbox"/> Nameplate | <input type="checkbox"/> Shotgun | |
| <input type="checkbox"/> Leather Sec. Belt | <input type="checkbox"/> Security Badge | <input type="checkbox"/> Patrol Vehicle | |

☞ Check all Certifications that apply:

- | | | |
|--|------------------|-----------------|
| <input type="checkbox"/> Level 1 and 2 | Time Held? _____ | Exp.Date: _____ |
| <input type="checkbox"/> Level 3 Commission | Time Held? _____ | Exp.Date: _____ |
| <input type="checkbox"/> PPO (Personal Protection Officer) | Time Held? _____ | Exp.Date: _____ |
| <input type="checkbox"/> P.I. (Private Investigator) | Time Held? _____ | Exp.Date: _____ |
| <input type="checkbox"/> Armored Vehicle | Time Held? _____ | Exp.Date: _____ |
| <input type="checkbox"/> Manager's License | Time Held? _____ | Exp.Date: _____ |
| <input type="checkbox"/> Supervisor's License | Time Held? _____ | Exp.Date: _____ |
| <input type="checkbox"/> Salesperson License | Time Held? _____ | Exp.Date: _____ |
| <input type="checkbox"/> Shotgun | Time Held? _____ | Exp.Date: _____ |
| <input type="checkbox"/> O.C. Spray | Time Held? _____ | Exp.Date: _____ |
| <input type="checkbox"/> Baton | Time Held? _____ | Exp.Date: _____ |
| <input type="checkbox"/> CPR | Time Held? _____ | Exp.Date: _____ |
| <input type="checkbox"/> First Aid | Time Held? _____ | Exp.Date: _____ |

BACKGROUND QUESTIONNAIRE

Answer the following questions by checking either "YES" or "NO"

1. Are you a citizen of the United States or a legal resident of the United States in possession of a valid alien registration card? YES NO
→IF “NO,” you must submit an explanation.

2. Are you a peace officer? YES NO
→IF “YES,” and if you qualify for an exemption, you must submit further documentation.
If you DO NOT qualify, you must submit training certificates

3. Are you a retired police officer? YES NO
→IF “YES,” and if you qualify for an exemption, you must submit further documentation.
If you DO NOT qualify, you must submit training certificates.

4. Have you ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony? YES NO
→IF “YES,” you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.

5. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? YES NO
→IF “YES,” you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).

6. Has any license or permit issued to you or a company in which you are or were a principal in Texas State or elsewhere ever been revoked, suspended or denied? YES NO
→IF “YES,” you must submit an explanation.

7. Have you ever been discharged from a correctional or law enforcement agency for incompetence or misconduct as determined by a court of competent jurisdiction, administrative hearing officer, administrative law judge, arbiter, arbitration panel or other duly constituted tribunal, or resigned from such an agency while charged with misconduct or incompetence? YES NO
→IF “YES,” you must submit an explanation.

8. Have you ever been declared to be incompetent by reason of mental disease or defect, which has not been removed by any court of competent jurisdiction? YES NO
→IF “YES,” you must submit an explanation.

9. Have you ever applied in this state or elsewhere for a registration/license as a security guard; watch, guard or patrol agency; private investigator? YES NO
→IF “YES,” please provide the UID # or Reg. #.

10. Have you ever served in one of the US Military components, including Reserves, National Guard, or Air National Guard? YES NO
→IF “YES,” Where you discharged in any other means than honorable? Submit an explanation.

11. Are you still currently serving as a military member? YES NO
→IF “YES,” you must provide a copy of your DD214 and an explanation of branch and position you served.

DRUG AND/OR ALCOHOL TESTING CONSENT FORM

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of SGT County Security Svcs, LLC, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have SGT County Security Svcs, LLC and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the SGT County Security Svcs, LLC to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test. I also authorize SGT County Security Svcs, LLC to field test my specimen. If evidence is found, further testing may be required.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Applicant's Signature

Date Signed

Applicant's Printed Name: _____

UNIFORM AGREEMENT

First Name: _____ **Middle:** _____ **Last Name:** _____

Reg. I.D. #: _____

Each member of staff will be issued with corporate wear based on the Dynasty Security Services, LLC policy.

Qty	Item (Type/Color/Size)	Date Issued	Employee Initials	Date Returned	Amount Deducted	Mgr.'s Initials

I promise to return the above listed items that were loaned to me upon termination of my employment or if requested by management. I acknowledge that these loaned items have been issued to me for use during work related functions and not for personal use. It is my responsibility to care for and maintain these items in a responsible manner. I agree that I will be held financially responsible for the payment of the item(s) loaned to me in the event I fail to return them or lost/stolen. I further agree that my employer, SGT County Security Svcs, LLC, has the right to deduct the cost of each item from my earnings and/or report me to the Private Security Bureau for the items I fail to return from the above list.

Employee's Signature

Date

OFFICER INFORMATION

First Name: _____ Middle: _____ Last Name: _____

Address: _____

Phone: _____ DOB: _____ Nationality: _____

INFORMATION SHEET

_____ DL/ID #: _____ State: _____ Restriction _____

PSB _____ Reg. #: _____ State: _____ Reg. Type _____

VEHICLE INFORMATION

Make: _____ Year: _____ Color: _____ Lic. Plate #: _____

Model: _____

WEAPON INFORMATION

Primary

Type: _____ Model: _____ Caliber: _____ Serial #: _____

Shot Gun

Type: _____ Model: _____ Caliber: _____ Serial #: _____

Stun Gun

Type: _____ Model: _____ Caliber: _____ Serial #: _____

Other

