



**License #: C10529501**  
**TEX 1 SECURITY, INC**  
 DBA Texas Star Security  
 600 S. Valley Mills Dr., Waco, Texas 76711  
 Office: 254-752-3612  
 Email: [HR@txstarsecurity.org](mailto:HR@txstarsecurity.org)

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Position Applied for:	Date:
Salary Desired:	Date Available:
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Online Job Boards <input type="checkbox"/> Other:	
Are you able to perform the essential functions of the position with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Applicant Information

Last Name:	First Name:	M.I.:
Home Address: <i>(Required)</i>		Mailing Address: <i>(P.O. Box may be added to ensure delivery)</i>
Address:		Address:
City:	St:	Zip:
City:	St:	Zip:
Phone #:	Email:	

### Employment Information

Will Accept: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
If necessary for the position, I am able to work: <i>(Check all that apply)</i> <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd Shift <input type="checkbox"/> Overtime <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever completed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, when?</b> _____
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, when?</b> _____
Are you related to any company employee(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, name/relationship?</b> _____
Have you ever been convicted of, pleaded guilty, or no contest to, a crime or offense that is a class A or B misdemeanor, felony, or ever been court-martialed by the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any criminal charges currently pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: You must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition.</b>
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No   May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently possess a job-related license? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <b>If yes, type?</b> _____
Are you able to meet attendance requirements for this job? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Employment History

*(Include information for the last (5) years and/or your past (4) four employers starting with the most recent)*

Employer:	Phone #:
Address:	Supervisor:
Job Title:	Starting Salary:                      Ending Salary:
Dates employed: From                      To	
Responsibilities:	
Reason for leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Phone #:
Address:	Supervisor:
Job Title:	Starting Salary:                      Ending Salary:
Dates employed: From                      To	
Responsibilities:	
Reason for leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Phone #:
Address:	Supervisor:
Job Title:	Starting Salary:                      Ending Salary:
Dates employed: From                      To	
Responsibilities:	
Reason for leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Phone #:
Address:	Supervisor:
Job Title:	Starting Salary:                      Ending Salary:
Dates employed: From                      To	
Responsibilities:	
Reason for leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Education and Training

#### High School or Equivalent, College, Business School, Military *(Most recent first)*

Name / Location	Major / Course of Study	Graduate	Year
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupational License or Certificate	Number	Issued By	Exp Date

Languages Read, Written or Spoken Fluently other than English:

**References**

*Please list three professional references.*

Full Name:		Relationship:	
Email:		Phone:	
Full Name:		Relationship:	
Email:		Phone:	
Full Name:		Relationship:	
Email:		Phone:	

**Military Service**

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

**General Information**

**Check all uniform items currently owned:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Flash Light       | <input type="checkbox"/> Firearm         | <input type="checkbox"/> Pepper Spray      |
| <input type="checkbox"/> Small Light       | <input type="checkbox"/> Firearm Holster | <input type="checkbox"/> Taser             |
| <input type="checkbox"/> Baton             | <input type="checkbox"/> Handcuffs       | <input type="checkbox"/> Bullet Proof Vest |
| <input type="checkbox"/> Tactical Boots    | <input type="checkbox"/> Handcuff Key    | <input type="checkbox"/> Other -           |
| <input type="checkbox"/> Black Shoes       | <input type="checkbox"/> S.O.'s          | <input type="checkbox"/> Other -           |
| <input type="checkbox"/> Nylon Sec. Belt   | <input type="checkbox"/> Nameplate       | <input type="checkbox"/> Other -           |
| <input type="checkbox"/> Leather Sec. Belt | <input type="checkbox"/> Security Badge  | <input type="checkbox"/> Other -           |

**Check all Certifications that apply:**

- |  |                  |                  |
|--|------------------|------------------|
| <input type="checkbox"/> Level 2 Certification             | 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"/> T.W.I.C.                          | Time Held? _____ | Exp. Date: _____ |
| <input type="checkbox"/> O.C. Spray/Baton                  | Time Held? _____ | Exp. Date: _____ |
| <input type="checkbox"/> CPR                               | Time Held? _____ | Exp. Date: _____ |
| <input type="checkbox"/> First Aid                         | Time Held? _____ | Exp. Date: _____ |
| <input type="checkbox"/> Other: _____                      | Time Held? _____ | Exp. Date: _____ |

**Other**

State any additional information you feel may be helpful to us in considering your application.

**Applicant Affirmation**

I certify the information I have given in this application is true and completed to the best of my knowledge and understand that falsification, omissions, or misrepresentations of this information is grounds for rejection of my employment application or if employed may be terminated immediately.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release Texas Star Security from all liability of whatever kind and nature, which, at any time, could result from obtaining and having an employment, based on such information. This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I affirm that I have been notified that this company is an Equal Opportunity Employer and has a policy of not discriminating on any basis or status that is prohibited by law.

I understand it is the policy of this company not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of those persons need for a reasonable accommodation as required by the ADA.

If I am employed, I agree to conform to the rules and regulations of the company and represent I can meet the attendance requirements as required by the company. I further understand it is my responsibility to maintain required licenses and an operable mobile phone for continued employment.

Furthermore, I understand if an offer of employment is extended, it is conditioned upon completing the Federal I-9 Form and providing documents establishing identity and work authorization. I understand my employment can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself. I understand only the president of the company has the authority to enter into any agreement contrary to the foregoing.

I represent and warrant that I have read and fully understand the foregoing, and I seek employment under these conditions.

Applicant's  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_