

7901 Cameron
Austin, TX 78754



(512) 566-8866

Application for Employment

All areas of the application MUST be filled out unless they do not directly apply to you. If a section does not apply leave it blank and continue on. Incomplete employment applications will not be reviewed, if you have any questions please call our main office for assistance.

Select one of the following ways to submit your application:

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____ Place of Birth: _____

Position Applied for: _____ Desired Salary: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Are you at least 18 years of age or 21 years of age if a commissioned officer? Age: _____ YES NO Are you at least 25 years of age if applying for a position involving driving a company vehicle? YES NO

Have you ever been convicted of a Felony, Class A or B Misdemeanor, or been arrested for acts of Domestic Violence? YES NO Are you a fugitive from justice or under indictment for a crime punishable by the possibility of imprisonment? YES NO

Have you ever been adjudicated as mentally defective or been committed to a mental institution for evaluation or treatment? YES NO If yes, when? _____

Do you use illegal drugs or narcotics? YES NO List any prescribed medications you take: _____

How many tickets and/or motor vehicle accidents have you had in the past 5 years? _____ Do you hold a Non-Commission card? YES NO

Do you hold a Commissioned card? YES NO Do you hold a PPO License? YES NO

Do you own a duty belt with handcuffs, a baton, oc spray, flashlight, mag pouch, etc? YES NO If commissioned, do you own a handgun? YES NO

Educational Background

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Personal References

Please list three professional references to which you are not related or previously worked for.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Please list your employment for the past 10 years or the last 6 employers you have worked for.

NOTE: Be sure to include full addresses with zip codes and current phone numbers, listing most recent first.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

If this is your current employer, may we contact this company for an employment reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Emergency Contact Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Primary Phone:

Alternate Phone:

Relationship: _____

Disclaimer and Signature

I have read and understand the application, and I further understand that any employment given to me as a result of my application will require that I undergo a comprehensive background investigation. I agree to cooperate in such investigation. My signature below serves as authorization for Falcon Patrol Protection, LLC (the "Company"), its client(s) or any third party (collectively "Investigator") to contact any former employer, school, or personal reference set forth in this application. My signature below also authorizes the investigator to contact any other appropriate sources as part of a background investigation on me. The investigator and any person or entity contacted is hereby released and held harmless based on information obtained or provided and any decision made from such information obtained. A copy of my signature shall be deemed an original for purposes of obtaining information.

I understand that as a condition of my employment I may be required to complete satisfactorily a physical examination, testing for drug and/or alcohol abuse, psychological testing and credit check. I release the Company from any claim arising out of any tests the Company may require, and waive all rights to damages of any form I may suffer from submitting to such tests. I also understand that as a condition of my employment I must sign and abide by the Company's Policies and Procedures Handbook, Non-Compete Agreement, Payroll Deduction Authorization, Drug and Alcohol Policies, Handwriting Sample, and other forms presented to me during the pre-hire process and made part of this application.

I further agree that, just as I can terminate the employment relationship at any time for any reason, so too, the Company may terminate my employment at any time and for any or no reason, with or without notice. I further understand that if I was attracted to employment with the Company through an advertisement using an annual salary example that I understand if I am not offered an annual salary, I will be paid an hourly rate for any work done. The minimum or maximum number of work hours I will be scheduled on a weekly basis will be determined by the Company and based on the needs of the Company.

I further understand that I will only be paid for any hours actually worked. Moreover, I understand that no supervisor or any other employee of the Company other than the Chief, Assistant Chief, Commander, or Director of Human Resources has any authority to enter into any agreement for employment for any defined period of time, or to make any agreement contrary to the foregoing.

I certify that the information I have given in this application is true. I realize that any commission or misrepresentation of the facts on my part will be grounds for my immediate dismissal.

Signature: _____

Date: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |

Gender

- Female
 Male

Military Service

- | | |
|---|---|
| <input type="checkbox"/> Pre-Vietnam Era | <input type="checkbox"/> Vietnam Era |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> Disabled Veteran |

How did you hear about this position?

- | | |
|---|---|
| <input type="checkbox"/> Newspaper/Online | <input type="checkbox"/> Company Employee |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Other _____ |

Equal Opportunity and Non Discrimination

Equal Opportunity

Falcon Patrol Protection, LLC affords equal opportunity to all employees and prospective employees without regard to race, color, sex, religion, age, marital status, disability, veteran status or national origin in the following employment practices: recruitment, hiring, placement, transfer, promotion, demotion, selection for training, layoff, termination, determination of service, rate of pay, benefit plans, compensation, and other personnel actions.

Disability

Falcon Patrol Protection, LLC will not discriminate against any employee or applicant because of disability in regard to any position for which the employee or applicant is qualified and capable of performing without assistance.

Complaint Procedure

Any individual, whether an employee or applicant who believes that he or she has been discriminated against unlawfully should bring any complaints before the company human resources manager or branch hiring manager. Complaints should be made in writing however a meeting may be requested to allow the employee or applicant an opportunity to state their case in person. Persons who file complaints will be confidentially advised, as is appropriate, regarding any investigation, action or resolution of the problem.

Consequences

Falcon Patrol Protection, LLC will not tolerate any form of discrimination and will take appropriate disciplinary action, including possibly termination, of any person deemed to have engaged in unlawful conduct under this policy.

No Retaliation

Falcon Patrol Protection, LLC will not retaliate nor discriminate against any employee or applicant because he or she has experienced any unlawful employment practice or filed a charge of employment discrimination, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing related to employment practices.

I, by my signature below, hereby understand the above information.

Signature: _____

Date: _____

Drug and Alcohol Test Authorization

I hereby agree, upon a request made under the drug/alcohol testing policy of Falcon Patrol Protection, LLC (the "Company"), 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 the Company 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 Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company employees 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.

Signature: _____ Date: _____

Wage Deduction and Authorization Agreement

I understand and agree that my employer, Falcon Patrol Protection, LLC (the "Company"), may deduct money from my pay from time to time for reasons that fall into the following categories:

1. My share of the premiums for the Company's group medical/dental plan or any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the Company;
2. Any fees or costs associated with specialized training, employee licensing, or renewal of licenses;
3. Installment payments on loans or wage advances given to me by the Company, and if there is a balance remaining when I leave the Company, the balance of such loans or advances;
4. Installment payments on non-business purchases using my employee charge account or credit card, an account or credit card assigned to another employee, or a general company account or credit card, regardless of whether such purchase was authorized, and if there is a balance remaining when I leave the Company, the balance of such charges;
5. If I receive an overpayment of wages for any reason, repayment to the Company of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless the Company and I agree in writing to a series of smaller deductions in specified amounts);
6. The cost to the Company of personal long-distance calls I may make, or messages I may send, using Company phones (land lines or cell phones) or Company accounts, of personal faxes sent by me using Company equipment or Company accounts, or of non-work related access to the Internet or other computer networks by me using Company equipment or Company accounts;
7. The cost of repairing or replacing any Company supplies, materials, equipment, money, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Company during my employment (except in the case of misappropriation of money by me, I understand that no such deduction will take my pay below minimum wage, or, if I am a salaried exempt employee, reduce my salary below its predetermined amount);
8. The cost of Company uniforms and of cleaning the uniforms (the Company will deduct only the actual price it pays for uniforms and cleaning costs);
9. The reasonable cost or fair value, whichever is less, of meals, lodging, and other facilities furnished to me by the Company in connection with my employment;
10. Administrative fees in connection with court-ordered garnishments or legally-required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws;
11. If I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from the Company before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered;
12. The value of any time off for absences to which paid leave is not applied (except in the case of those who are paid a fixed salary for fluctuating workweeks, non-exempt salaried employees will have all such unpaid leave deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day or week at a time, depending upon the exact nature of the absence, unless partial-day deductions are specifically allowed under federal law); and
13. If my employer pays any insurance premiums or retirement system contributions ("payments") on my behalf that I would normally make under the applicable Company benefit plan, the amount of such payments made by the Company, such payments being an advance of future wages payable to me.

I agree that the Company may deduct money from my pay under the above circumstances, or if any of the above situations occur. I further understand that the Company has stated its intention to abide by all applicable federal and Texas wage and hour laws and that if I believe that any such law has not been followed, I have the right to file a wage claim with appropriate Texas and federal agencies.

Signature: _____ Date: _____