

# JOB APPLICATION

**Newbreed Security The Next Level**  
201 W Mulberry St, Kaufman, Texas 75142  
214-382-8470

Newbreed Security The Next Level is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

## **Applicant Information**

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Date Of Birth** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

## **Employment Position**

**Position(s) applying for:** Professional Security Officer's (Part time, Full time) Circle One

Can you work weekends and Holidays? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

If needed, are you available to work overtime? \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Do you have reliable transportation to and from work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

## **Personal Information**

Do you have any friends, relatives, or acquaintances working for Newbreed Security The Next Level

Yes No

If yes, state name & relationship: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_

Yes No

Are you a U.S. citizen or approved to work in the United States? Yes    No

What document can you provide as proof of citizenship or legal status?

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Do you have any condition which would require job accommodations? Yes    No

If yes, please describe accommodations required below.

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Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes    No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

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**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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*(Note: Newbreed Security The Next Level complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. )*

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Military:**

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment**

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**AT-WILL EMPLOYMENT**

The relationship between you and the Newbreed Security The Next Level is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Newbreed Security The Next Level. No representative of Newbreed Security The Next Level has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter

your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

victims can, in the eyes of some, appear to be a way of discouraging workers from filing workers' compensation claims, and that in turn can have a very unfavorable effect on workers' compensation retaliatory discharge lawsuits. See the sample drug/alcohol testing policy for an idea on how to reflect that caution in the policy.]

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Signature of Employee

Date

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Employee's Name - Printed

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Company Representative

Date

See also: Drug Testing in the Workplace

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Disclaimer

## 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 \_\_\_\_\_ (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 the decisionmaker of 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 the decisionmaker of any governmental entity involved in a legal proceeding or investigation connected with the test.

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.

*[Important note for the company (omit this from any consent form): Remember, "involved in an on-the-job accident or injury" means not only the one who was injured, but also anyone who arguably or potentially contributed to the accident or injury event in any way, i.e., the person suspected of causing someone else to get hurt gets tested as well. Testing only accident or injury*



**NOTICE: THIS IS A GOVERNMENTAL RECORD.**

**ANY FALSE ENTRY MADE ON THIS DOCUMENT COULD BE CONSIDERED A CRIMINAL VIOLATION.**

The following section must be **completely** filled out and answered before this application can be processed  
**The Applicant** must answer by clearly **printing** "yes" or "no" next to the question.

- 1) Have you been convicted in any court of a misdemeanor crime of **domestic violence**? \_\_\_\_\_
- 2) Have you ever been convicted in any court of a crime punishable by imprisonment for a term in excess of one year? \_\_\_\_\_
- 3) Are you under **indictment** for a crime punishable by imprisonment for a term in excess of one year? \_\_\_\_\_
- 4) Are you a fugitive from justice (Have you ever fled from any state to avoid prosecution)? \_\_\_\_\_
- 5) Are you an unlawful user of a controlled substance or addicted to any controlled substances? \_\_\_\_\_
- 6) Have you ever been adjudicated as a mental defective or been committed to a mental institution? \_\_\_\_\_
- 7) Are you an alien in the United States? \_\_\_\_\_ If the answer is yes: What is your alien registration number? \_\_\_\_\_
- 8) Are you illegally or unlawfully in the United States? \_\_\_\_\_
- 9) Have you been discharged from the Armed Forces under dishonorable conditions? \_\_\_\_\_ (If yes attach a copy of your DD-214).
- 10) Have you ever been a United States citizen and renounced your citizenship? \_\_\_\_\_  
If so when and where? \_\_\_\_\_
- 11) Have you been ordered by Court to refrain from harassing, stalking, or threatening an intimate partner or child of such intimate partner? \_\_\_\_\_
- 12) Have you been ordered by a Court to refrain from engaging in any conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or the partner's child? \_\_\_\_\_
- 13) Are you currently, or have you ever been prohibited from carrying a firearm under any federal or state law? \_\_\_\_\_
- 14) Have you **ever** been **arrested** for a Felony, a class A misdemeanor, class B misdemeanor or have you ever been court martialled by the military? \_\_\_\_\_

**WARNING: Any arrest described above requires that you must submit documentation with this application from the court in which the action against you was heard. Failure to report an arrest later found by a fingerprint search may result in denial of or loss of a license based solely on the material misstatement of fact in this application.**

I acknowledge that I have read and understand the information contained in the above **warning** paragraph, and that I have truthfully answered all of the above questions.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby verify that the above applicant began employment in a position that requires registration with my company on:

\_\_\_\_\_ Date \_\_\_\_\_

I am requesting that the above applicant be issued a registration/security officer commission with my company as my employee.

Qualified Manager or Owner signature \_\_\_\_\_ Date \_\_\_\_\_

# Notification and Authorization for Background Investigation

I have recently applied to NEWBREED (the "Company") for employment. I understand and agree that, as part of that process, the Company will need to investigate and verify the information I provided or will provide on my application for employment. I also understand that the Company may need to conduct a thorough investigation of my background as further specified below. In exchange for the time and effort in reviewing, organizing and collecting the information and documentation needed to complete the verification and investigative process, I hereby authorize the Company, and any subcontractor hired and directed by the Company, to obtain a consumer report and/or an investigative consumer report for employment purposes. I understand this report may include inquiries regarding my educational background; work history, personal financial status and credit history; court records, including criminal as permitted by law; driving history; workers compensation history; and references obtained from professional and personal associates. I further understand and agree that a consumer report may be obtained at any time, and any number of times, as The Company in its sole discretion determines is necessary before, during, or after my employment.

Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA), and/or any other applicable state laws. The Fair Credit Reporting Act gives you specific rights. If we rely on the report for an adverse action, before taking the adverse action we will give you a pre-adverse action disclosure that includes a copy of the report.

By my signature below, I hereby authorize all previous employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to The Company or other entity, that obtains information for the Company. I further fully release The Company, its employees, officers, directors, agents, successors and assigns, and all other parties involved in this background investigation, including all consumer reporting agencies, credit agencies, and those companies or individuals who provide information to The Company concerning me, from any claims or actions for any liability whatsoever related to the process or results of the background investigation.

Please print full name: Last First Middle  
Home Address: Street City State Zip  
Social Security Number Driver's License Number State Issued

For identification purpose only, please provide the month, day and year of your birth.

Please print any names or social security numbers you have ever used other than above.

**I HAVE RECEIVED A COPY OF THIS NOTICE AND AUTHORIZATION**

Applicant Signature

Today's Date

Check here if you wish to receive a copy of any consumer reports obtained as part of the application or employment process.

**THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES SEPARATE FROM PERSONNEL RECORDS.**



## Employee Biographical Sheet

Full name:

Date of employment:

Position:

Position Address:

Residential Address:

Social Security #:

Last date of employment:

Date of birth:

Place of birth:

Color photos:

Results of any drug screens:



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# Employee Information Sheet

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Marital Status: \_\_\_\_\_ (Single/Married/Married but withhold at a Single rate)

Total Federal Allowances: \_\_\_\_\_ (Line #5 on a W-4, ex. number of dependants)

Additional Federal Withholdings (if any): \_\_\_\_\_ (Line #6 on a W-4, ex. \$25.00)

Rate of Pay: \$ \_\_\_\_\_ per hour - OR - \$ \_\_\_\_\_ annually

Date of Hire: \_\_\_\_\_

Additional Deductions (401k, dental, etc. this is optional): \_\_\_\_\_

## For employees using Direct Deposit, fill out below or attached a VOIDED personal check:

Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Entire Amount to be deposited in this account? \_\_\_\_\_ If not, Amount to be deposited here: \_\_\_\_\_

Checking Account

- OR -

Savings Account

Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Amount to be deposited here: \_\_\_\_\_

Checking Account

- OR -

Savings Account