# **Application for Employment**

Return this application along with any supporting documents to office@armedsecurityonbikes.com.

Note: Consideration for employment is without discrimination due to race, color, sex, age, national origin, handicap, or veterans' status. All questions must be answered fully. You are not required to answer questions prohibited by state or federal law. All applicants are fully investigated and false or incomplete statements will cause your rejection or dismissal after employment.

Application Date:					
Name:	FIRST NAME	MIDDLE NAME			
Present Address:		missee with			
Street Address	City	State Zip			
Home Phone # (	Cell # ()	<del>-</del>			
Email Address:					
Position Applying For:  Commissioned Security Officer  Non Commissioned Security Officer	Private Invesigator Personal Protection	Other (explain):			
This position is a part-time position.	Part time is defined as working	up to 32 hours per week.			
** Are you at least 21 years of age?					
** Are you authorized to work in the United States?   Yes   No					
** Were you referred by someone: YES	NO Who:				
** Circle your preference for number of work	hours per week: 16 2	4 🗌 32			
** Shift Desired: Day Shift Evening Sh	nift 🔲 Night Shift 🔲 Any Sh	ift			
** Are you willing to work holidays, nights and	d weekends: 🔲 Yes 🔲 No				
** List any days or times, which you cannot we	ork:				
Why do you want to become a Security Office	r, Private Investigator or Person	al Protection Officer?			

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#### **PHYSICAL REQUIREMENTS:**

This position requires standing, sitting and/or walking in outside conditions for most of the shift. You will also need to stoop, bend, kneel or lift up to 70 pounds. On occasion you might need to climb over a fence. You will need the use of both hands when apprehending suspects or using your handcuffs. You will need to use the hearing of both ears to listen for people calling out to you, determining the direction of a sound, or hearing someone walk up behind you. You will need the use of sight of both eyes and peripheral vision to see anyone coming at you or on either side. Are you physically able to perform the above duties: Yes No If no, please explain: TRANSPORTATION REQUIREMENTS: Do you have a valid Texas Driver's License? Yes No ☐ Yes ☐ No Do you have a clean driving record? \* How many tickets have you received in the last 5 years? \_\_\_\_ \*\* How many Accidents have you had in the last 5 years: \*\* Have you ever had your license suspended? \( \sqrt{Yes} \) No If yes, please explain: \*\* Have you ever been denied car insurance: Yes No If yes, please explain: \*\* Have you ever had a DWI or a DUI? Yes No If yes, please explain: \*\* Have you ever filed for Workman's Compensation? Yes No

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If yes, please explain:

### **EMPLOYMENT HISTORY – Last 5 years, starting with most recent or current.**

Applicants may attach a resume in lieu of the below, provided all the requested information is included.

Company Name:	Address:		
Phone# <u>(</u> )	Contact Person:		
Position:	Employment Date: to		
Duties:			
Last Wage:	Reason for leaving:		
How will your past employer rate your j	ob performance: Excellent Good Poor Bad		
Company Name:	Address:		
Phone# ( )	Contact Person:		
Position:	Employment Date: to		
Duties:			
Last Wage:	Reason for leaving:		
How will your past employer rate your j	ob performance: Excellent Good Poor Bad		
Company Name:	Address:		
Phone# (	Contact Person:		
Position:	Employment Date: to		
Duties:			
Last Wage:	Reason for leaving:		
How will your past employer rate your j	ob performance: Excellent Good Poor Bad		
Company Name:	Address:		
Phone# (	Contact Person:		
Position:	Employment Date: to		
Duties:			
Last Wage:	Reason for leaving:		
How will your past employer rate your j	ob performance: Excellent Good Poor Bad		

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## Protecting and Deterring Crime, One Neighborhood at a Time

5	ecurity Licensing Require	ements
** Do you possess a valid Commision	card? YES NO Card	#:
** What is your current Commissione	ed Security Level?	
** Do you have a TCLEOSE / TCOLE lie	cense? YES NO Exp I	Date:
** Are you currently employed in the	e security industry?  YES	NO
** Will this security job be your extra	job or your main job? TYES	□ NO
Mi	ilitary Veteran - Extra Q	uestions
Have you ever served in the military?	Yes No	
Branch of Service:		MOS:
Period of Duty: From:	To:	Type of Discharge:
P	olice Officer - Extra Que	estions:
Are you an active duty Police Officer? Police Agency:		Rank:
From and To Dates:		Work Phone:
Work Address:		
Supervisor Name:		Phone:
** If still affiliated with a law enforce     Full Time    Part Time	. ,	
	<b>Criminal History</b>	
Yes No	elow. (Answering "yes" to this qu	test to, a misdemeanor or felony offense?  uestion will not automatically bar you from

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### **Professional References**

Please provide 2-3 references below, or attach a list of references to your application.

Name:	Relationship:
Company:	_ Title:
Email:	Phone:
Name:	Relationship:
Company:	_ Title:
Email:	Phone:
Name:	Relationship:
Company:	Title:
Email:	Phone:
	neck to confirm my qualifications for the position for all be repeated every 2-3 years as a condition of a red if I am applying for a Non-Commissioned Security nediate drug testing following a high-risk incidents.
Signature of Employee Date	

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Employee's Name - Printed

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### Please read carefully before signing application:

I have submitted this employmen application to *Armed Security on Bikes* for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application. I authorize investigation of all information provided to confirm my qualifications for the position to which I am applying.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge.

I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, immediate termination from the *Armed Security on Bikes*.

I agree to to conform to the company's rules, policies, regulations and Supervisor's directions if hired, and understand that my employment is at-will, and that my employment and compensation can be terminated, with or without cause, and with or without notice, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

I understand that no company representative, other than the Chief of Security, and then only in writing, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the forgoing.

I further authorize all work related verification's of employment, education, training or other work related information, including drug testing results and criminal records be obtained and kept by *Armed Security on Bikes*. I authorize all of this information to be released and provided to *Armed Security on Bikes* or their agents and release them from any liability, lawsuit or claim which may arise at any time. (required)

I further certify that all statements made by me on this application are true and correct to the best of my knowledge and belief. Only applicants that meet the requirements will be considered for employment.

Signature:	Date:	
Applicant's Printed Name:		

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