

Guardian Protection Services
2112 S. Shary Rd.
Mission, TX 78572
(956) 766-7092



Personal Information			
First Name	M.I.	Last Name	Suffix
Address	City	State	Zip Code
Phone Number	E-Mail Address	D.O.B.	City of Birth
Social Security	Position Applying for	Date Available	Desired Salary
Are you a United States Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when?	
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain:	

Education			
School Name	Location	Years Attended	Graduated

References			
Name	Title	Company	Phone

Employment History

Employer (1)		Job Title	Dates Employed
Address	City	State	Zip Code
Phone Number	Starting Pay Rate		Ending Pay Rate
Employer (2)		Job Title	Dates Employed
Address	City	State	Zip Code
Phone Number	Starting Pay Rate		Ending Pay Rate
Employer (3)		Job Title	Dates Employed
Address	City	State	Zip Code
Phone Number	Starting Pay Rate		Ending Pay Rate
Employer (4)		Job Title	Dates Employed
Address	City	State	Zip Code
Phone Number	Starting Pay Rate		Ending Pay Rate

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in the immediate release of employment.

Name (Please Print)	Signature:
Date:	

GUARDIAN PROTECTION SERVICES
EMPLOYEE AGREEMENT AND CONSENT TO
DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of **Guardian Protection Services** (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 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.

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Name (Please Print)	Signature:
Date:	

SEXUAL HARRASMENT POLICY

Sexual harassment is a form of sex discrimination that violates **Title VII of the Civil Rights Act of 1964**. Title VII applies to employers with 15 or more employees, including state and local governments. It also applies to employment agencies and to labor organizations, as well as to the federal government.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment.

I acknowledge and understand the Guardian Protection Services Sexual Harassment Policy.

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Name (Please Print)	Signature:
Date:	