

Guard Force International

7301 Ranch Rd N. 620 N. Suite 155 #284, Austin, TX 78726

Rev 4-2010

GFI Employment Form

Date Received _____

Applications will be active for 6 months

Position applying for: _____

Location: _____

PERSONAL INFORMATION-Last 10 years of residence

Name _____ Telephone _____
Last First Middle Day

Nicknames _____ Telephone _____
Last First Middle Night

Current Address _____ How long _____
Street City State Zip Code

Previous Address _____ How long _____
Street City State Zip Code

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Emergency Contact _____ Phone Number _____

Are you 18 years old or above? Y / N

Have you applied with Guard Force International before? Y / N

Have you worked for Guard Force International? Y / N Dates _____

Are you legally eligible for employment in the United States of America? Y / N

Are you a high school graduate or equivalency? Y / N

Have you declared bankruptcy in the last 10 years Y / N

Have you ever held a security clearance? If Yes what level and date group Y / N Level____Date____Active Y / N

As an adult, have you ever been convicted of a crime? * Y / N

*(Do not report juvenile convictions, convictions under youth offender laws, convictions where the court has sealed the record or if you are applying for employment in Pennsylvania convictions for misdemeanor or summary offenses.)
Convictions will not automatically exclude you from employment consideration, but the nature of the conviction will be considered in relationship to the position for which you are applying.*

* If yes, please list offense in detail, date and disposition: _____

HIGHER EDUCATION (COLLEGE OR OTHER) IF NONE, WRITE NONE		
Institution Name	Location	Certificate / Degree / Major

ADDITIONAL QUALIFICATIONS CERTIFICATES, LICENSES, SPECIAL JOB RELATED SKILLS AND QUALIFICATIONS FROM EMPLOYMENT OR OTHER EXPERIENCE. IF NONE, WRITE NONE

MILITARY STATUS IF NOT APPLICABLE, WRITE NA
Branch _____ Dates of Service _____ Character of Service _____
Military Occupation(s) _____

Employees of Guard Force International and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, religion, color, creed, national origin, gender, age, disability (in the case of a qualified individual with a disability), veteran status or any other factor protected by applicable federal or state law.

REFERENCES LIST PERSONS RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST 10 YEARS Questions will be keep to a job related matters				
Name / Relationship	Address	Status	Phone	Years Known
mother				
Father				

REFERENCES LIST PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST 10 YEARS
 Questions will be keep to a job related matters

Name / Relationship	Address	Status	Phone	Years Known

REFERENCES LIST PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST 2 YEARS
 Questions will be keep to a job related matters

Name / Relationship	Address	Status	Phone	Years Known

REFERENCES LIST PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST 6 months
 Questions will be keep to a job related matters

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EMPLOYMENT RECORD BEGIN WITH MOST RECENT POSITION AND FURNISH ALL REQUESTED INFORMATION, ATTACH ADDITIONAL SHEETS IF NECESSARY

I understand that information I provide regarding current and or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Please refer to the Federal Motor Carrier Safety Regulations for your specific rights under this US DOT regulation. Applicants wishing to review previous employer-provided investigative information must submit a written request to Guard Force International.

All applicants must list at least 10 years employment history. CDL Drivers must list an 8 years history of all commercial driving experience. (CDL experience only)

Employer	Type of business	
Address	Telephone number	
City, State, Zip Code	Reason for leaving	
Position	Salary	May we contact this employer? Y / N
From	To	Supervisor
Were you subject to DOT Safety Regulations?	Y / N	Were you subject to DOT Substance testing rules? Y / N

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DRIVERS LICENSE	State	License Number	Class	Expiration Date
ENDORSEMENTS AND OR RESTRICTIONS (IF NONE, WRITE NONE)				

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Y / N

Has any license, permit or privilege ever been suspended or revoked? Y / N

If you answered YES to any of the questions above, please explain: _____

DRIVING EXPERIENCE IF NONE, WRITE NONE			
Class of equipment & Miles Driven	Type of equipment	From	To

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE			
Date	Nature of accident	Injuries	Fatalities

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE			
Date	Location	Charge	Penalty

DRIVER TRAINING COURSES OR SAFETY AWARDS IF NONE, WRITE NONE	
Date	Course

Have you ever filed a claim for WorkMan's Comp? If yes Please note When, Where and Circumstances IF NONE, WRITE NONE	
Date	Reason

Have you had any unapproved extended absences for reasons other than earned vacations? If yes Please note When, Where and Circumstances IF NONE, WRITE NONE	
Date	Reason

Have you ever fired or asked to resign? If yes Please note When, Where and Circumstances IF NONE, WRITE NONE	
Date	Reason

Guard Force International

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Telephone (512) 218-6908
FAX (512) 218-6908

TO BE READ AND SIGNED BY THE APPLICANT

I hereby confirm that the information provided on this application is true and complete to the best of my knowledge. I also understand that falsified information or significant omissions may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered at a later time. I understand that any employment with Guard Force International is for an indefinite term and can be terminated with or without cause at any time at the discretion of either the company or myself. I understand that only the President of the company has the authority to enter into any employment agreement contrary to the foregoing or to make any assurance or promise (whether written or oral) of continued employment. I understand that the hours of work will be set and maybe changed by the company. I understand that upon being hired, I will be required to provide proof of authorization to work in the United States. I hereby authorize Guard Force International to investigate all information submitted on this application, submit to an Pre-Employment and if hired random drug test.

(Print Name)

(Signature)

(Date)

Guard Force International

-Pre-Employment Background Authorization-

I authorize Guard Force International or any investigator or duly appointed representative Guard Force International conducting my pre-employment background investigation, to obtain any Information relating to my activities from individuals, schools, residential management agents, Employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection Agencies or other sources of information, this information may include, but is not limited to, my academic, residential, credit, employment and criminal history.

I authorize Custodians of Records and sources pertaining to me to release such information upon request of the investigator or other duly appointed representative of Guard Force International for the purpose of making a determination of suitability or eligibility for employment with Guard Force International.

I understand that for medical institutions, hospitals, health care professionals and other sources of information, a separate specific release will be needed and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of specific questions, relevant to the job description, which the doctor or therapist will be asked.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for six (6) months from the date signed or upon the termination of my affiliation with Guard Force International, whichever is sooner.

Signature (Sign in Ink)

Date

Full Name (Type or Print Legibly)

Social Security Number

Other Names Used

Telephone Number

Address (street/city) State Zip