

**EAGLE SYSTEMS, INC.**  
**PRE-EMPLOYMENT APPLICATION**

Date: \_\_\_\_\_

**ASSOCIATE**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Goes By: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PHONE / EMAIL / ADDRESS**

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact – Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**DESIRED WORK**

Minimum Pay Required: \$\_\_\_\_\_ (We will not contact you for any positions that do not pay at least this amount.)

Part-Time     Full-Time     Days     Evenings     Graveyard     Weekends     Rotating Shifts

Any schedule restrictions (be specific): \_\_\_\_\_

How soon will you be available to work? \_\_\_\_\_

In what Central Texas Area are you willing to work? (Waco, Temple, Austin) \_\_\_\_\_

Will you need any special accommodations that we should be aware of when offering you an assignment?     Yes     No

Have you ever been licensed by the Texas Department of Public Safety Private Security Board?     Yes     No

If yes, please list license type and dates:

\_\_\_\_\_

Is your license still Active?     Yes     No

**KNOWLEDGE, SKILLS, ABILITIES**

What languages do you know? \_\_\_\_\_

Please list any relevant experience (military, security officer, correctional officer, police officer, etc.):

\_\_\_\_\_

**EDUCATION**

	Name and Location of School	Last Year Completed	Did you graduate	Subjects studied and Degree(s) Received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EAGLE SYSTEMS, INC.**  
**5 YEAR EMPLOYMENT HISTORY REVIEW**

*Begin with most recent employer. Do not leave out any employers.*

Dates: _____ to _____ (include month and year)	Company: _____
Address: _____	City: _____ State: _____ Zip: _____
Rate of Pay: \$ _____ Duties: _____	
Supervisor Name: _____ Phone Number: (____) _____ - _____	
Reason for leaving: _____	

Dates: _____ to _____ (include month and year)	Company: _____
Address: _____	City: _____ State: _____ Zip: _____
Rate of Pay: \$ _____ Duties: _____	
Supervisor Name: _____ Phone Number: (____) _____ - _____	
Reason for leaving: _____	

Dates: _____ to _____ (include month and year)	Company: _____
Address: _____	City: _____ State: _____ Zip: _____
Rate of Pay: \$ _____ Duties: _____	
Supervisor Name: _____ Phone Number: (____) _____ - _____	
Reason for leaving: _____	

Dates: _____ to _____ (include month and year)	Company: _____
Address: _____	City: _____ State: _____ Zip: _____
Rate of Pay: \$ _____ Duties: _____	
Supervisor Name: _____ Phone Number: (____) _____ - _____	
Reason for leaving: _____	

**PERSONAL REFERENCES**

If you do not have at least two previous places of employment, please include a personal reference below.

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Nature of Relationship with Personal Reference: \_\_\_\_\_

**EAGLE SYSTEMS, INC.**  
**PRE-INTERVIEW QUESTIONS**

Have you ever been fired/terminated from a job?  Yes  No  
Are you now unemployed more than 1 month?  Yes  No  
Have you quit a job in the past year?  Yes  No  
Have you moved > 1 time in the last year?  Yes  No  
Are you legally eligible to work in the United States?  Yes  No  
Are you age 18 or older?  Yes  No  
Do you have reliable transportation to / from work?  Yes  No  
Will you complete a pre-employment drug test?  Yes  No  
Are you able to push or pull 200 pounds on occasion?  Yes  No  
Are you able to lift 15 pounds on an occasional basis?  Yes  No  
Are you able to walk or stand for up to 4 hours at a time?  Yes  No  
What is your level of proficiency with computers?  None  Basic  Intermediate  Advanced  Expert  
Do you enjoy learning new things/Continued Education?  Yes  No  
Would you enjoy Film/DVD Training for Security Work?  Yes  No  
Do you enjoy classroom environment training?  Yes  No  
Have you ever been a member of a organized club?  Yes  No  
Have you ever played an organized Team Sport  Yes  No  
If yes, what level? \_\_\_\_\_ What Sport? \_\_\_\_\_ Did you Complete Season? \_\_\_\_\_

**Military Service:** If you have served in the Armed Services, a copy of your separation report (DD-214) is required

Are you a veteran?  Yes  No  
If yes, please list type of discharge status?  Honorable  Dishonorable  General  Medical  
Dates of Service (From/To): \_\_\_\_\_

**Are you currently CPR/AED/First Aid Certified?**  Yes  No  
If yes, do you have an active license? Expiration Date: \_\_\_\_\_

**Have you ever been arrested?**  Yes  No  
If yes, please describe: what happened: \_\_\_\_\_

**THE FOLLOWING SEVEN (7) QUESTIONS ARE REQUIRED BY THE TEXAS COMMISSION ON PRIVATE SECURITY BUREAU. I UNDERSTAND THAT A PERSON WHO ANSWERS "YES" TO ANY OF THE FOLLOWING QUESTIONS MAY BE PROHIBITED FROM EMPLOYMENT IN THE SECURITY AND/OR INVESTIGATIONS INDUSTRY.**

1. I am under 18 years of age?  Yes  No
2. Are you addicted to, or do you abuse drugs or alcohol?  Yes  No
3. Have you ever been discharged from the military under other than honorable conditions?  Yes  No
4. Are you currently, or have you ever been prohibited from carrying a firearm under any federal or state law?  Yes  No
5. Have you ever been found to be mentally incompetent by any court in this state or any other state or federal court, including military court martial of the United States, or in a foreign country?  Yes  No
6. Have you ever been convicted of a Class A misdemeanor, or any felony, or subject to a deferred adjudication on a felony charge?  Yes  No
7. Have you ever been convicted of a Class B Misdemeanor within the last five years?  Yes  No

If your answer is "Yes", explain in concise detail in the space provided below giving the dates and nature of the offense, the name of the location of the court, and the final disposition of the case(s). A conviction may not disqualify you, but a false statement will. Court documentation will be required when official application is made to the State of Texas.

**Details of Conviction:**

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**EAGLE SYSTEMS, INC.**  
**EMPLOYMENT QUESTIONNAIRE**

**What is your perception of the Security Industry? Describe specific duties.**

**What experience do you have working in the security field, if any?**

**What interest you about the position you have applied for?**

**What about your character makes you a good candidate for this job?**

**Please describe how your previous work experience relates to this position, using specific examples?**

**What do you feel is an acceptable amount of days to be absent in a calendar year?**

**EAGLE SYSTEMS, INC.**  
**EMPLOYMENT QUESTIONNAIRE CONTINUED**

**What outside situations could affect your dependability on the job?**

**Do you like to work at various work-sites or would you rather not be cross-trained?**

**Where do you see yourself in five years?**

**Describe your ideal job?**

**How do you alleviate stress?**

**EAGLE SYSTEMS, INC.**  
**CONDITIONAL EMPLOYMENT OFFER**

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND  
ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.  
**THIS FORM MUST BE SIGNED AT BOTH LOCATIONS**

**OFFER OF EMPLOYMENT**

I understand that if employed by Eagle Systems, Inc., the employment offer is made on a **CONDITIONAL EMPLOYMENT** basis, furthermore I acknowledge and understand the employment offer is for **TEMPORARY EMPLOYMENT**, with a term not less than 1 day and lasting up to and including 90 days, and I may be offered Full Time Employment at the discretion and pleasure of Eagle Systems, Inc.; based on the criteria set by the company. I acknowledge and understand Eagle Systems, Inc. has not offered, implied, or otherwise promised benefits of any kind.

The Texas Department of Public Safety – Private Security Bureau requires all security officers to be registered and licensed in order to be eligible for employment in the security industry. I acknowledge and agree to maintain any and all such licenses at my own expense. I understand and agree that Eagle Systems, Inc. will pay for the initial registration fee upon employment by Eagle Systems, Inc. and I agree to have those expenses **DEDUCTED** from my **FIRST 2 PAYCHECKS**, and acknowledge this by my signature below.

Applicant Printed Name: \_\_\_\_\_

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

**VERIFICATION AND ACKNOWLEDGEMENT**

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

I also understand that (1) Eagle Systems, Inc. has a drug and alcohol policy that provides for pre-employment testing as well as random testing after employment; (2) Consent to and agree to comply with such policy as a condition of employment; and (3) Continued employment may be conditioned upon the successful passing of test(s) under such policy. I further understand that continued employment may be conditioned upon the successful passing of job-related physical examinations. By my signature below I acknowledge that I have read and understand the above information.

In connection with my application for employment, I understand that an investigative report will be requested by Eagle Systems, Inc., that will include information about the following: criminal record, sex offender status, SSN authenticity, and driver license authenticity, address history, and work references. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, or reference contacted by Eagle to furnish information described above. I hereby release Eagle and their agents, agencies, and entities providing information or reports about me from any and all liabilities arising out of the request for or release of the above mentioned information or reports. The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis with respect to individuals who are at least 40 years of age. I pledge that the data supplied above is true and accurate.

Applicant Printed Name: \_\_\_\_\_

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