



# ALLSTATE SECURITY INDUSTRIES, INC.

## APPLICATION FOR EMPLOYMENT

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Received by: \_\_\_\_\_

PLEASE PRINT LEGIBLY. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "N/A." **Do not leave questions blank.** Be sure to sign when completed. Allstate Security Industries, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must be signed.** **Resumes will not be accepted in lieu of applications,** unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure.

NAME \_\_\_\_\_  
(Last) (First) (Middle)

MAILING ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

( ) \_\_\_\_\_  
Home Phone

( ) \_\_\_\_\_  
Cell Phone

E-MAIL ADDRESS \_\_\_\_\_

List any other names used if different from name on this application. \_\_\_\_\_

List exact title of position or type of work and location for which you wish to apply:

Do you have any relatives or friends working for Allstate Security Industries, Inc.? If so, list their names and relationships:

- Full-Time (Please indicate: Morning  Evening  Nights  )
- Part-Time (Please indicate: Morning  Evening  Nights  )
- Temporary (Please indicate dates available: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)

Date available to begin work: \_\_\_\_\_

Are you willing to work hours other than 8am – 5pm?

- Yes
- No

What days are you **unable** to work: \_\_\_\_\_

Are you willing to travel?

- Yes                      If yes, what percent of time? \_\_\_\_\_
- No

Do you have a current valid driver’s license? If so, what state issued it and what class of license do you have?

\_\_\_\_\_

List all traffic violations received in the past 3 years and briefly describe each.

\_\_\_\_\_  
 \_\_\_\_\_

Are you at least 18 years of age?

- Yes
- No

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? \_\_\_\_\_

Have you ever been convicted of a Class A or B misdemeanor in the last 20 years?

- Yes
- No

If your answer is “Yes” to either, explain in concise detail on a separate piece of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

**EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)**

Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 \_\_\_\_\_

Did you graduate from high school?                      Yes                       No

If you did not graduate from High School, did you receive a GED?                      Yes                       No

Type of School	Name and location of school	Date Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo	Yr	Mo	Yr					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical, Vocational, or Business Schools										

**Special Training/Skills/Qualifications:** List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been employed by Allstate Security Industries, Inc.?  Yes  No

If you have been previously employed by Allstate Security Industries, Inc., please list the date: \_\_\_\_\_

**MILITARY SERVICE** (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran?  Yes  No If yes, list type of discharge status: \_\_\_\_\_

Dates of service (From/To): \_\_\_\_\_

If you are applying for any of the following positions please indicate which pocket card you **currently have** (please only indicate those issued in Texas):

- Non-Commissioned Security Officer
- Commissioned Security Officer
- Alarm Installer
- Alarm Monitor
- Alarm Salesperson

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

A person who is otherwise eligible to renew a license may renew an unexpired license by paying the required renewal fee to the commission before the expiration date of the license.

A person whose license has expired may not engage in activities that require a license until the license has been renewed.

A person whose license has been expired for 90 days or less may renew the license by paying the Private Security Bureau a renewal fee that is equal to 2 times the normally required renewal fee.

A person whose license has been expired for one year or more may not renew the license. The person may obtain a new license by complying with the requirements and procedures, including the examination requirements and procedures, including the examination requirements, for obtaining an original license.

Please list all continuing education certificates you currently hold:

Course Title	Date	Course Number	School Number

## EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

- 1. Include ALL employment. Begin with your current or last position and work back to your first.**
2. Employment history should include **each position** held, even those with the same employer.
3. **EMPLOYER ADDRESS MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
4. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
5. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, please ask for another employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

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

Last
First
Middle

Employer: Position Title: Employer Mailing Address: City & State/Zip: Employer's Telephone No.: (    )  May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No						Immediate Supervisor Name:			Full-Time		
						Title:			Part-Time		
						Supervisor's Telephone No.:			Summer		
						If supervisory, number of employees you supervised:			Temp/Project		
Starting Date			Leaving Date			Current/Final Salary			Technical <input type="checkbox"/>		
Mo.	Day	Yr.	Mo.	Day	Yr.				Non-Managerial <input type="checkbox"/>		
									Supervisory <input type="checkbox"/>		
									Managerial <input type="checkbox"/>		

Summary of experience:

  
  
  
  
  
  
  
  
  
  
  

**Specific reason for leaving:**

<u>Employer:</u> <u>Position Title:</u> <u>Employer</u> <u>Mailing Address:</u> <u>City &amp; State/Zip:</u> <u>Employer's Telephone No.:</u> (     )  May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No						Immediate Supervisor Name:		Full-Time
						Title:		Part-Time
						Supervisor's Telephone No.:		Summer
						If supervisory, number of employees you supervised:		Temp/Project
Starting Date		Leaving Date		Current/Final Salary	Technical <input type="checkbox"/>			
Mo.	Day	Yr.	Mo.		Day	Yr.	Non-Managerial <input type="checkbox"/>	
						Supervisory <input type="checkbox"/>		
						Managerial <input type="checkbox"/>		

Summary of experience:

**Specific reason for leaving:**

<u>Employer:</u> <u>Position Title:</u> <u>Employer</u> <u>Mailing Address:</u> <u>City &amp; State/Zip:</u> <u>Employer's Telephone No.:</u> (     )  May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No						Immediate Supervisor Name:		Full-Time
						Title:		Part-Time
						Supervisor's Telephone No.:		Summer
						If supervisory, number of employees you supervised:		Temp/Project
Starting Date			Leaving Date			Current/Final Salary	Technical <input type="checkbox"/>	
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-Managerial <input type="checkbox"/>	
							Supervisory <input type="checkbox"/>	
							Managerial <input type="checkbox"/>	

Summary of experience:

**Specific reason for leaving:**

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

1. 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.
2. I understand that completion of this Application for Employment does not guarantee that I have been employed by this Company. I understand that all job offers may be conditional upon satisfactory completion of a background check, criminal history check, drug screen, and physical exam. I hereby consent to all of these tests and checks. I further understand that final approval of any job offer is made by the Company after completion of these tests and that until such final approval is made, I do not have a firm job offer to work as an employee of the Company.
3. I understand that all employees are employed at the will of the Company for an indefinite period and are subject to termination at any time, for any lawful reason, with or without cause or notice. At the same time, I understand that I may terminate my employment at any time and for any reason. I understand that no representative of the Company, other than the President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.
4. I understand that within 3 days of starting employment with the Company, I will have to provide valid documents that verify my identity and my eligibility to legally work in the United States. If I do not provide such documentation by the third day of employment, I understand that my employment will be terminated.
5. I understand that Allstate Security Industries, Inc. will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
6. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
7. I understand that there will be a 90-day orientation period of employment if I am hired by Allstate Security Industries, Inc. I acknowledge that completion of an orientation period or conferral of regular status does not change my status as an employee-at-will or in any way restrict the Company's right to terminate me or change the terms or conditions of employment.

**By signing this, I certify that I have read, understood and agreed to the conditions outlined in this applicant's statement and that every piece of information I have provided on this application is true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.**

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Printed Name



## APPLICANT RELEASE

I, the undersigned, do hereby authorize any investigator or duly accredited representative of Allstate Security Industries, Inc. bearing this release to obtain any information from school, residential management agents, employers, criminal justice agencies, or individuals relating to my activities. This information may include, but is not limited to, academic, residential achievement, performance, attendance, personal history, disciplinary and conviction records. I hereby ask you to release such information upon request of the bearer. I understand that the information released is for official use by Allstate Security Industries, Inc. and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release and hold harmless any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Title