



**ProGuard Protection Group LLC**

6160 Warren Pkwy  
Frisco, Texas 75034  
505-453-3168



**Employment Application**

*Please complete the entire application.*

It is the policy of ProGuard Protection Group to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

1. Applicant Information

Applicant Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
DOB: \_\_\_\_\_ Email address: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Driver's License (Number): \_\_\_\_\_ State: \_\_\_\_\_

2. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

3. Job Position Applied For: \_\_\_\_\_  
Full or Part Time? \_\_\_\_\_

4. Do you possess a valid Texas Security Guard License? No \_\_\_\_\_ Yes \_\_\_\_\_ Level \_\_\_\_\_

5. Salary Desired: \$ \_\_\_\_\_ per hour
6. Who referred you to our company? \_\_\_\_\_
7. Do you have any friends or relatives who work here? If yes, please list here:  
\_\_\_\_\_
8. Have you applied to our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when? \_\_\_\_\_
9. Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. Are you willing to work any shift, including nights and weekends?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If no, please state any limitations:  
\_\_\_\_\_
11. If applicable, are you available to work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No
12. If you are offered employment, when would you be available to begin work?  
\_\_\_\_\_
13. I am a Citizen or otherwise authorized to work in the United States on an unrestricted basis: Yes \_\_\_\_\_  
No \_\_\_\_\_  
If applicable, please list your visa type, visa# and expiration:  
\_\_\_\_\_
14. Are you able to perform the essential functions of the job position you seek with  
or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
What reasonable accommodation, if any, would you request?  
\_\_\_\_\_
15. Are you currently in arrears in any child support payments: Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please indicate the State in which you owe child support: \_\_\_\_\_
16. Applicant's Skills  
List any skills that may be useful for the job you are seeking such as: Computers, firearms, baton, defensive  
tactics, EMT, CDL licenses, CPR, or any other advanced training:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Years of experience: \_\_\_\_\_

17. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

18. Applicant's Education and Training

College Name and Address \_\_\_\_\_  
Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, degree(s) received: \_\_\_\_\_

High School/GED Name and Address \_\_\_\_\_  
Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Training (graduate, technical, vocational):  
\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:

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Awards, Honors, Special Achievements:

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Military Service: \_\_\_\_\_ Yes \_\_\_\_\_ No

Honorably Discharged: \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

## 20. References

List any two non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

21. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

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**CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize ProGuard Protection Group to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause (minimum of one-week notice required per the Position Agreement). With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of ProGuard Protection Group, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE