

SHADOW PROTECTIVE SERVICES, INC. (SPSI)
5403 ARAPAHO LANE, SUITE 117
DALLAS, TX 75248
(214) 613-2588



EMPLOYMENT APPLICATION

ALL INFORMATION MUST BE WRITTEN LEGIBLY, COMPLETELY AND TRUTHFULLY FOR PROCESSING. DO NOT LEAVE ANY BLANK LINES, OR YOUR APPLICATION WILL NOT BE CONSIDERED. THANK YOU.

PERSONAL AND DEMOGRAPHIC INFORMATION:

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____ BIRTH DATE: _____

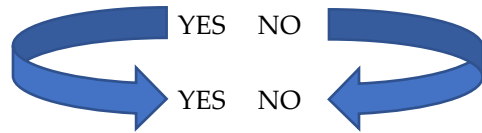
ALIAS NAME (ALL NAMES PREVIOUSLY USED): _____

EMAIL ADDRESS: _____

FACEBOOK (SOCIAL MEDIA) NAME: _____

DOES SPSI HAVE YOUR PERMISSION TO CALL YOU AT ANYTIME ON YOUR TELEPHONES?

PRIMARY PHONE NUMBER: _____



YES NO

SECONDARY PHONE NUMBER: _____

YES NO

BIRTH PLACE: CITY _____ STATE: _____

HOME ADDRESS: _____ CITY: _____

ZIP CODE: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

IF YOU HAVE NOT RESIDED AT YOUR CURRENT ADDRESS FOR MORE THAN 5 YEARS, PLEASE COMPLETE THIS SECTION. INCLUDE HOW LONG YOU RESIDED AT THE ADDRESS AND THE REASON WHY YOU MOVED.

▲ 1ST PREVIOUS ADDRESS: _____

▲ 2ND PREVIOUS ADDRESS: _____

EMPLOYMENT INTEREST

ARE YOU A WALK-IN APPLICANT, AND DID YOU BRING YOUR CREDENTIALS WITH YOU?

ON WHICH JOB SEARCH ENGINE OR PUBLICATION DID YOU FIND THE SPSI ADVERTISEMENT?

HOW DID YOU HEAR ABOUT SHADOW PROTECTIVE SERVICES, INC. (SPSI)?

WHO REFERED YOU TO SHADOW PROTECTIVE SERVICES, INC. (SPSI)?

POSITION INFORMATION:

SHADOW PROTECTIVE SERVICES, INC. (SPSI) IS AN EXCELLENT AND GROWING COMPANY OFFERING THE PRIVATE SECURITY INDUSTRY AVERAGE IN WAGE COMPENSATION. WE REWARD OUR PROVEN DEDICATED EMPLOYEES WITH OCCASIONAL BONUSES AND DUTY ASSIGNMENTS. PLEASE ANSWER THESE FIVE QUESTIONS BELOW FOR YOUR EMPLOYEMENT WAGE QUALIFYING DETERMINATION.

- 1. WHICH POSITION ARE YOU APPLYING FOR? _____
- 2. HOW WOULD YOU DESCRIBE YOUR CURRENT SKILLS? _____
- 3. WHICH AREAS PERSONALLY AND PROFESSIONALLY DO YOU NEED TO IMPROVE?

- 4. WHAT HAS MOTIVATED YOU TO APPLY FOR THIS POSITION? _____
- 5. WHAT IS YOUR EXPECTED HOURLY WAGE AS AN SPSI EMPLOYEE? _____

FULL-TIME ONLY	PART-TIME	SEASONAL	CONTRACT
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AVAILABILITY INFORMATION:

CAN YOU START WORKING FOR SHADOW PROTECTIVE SERVICES, INC. IMMEDIATELY? **YES**

WHEN CAN YOU OFFICIALLY START WORKING AT SPSI? _____

WHICH SHIFT CAN YOU COMMIT TO WORKING? **DAYS NIGHTS WEEKENDS OVERNIGHT**

DO YOU HAVE ANY SCHEDULING RESTRICTIONS? _____

DRIVING HISTORY:

WHAT IS YOUR STATE OF TEXAS DRIVER'S LICENSE NUMBER, TYPE AND CLASS?

WHAT IS THE EXPIRATION DATE OF YOUR DRIVER'S LICENSE?

YES NO HAVE YOU BEEN INVOLVED IN ANY ACCIDENTS IN THE LAST 36 MONTHS?

YES NO IN 36 MONTHS PRIOR, HAVE YOU RECEIVED ANY MOVING VIOLATION CITATIONS?

YES NO HAS YOUR STATE DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?

YES NO DOES YOUR DRIVER'S LICENSE HAVE ANY RESTRICTIONS?

PLEASE EXPLAIN YOUR **YES** REPSONSES TO ANY OF THE DRIVING HISTORY QUESTIONS.

YES NO DO YOU CURRENTLY OWN (PURCHASED BEFORE TODAY), OR ARE YOU LEASING YOUR OWN RELIABLE TRANSPORTATION?

(WE APOLOGIZE, BUT PUBLIC TRANSPORTATION IS NOT AN ACCEPTABLE FORM OF PERSONAL TRANSPORTATION.)

YOU MUST HAVE CURRENT PROOF OF NON-LAPSED INSURANCE COVERAGE AT ALL TIMES WITH AN IN-FORCE POLICY.

DO YOU HAVE A CURRENT AUTO INSURANCE POLICY AND PROOF THEREOF? **YES NO**

COMPUTER KNOWLEDGE:

HOW MANY WORDS PER MINUTE (WPM) DO YOU TYPE? _____ wpm

DESCRIBE YOUR LEVEL OF COMPUTER USAGE COMPETENCY, AND THE PROGRAMS YOU HAVE PREVIOUSLY USED PROFICIENTLY.

LIST THE SOFTWARE PROGRAMS THAT YOU ARE FAMILIAR WITH:

ACTIVE GUARD CERTIFICATES:

DO YOU HAVE A CURRENT LEVEL II CERTIFICATE: YES NO LEVEL III: YES NO

PLEASE LIST ANY OTHER RELEVANT LICENSES YOU HOLD:

DO YOU HAVE SHOTGUN TRAINING: YES NO BATON PERMIT: YES NO

PEPPER SPRAY: YES NO

ADDITIONAL SPECIAL TRAINING CONSIDERATIONS

SCHEDULING TRAINING: YES NO

SUPERVISORY TRAINING: YES NO

LEADERSHIP TRAINING: YES NO

LOGISTICS TRAINING: YES NO

WHICH TYPE OF HANDGUN IS IN YOUR EXPERTISE? _____

CALIBER: _____

DO YOU HAVE A COMPLETE DUTY BELT? YES NO

EDUCATION:

SHADOW PROTECTIVE SERVICES, INC. (SPSI) SUPPORTS YOUR EDUCATION AS THE LEARNED PRINCIPLES PROMOTE UNDERSTANDING, COMPETENCE AND COMPLIANCE.

ARE YOU A HIGHSCHOOL GRADUATE?

ARE YOU A COLLEGE GRADUATE?

EMPLOYMENT HISTORY:

1

NAME OF CURRENT EMPLOYER: _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ OFFICE/DUTY LOCATION _____

TELEPHONE NUMBER OR WEBSITE: _____

YOUR TITLE: _____

TIME IN SERVICE: _____

SUPERVISOR'S NAME AND TITLE: _____

SUPERVISOR'S PHONE NUMBER OR EMAIL ADDRESS: _____

OFFICIAL HIRE DATE: _____

OFFICIAL SEPARATION DATE: _____

REASON FOR SEPARATION _____

2

PAST EMPLOYER: _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ OFFICE/DUTY LOCATION _____

TELEPHONE NUMBER OR WEBSITE ADDRESS: _____

YOUR TITLE _____

TIME IN SERVICE: _____

SUPERVISOR'S NAME AND TITLE: _____

SUPERVISOR'S PHONE NUMBER OR EMAIL ADDRESS: _____

OFFICIAL HIRE DATE: _____

SEPARATION DATE: _____

REASON FOR SEPARATION: _____

3

PAST EMPLOYER: _____

ADDRESS: _____ CITY _____

STATE _____ ZIP CODE _____ OFFICE/DUTY LOCATION: _____

YOUR TITLE _____

TIME IN SERVICE: _____

SUPERVISORS NAME AND TITLE: _____

SUPERVISOR'S PHONE NUMBER OR EMAIL ADDRESS: _____

OFFICIAL HIRE DATE: _____

OFFICIAL SEPARATION DATE: _____

REASON FOR SEPARATION: _____

4

PAST EMPLOYER: _____

ADDRESS: _____ CITY _____

STATE _____ ZIP CODE _____ OFFICE/DUTY LOCATION _____

YOUR TITLE: _____

TIME IN SERVICE: _____

SUPERVISOR'S NAME AND TITLE: _____

SUPERVISOR'S PHONE NUMBER OR EMAIL ADDRESS: _____

OFFICIAL HIRE DATE: _____

OFFICIAL SEPARATION DATE: _____

REASON FOR SEPARATION:

MILITARY HISTORY:

SHADOW PROTECTIVE SERVICES, INC. (SPSI) SALUTE YOU FOR YOUR SERVICE AT HOME AND ABROAD.

DO YOU HAVE ANY MILITARY HISTORY? [YES](#) [NO](#)

PLEASE COMPLETE THE FOLLOWING MILITARY SECTION IN ACCORDANCE WITH YOUR DD214.

BRANCH OF SERVICE: _____

LAST DUTY LOCATION AND DATES OF SERVICE: _____

RANK: _____

WHAT WAS YOUR MILITARY OCCUPATIONAL SPECIALTY: _____

SEPARATION DATE: _____

DISCHARGE STATUS: _____

DO YOU HAVE ANY CORRECTIONS CENTER OR LAW ENFORCEMENT TRAINING: [YES](#) [NO](#)

IF YOU DO HAVE ANY ENFORCEMENT TRAINING, PLEASE DESCRIBE YOUR DUTIES BELOW:

EMPLOYMENT TESTING:

ARE YOU WILLING TO SUBMIT TO A PRE-EMPLOYMENT INVESTIGATION: [YES](#) [NO](#)

ARE YOU WILLING TO SUBMIT TO PRE-EMPLOYMENT DRUG SCREENING: [YES](#) [NO](#)

ARE THERE ANY REASONS WHY YOU CANNOT TAKE A DRUG SCREENING: [YES](#) [NO](#)

IF YOU ANSWERED NO TO ANY OF THE ABOVE PLEASE EXPLAIN:

CRIMINAL HISTORY:

HAVE YOU EVER BEEN CONVICTED OF A FELONY: YES NO

IF YES, PLEASE PROVIDE CASE # _____

IF YES, PLEASE WRITE A DESCRIPTION:

HAVE YOU EVER BEEN CONVICTED OF A CLASS A MISDEMEANOR: YES NO

IF YES, PLEASE PROVIDE CASE # _____

IF YES, PLEASE WRITE A DESCRIPTION:

HAVE YOU EVER BEEN CONVICTED OF A CLASS B MISDEMEANOR: YES NO

IF YES, PLEASE PROVIDE CASE # _____

IF YES, PLEASE GIVE A DESCRIPTION OF THE CONVICTION:

REFERENCES:

REFERENCE #1

NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

YEARS KNOWN: _____

RELATIONSHIP: _____

REFERENCE #2

NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

YEARS KNOWN: _____ RELATIONSHIP: _____

REFERENCE #3

NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

YEARS KNOWN: _____ RELATIONSHIP: _____

REFERENCE #4

NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

YEARS KNOWN: _____ RELATIONSHIP: _____

REFERENCE #5

NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

YEARS KNOWN: _____ RELATIONSHIP: _____

EMERGENCY CONTACT:

NAME OF PERSON: _____

1ST TELEPHONE NUMBER: _____

2ND TELEPHONE NUMBER: _____

RELATIONSHIP TO APPLICANT: _____

EMAIL ADDRESS: _____

YOUR COMMITMENT IS FUNDAMENTAL, AND INCREASES YOUR PROBABILITY OF BECOMING A PROSPECTIVE SHADOW PROTECTIVE SERVICES, INC. (SPSI) CANDIDATE FOR EMPLOYMENT.

WHY DO YOU WANT TO WORK FOR SHADOW PROTECTIVE SERVICES, INC. (SPSI):

DO YOU HAVE ANY ADDITIONAL BENEFICIAL INFORMATION AND/OR SUPPORTING DOCUMENTATION TO SUBMIT WITH YOUR APPLICATION IN CONSIDERATION OF YOUR EMPLOYMENT AT SHADOW PROTECTIVE SERVICES, INC. (SPSI):

PLEASE BE PREPARED TO BRING THE FOLLOWING ITEMS TO YOUR INTERVIEW IF SELECTED.

1. DRIVERS LICENSE
2. SOCIAL SECURITY CARD
3. CURRENT COMMISSION
4. CURRENT NON-COMMISSION CARD
5. BATON/PEPPERSPRAY/FIRST AID/CPR PERMITS
6. MILITARY DISCHARGE DOCUMENTATION

Thank you for considering employment with SPSI. If selected, you will be notified for an interview. Please come dressed in business attire. If you pass the interview, you may be selected for additional interviews. A criminal background, past employment, driving record, reference check and investigations will be conducted. You will be drug tested. After all investigations and tests results are received acceptably, you may be offered employment. On your first day of duty, you will be assigned a Field Training Officer and your 90-day probation begins.

SHADOW PROTECTIVE SERVICES, INC. (SPSI)

ATTESTATION OF WRIT

DO YOU SWEAR REGARDING THE INFORMATION YOU HAVE SUBMITTED IN WRITING ON THE PRECEDING PAGES INCLUDED IN THIS SHADOW PROTECTIVE SERVICES, INC. (SPSI) EMPLOYMENT APPLICATION, THAT THE AFOREMENTIONED INFORMATION REPORTED IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE:

PLEASE RESPOND BELOW WITH YOUR ATTESTATION OF WRIT.

I DO SWEAR _____
APPLICANT'S INITIALS

I DO NOT SWEAR _____
APPLICANT'S INITIALS

APPLICANT'S SIGNATURE: _____

TODAY'S DATE: _____