

Please list personal references, other than a relative, who have knowledge of your work performance:

Name	Address	Phone #	Occupation	Years Known
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Name	Address	Phone #	Occupation	Years Known
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Name	Address	Phone #	Occupation	Years Known
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Circle highest level of Education:

GED/High School

College/University

Trade/Vocational School

Name of Institution: _____

Completed: Yes No

If yes, year of completion: _____

Degree Earned: _____

List any special recognitions or achievements: _____

As related to the position applied for, please indicate the languages that you:

Speak: _____

Read: _____

Write: _____

Do you have the legal right to work in the United States of America? Yes No

(If offered a position, the Immigration Reform and Control Act of 1986 requires you to provide proof of your employment authorization and your identity prior to starting work)

Are you 18 years of age or older? Yes No

(If under 18, employment is subject to verification that you are of minimum legal age)

Do you have a work permit? Yes No

How long have you been a resident of the state of Texas? _____

Driver's License Number: _____ State of Issuance: _____ Expiration Date: _____

Do you have access to reliable transportation to/from work? Yes No

Can you perform the essential functions of the position for which you are applying? Yes No

If no, please explain: _____

Do you hold a State Registered Card? Yes No Expiration Date: _____

Do you hold a concealed hand gun license: Yes No Expiration Date: _____

Have you served in the U.S. Armed Services? Yes No Branch of Service: _____ # Yrs Served: _____

After accepting an offer of employment, can you submit a copy of your DD214? Yes No

Have you ever been convicted on any crime? Yes No If yes, explain: _____

Please list below all present and past employment for the last ten years, starting with the most recent employer. Please include self employment, military service with any branch of the U.S. Armed Forces, part-time or summer-time work and job related volunteer experience. If more space is needed, please attach additional sheets.

1. Present or most recent employer:		Address	City	State	Zip
Type of Business:			Job Title:		
Dates of Employment:	Supervisor's Name: Phone Number:	Hourly Rate/Salary:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Reason for leaving:					
Description of Duties:					
2. Previous employer:		Address	City	State	Zip
Type of Business:			Job Title:		
Dates of Employment:	Supervisor's Name: Phone Number:	Hourly Rate/Salary:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Reason for leaving:					
Description of Duties:					
3. Previous employer:		Address	City	State	Zip
Type of Business:			Job Title:		
Dates of Employment:	Supervisor's Name: Phone Number:	Hourly Rate/Salary:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Reason for leaving:					
Description of Duties:					

Summarize any other experience, training, management experience or equipment operation that relates to the position for which you are applying:

Optional Information – List hobbies or special interests:

PLEASE DO NOT WRITE BELOW THIS LINE

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Position Offered: Yes No

If yes, Date of Hire: _____ **Rate of Pay:** _____

Assigned Post: _____

Name of Interviewer: _____

Interviewer's Signature: _____ **Date:** _____

ACKNOWLEDGEMENT

I hereby certify that I personally completed this application and that the information contained herein is correct to the best of my knowledge. I understand that any misrepresentation, falsification or material omission of information on this application, in my interview(s) or pre-employment evaluation will result in my failure to receive an offer, or, if I have been hired, may result in my dismissal from employment.

I authorize the Jaguar Security and Investigations Corp and its agents to request any information and records concerning me, including but not limited to, consumer credit, criminal history, driving, employment, military, civil and educational data and reports, from any present or previous employers (unless expressly stated), consumer reporting agencies, courts and other entities. Further, if I am employed, I agree to submit to preemployment and employment related examinations of the above-described information at anytime, upon probably cause, at the request of Jaguar Security and Investigations Corp.

I authorize and request any present or former employer, school, financial institution, credit agency or any governmental agency or persons having personal knowledge about me to furnish Jaguar Security and Investigations Corp or its agent with any and all the information in their possession regarding me, which is reasonably related to my employment, or continued employment, with Jaguar Security and Investigations Corp. I am willing to let a photocopy of this authorization be accepted with the same authority as the original and shall be valid for this and any future reports or updates that may be requested.

I understand that any offer of employment will be conditioned on the Company's receipt of satisfactory responses to reference requests, the provision of satisfactory proof of my identity and legal right to work in the United States of America, the satisfactory completion of a drug/alcohol screening and other bona-fide employment testing.

If hired, I agree and understand that I will confirm to the rules and policies of the company. I further agree that my employment is at-will. Jaguar Security and Investigations Corp reserves the right to terminate the employment relationship at any time, with or without notice, and with or without cause. If I choose to terminate the employment relationship, I must give the company one (1) week notice in order to properly find a replacement for my shift. I understand that the Company retains the right to establish compensation, benefits and working conditions for all of its employees. Accordingly, I understand and agree that the Company retains the sole discretion to modify my compensation and benefits, position, duties and other terms and conditions of my employment, including the right to impose discipline of whatever form and for whatever reasons Jaguar Security and Investigations Corp determines to be appropriate. No employee or representative of the Company, other than the President and/or owner, has the authority to alter the at-will nature of my employment relationship, or make any agreement contrary to the foregoing.

I have been given the opportunity to ask questions regarding the Company's rules and my potential status as an employee at-will, and no Company representative has promised or implied to me that if I am hired, I will be employed under any terms other than that stated above. I agree that this constitutes an integrated, binding agreement with respect to the at-will nature of my employment relationship.

Name & Signature of Applicant:

Date:

Jaguar Security and Investigations Corp

"Protection is Our Profession"

EMPLOYEE AGREEMENT & CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of Jaguar Security and Investigations Corp, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have Jaguar Security and Investigations Corp and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Jaguar Security and Investigations Corp, and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize Jaguar Security and Investigations Corp. to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly authorized Jaguar Security and Investigations Corp officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless Jaguar Security and Investigations Corp, its company physician, and any testing laboratory Jaguar Security and Investigations Corp might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Jaguar Security and Investigations Corp laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless Jaguar Security and Investigations Corp, its company physician, and any testing laboratory Jaguar Security and Investigations Corp might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT JAGUAR SECURITY AND INVESTIGATIONS CORP WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL DURING OR AFTER AN ACCIDENT EVENT.

Name & Signature of Applicant:

Date:

Jaguar Security and Investigations Corp

"Protection is Our Profession"

DRUG-FREE WORKPLACE POLICY

It is the purpose of Jaguar Security and Investigations Corp to help provide a safe and drug-free work environment for our clients and our employees. With this goal in mind and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of Jaguar Security and Investigations Corp. Jaguar Security and Investigations Corp explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on Jaguar Security and Investigations Corp or customer premises or while performing an assignment.
- Being impaired or under the influence of legal or illegal drugs or alcohol away from Jaguar Security and Investigations Corp or customer premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk Jaguar Security and Investigations Corp's reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from Jaguar Security and Investigations Corp or customer premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk Jaguar Security and Investigations Corp's reputation.
- The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises of Jaguar Security and Investigations Corp or its customers, or while on company business. "Prohibited substances" include, but are not limited to, the following: illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee. This will also include any other substance or matter not taken in accordance to material packaging or taken with intentional misuse.

Jaguar Security and Investigations Corp will conduct drug and/or alcohol testing under any of the following circumstances:

- **RANDOM TESTING:** Employees may be selected at random for drug and/or alcohol testing at any interval determined by Jaguar Security and Investigations Corp.
- **FOR-CAUSE TESTING:** Jaguar Security and Investigations Corp may ask an employee to submit to a drug and/or alcohol test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to the following circumstances: evidence of drug or alcohol on or about the employee's person or in the employee's vicinity, unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- **POST-ACCIDENT TESTING:** An employee involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs in the accident or injury event may be asked to submit to a drug and/or alcohol test. "Involved in an on-the-job accident or injury" means not only the one who was or could have been injured, but also an employee who potentially contributed to the accident or injury event in any way.

If an employee is tested for drugs or alcohol outside of the employment context and the results indicate a violation of this policy, or if an employee refuses a request to submit to testing under this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including discharge from employment. In such a case, the employee will be given the opportunity to explain the circumstances prior to any final employment action becoming effective.

I further acknowledge that I am informed of my right to obtain a copy of this policy at any given time upon request.

Name & Signature of Employee:

Date:

Jaguar Security and Investigations Corp
"Protection is our Profession"
10301 NW Freeway, Suite # 307 Houston TX 77092
Phone: (832)252-9397 Fax: (832)201-7397

EMPLOYMENT APPLICATION
Equal Employment Opportunity/AA Addendum

Date:	Position Applied For:	How did you hear about us:		
Name: Last First MI		Social Security Number:		
Address:		City:	State:	Zip:

The information below is being collected solely to comply and monitor compliance with Executive Order 11246, as amended Section 503 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's readjustment Assistance Act of 1974, as amended (36 U.S.C. 2012), and the Americans with Disabilities Act, as amended, and their implemented regulations.

Submission of this information is voluntary; that is, applicants are not required to furnish it.

This information will be kept confidential if it is supplied, except that government officials investigating EEO, AA or ADA compliance shall be informed. With respect to information regarding one's disable status, supervisors or managers may be informed regarding restrictions on work or duties. First aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment.

Applicants will not be adversely affected if they refuse to provide the requested information.

Ethnicity			Gender	
African American (black)	Asian	Caucasian (white)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
East Indian	Hispanic/Latino	Middle Eastern		
Native American	Pacific Islander	Other		

Veterans/Disabled Status			
<input type="checkbox"/> Veteran of Vietnam Era	<input type="checkbox"/> Veteran of Desert Storm	<input type="checkbox"/> Other Veteran	<input type="checkbox"/> Disabled

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<input type="checkbox"/> Volunteered	<input type="checkbox"/> Not Volunteered
Minimum Wage:	
Start Date:	
Distance (Miles):	
Distance (Minutes):	

“Confidential Verification of Previous Employment”

Name of Previous Employer: _____

Address: _____

Fax: _____

“Authorization”

I, _____, hereby authorize the employees of any company, firm or individual by which I have been employed prior to this date to answer any and all inquiries made by Jaguar Security and Investigations Corp and its employees regarding my employment, qualifications and conduct while employed for such company and to state the cause of my leaving their employment. I hereby release any and all companies, firms or individuals from any and all liability for damages, of whatever nature, arising from their furnishing information for use in determining my fitness and eligibility for employment for Jaguar Security and Investigations Corp.

The above-referenced applicant has applied for a position in our company. Please fill in the information in order to better decide the qualification of this individual. All information will be kept private.

Please circle the number that best fits this individual with one (1) being the lowest score and four (4) being the highest.

Appearance/Dress	1	2	3	4
Attendance	1	2	3	4
Punctuality	1	2	3	4
Ability	1	2	3	4
Responsibility	1	2	3	4

Date Hired: _____

Position Assigned: _____

Reason for Leaving: _____

Name of Individual Completing Form: _____
(Printed Name)

Current Position: _____

Signature: _____ Date: _____

PLEASE FAX BACK TO OUR OFFICE AT 832-252-9397

Jaguar Security and Investigations Corp
"Protection is our Profession"
10301 NW Freeway, Suite # 307 Houston TX 77092
Phone: (832)252-9397 Fax: (832)201-7397

You may print and mail or fax this application to the address or fax number above. You may also submit this form manually via email or by using the submit button below.

You will need to use an email program such as Outlook (not a web-based email client) to use the submit button to submit your application. You may sign these forms digitally or in person at your interview.