



**D.O.R Protection Group**

1710 Cross Creek Ln.

Cleburn, TX 76033

# Employment Application

An Equal Opportunity Employer

> All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, disability, or veteran status.

Position Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

## I. Applicant Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Social Security Number (last 4 digits): XXX-XX-\_\_\_\_\_

## II. Employment Eligibility

Are you legally eligible to work in the United States?  Yes  No

Do you hold a valid Guard Card?  Yes  No

Guard Card Number: \_\_\_\_\_ Guard Card Expiration Date: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have any pending court cases or recent court convictions?  Yes  No

If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, explain: \_\_\_\_\_

Are you able to work:  Full-Time  Part-Time  Weekends  Nights

### III. Education

Select Highest Degree Achieved, and list school attended

High School or GED \_\_\_\_\_

Associates \_\_\_\_\_

Bachelors \_\_\_\_\_

Masters \_\_\_\_\_

Other (Specify) \_\_\_\_\_

### IV. Work Experience (Most Recent First) – List 3

Employer Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Work Experience (Most Recent First)

**V. 3 References (Professional Only)**

Name	Relationship	Company	Phone Number

**VI. Emergency Contact**

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

**VII. Military Service (if applicable)**

Branch: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ to \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Acknowledgment & Signature**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Digital Signature: \_\_\_\_\_ or Regular Signature \_\_\_\_\_

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



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 956-453-6543 / 601-402-5090

## BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM

I hereby authorize any investigator or duly accredited representative of South Texas College bearing this release to obtain any information from criminal justice agencies, relating to my activities. This information may include, but is not limited to:

- Personal history;
- Disciplinary;
- Arrest;
- Conviction records;
- Social Security number verification;
- Seven Year Multi-County or Statewide Felony and Related Misdemeanor Criminal Record search;
- Education verification (Highest Degree Received);
- One Professional Licensure Verification – Professional;

I hereby authorize D.O.R Protection Group to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that D.O.R Protection Group may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. This also includes the authorization of releasing 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. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

The information requested below is necessary to obtain personal criminal history record information. It is the policy of Pre-Check that an individual or their authorized representative have access to and may receive a copy of their criminal record information (CHRI). This policy is in compliance with Texas Government Code, Section 552.023.

I agree that D.O.R Protection Group has the right to administratively “withdraw” my application if:

- I fail to disclose any new conviction of a crime at anytime
- I have a positive “for cause” drug screen at any time.

Digital Signature	or	Regular Signature	Date
Under the age of 18, parent or guardian signature required			Date
Under the age of 18, Parent or Guardian-Print Name			Date



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## **Drug-Free Workplace Policy**

### **Employee-Contractor/Applicant Acknowledgment Form**

D.O.R Protection Group is committed to providing a safe, healthy, and productive work environment. The use, possession, distribution, or being under the influence of illegal drugs, controlled substances, or alcohol in the workplace is strictly prohibited.

- 1. Prohibited Conduct:** Employees shall not use, possess, distribute, or sell illegal drugs or controlled substances on company premises or while performing company duties. Employees shall not report to work or perform duties under the influence of drugs or alcohol.
- 2. Prescription Medications:** Employees using prescribed medications that may impair performance must notify their supervisor or Human Resources.
- 3. Drug Testing:** The company reserves the right to conduct pre-employment, random, post-accident, and reasonable suspicion drug testing in compliance with applicable laws.
- 4. Disciplinary Action:** Violation of this policy may result in disciplinary action, up to and including termination of employment.
- 5. Employee Assistance:** Employees are encouraged to seek help for substance abuse problems. The company may refer employees to counseling or rehabilitation services.
- 6. Confidentiality:** All information related to drug testing and substance abuse treatment will be kept confidential in accordance with applicable laws.

**I, the undersigned, acknowledge that I have received, read, and understand the D.O.R Protection Group Drug-Free Workplace Policy. I agree to comply with the terms of this policy as a condition of my employment.**

Employee/Contractor Name (Printed): \_\_\_\_\_

Employee/Contractor Signature: \_\_\_\_\_ or Digital Signature: \_\_\_\_\_

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