

HOUSTON CONTACT PATROL, INC.

13524 Aldine Westfield Rd Ste 2 Houston, TX 77081

Phone: (832) 466-5487 or (832) 513-3898

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	Our company is an equal opportunity employer and will consider all applicants for all positions equality without regard to their race, sex age, color, religion, national origin, veteran status, genetic information or any disability as defined in the Americans with Disabilities Act, or for any other reason protected by state or federal law. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.
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PERSONAL INFORAMTION

Position Applied/ Puesto: _____

How were you referred to us: _____

First Name/Nombre: _____ Last Name/Apellido: _____

Address/ Direccion: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Date available to start/ Fecha para empezar: _____ SSN: _____

Salary Desired/ Salario deseado: _____

Are you under 18 years old/ Tiene al menos 18 años de edad? Yes _____ No _____

Have you ever worked for this company/ A trabajado para esta compañía anteriormente? Yes _____
No _____ If yes, when? _____

Are you a citizen of the United States/ Es ciudadano Norte Americano? Yes _____ No _____

Are you legal to work in the United States/ Esta autorizado para trabajar en los estados unidos? Yes _____
No _____

Type of employment desired/Que tipo de empleo desea? Full time/ Tiempo completo _____

Part Time/Medio tiempo _____

Temporary/Temporal _____ Permanent/ Permanente _____

Have you ever pleaded guilty or been convicted of a crime/ Alguna vez se le ha inculcado de un crimen? Yes _____ No _____

Special Skills or Qualifications/ Calificaciones y habilidades especiales:

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EMPLOYEE INFORMATION SHEET

INFORMACION DEL EMPLEADO

Name/Nombre: _____

Social Security/ Seguro Social _____

Address/ Direccion: _____

Phone/ Telefono: _____ Cell Phone/ Celular _____

Gender/Sexo: Male/Masculino _____ Female/Femenino: _____

Marital Status/Estado Civil : Single/Soltero: _____ Married/Casado: _____

Divorced/Divorciado _____

Dependents / Exemptions: _____

Rate of Pay/ Salario deseado: _____

Place of Birth/ Lugar de nacimiento: _____

Date of Birth/ Fecha de nacimiento: _____

Height/ Estatura: _____ Weight/Peso : _____

Eye Color/ Color de ojo: _____ Hair Color/ Color de cabello: _____

Date Hired/ Fecha de empleo: _____ Date Terminated/Dia despedido: _____

In Case of emergency notify/ En caso de emergencia notificar a:

Name/Nombre: _____ Phone/Telefono: _____

Employee Signature/ Firma

Date/ Fecha

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EMPLOYMENT HISTORY/ HISTORIAL DE TRABAJO

Date of employment/ Fecha de empleo: From ____ / ____ / ____ To ____ / ____ / ____

Position(s) Held/ Puesto: _____

Company Name/ Nombre de la compania: _____

Address/ Direccion: _____

City: _____ State: _____ Zip Code: _____

Phone/ Telefono: _____ Supervisor: _____ Title/ Titulo: _____

Responsibilities/Responsabilidades: _____

Starting Salary and Title/Salario, puesto para empezar : _____

Ending Salary and Title/Salario, puesto al terminar: _____

Reason for leaving/ Razon por la cual renuncio: _____

May we contact this employer for a reference/ Podemos contactar a este empleador? Yes ____ No ____

Date of employment/ Fecha de empleo: From ____ / ____ / ____ To ____ / ____ / ____

aPosition(s) Held/ Puesto: _____

Company Name/ Nombre de la compania: _____

Address/ Direccion: _____

City: _____ State: _____ Zip Code: _____

Phone/ Telefono: _____ Supervisor: _____ Title/ Titulo: _____

Responsibilities/Responsabilidades: _____

Starting Salary and Title/Salario, puesto para empezar : _____

Ending Salary and Title/Salario, puesto al terminar: _____

Reason for leaving/ Razon por la cual renuncio: _____

May we contact this employer for a reference/ Podemos contactar a este empleador? Yes ____ No ____

I certified that my answers are true and complete to the best of my knowledge. I authorize you to a make such investigations and inquires of my personal employment, educational, financial and other related matters as may be necessary for an employment decisions. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Yo certifico que mis respuestas son verdaderas y completas a lo mejor de mi conocimiento. Yo autorizo que investiguen sobre mis empleadores anteriores, mi educación, mis finanzas, o cualquier otro tramite relacionado que sea necesario para tomar una decisión. Desligo los empleadores, las escuelas o individuos de toda responsabilidad al responder a preguntas con respecto a mi solicitud. En caso de ser empleado, Yo entiendo que cualquier información falsa o engañosa dada en esta aplicacion o entrevista puede resultar en descargo.

Signature of Applicant/ Firma: _____ Date/Fecha: _____

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NOTIFICATION OF PORTING AN ARM/NOTIFICACION DE PORTAR ARMA

El manager _____ le informa al oficial _____ Que si **NO** tiene comisión autorizada y vigente para portar arma, no debe de portar por ningún motivo arma.

MANAGER

EMPLOYEE

DATE: _____

The manager _____ notify the guard _____ If he **DOESN'T** have a recent and a valid fire gun commission; he is not allowed to carry a gun.

MANAGER

EMPLOYEE

DATE: _____

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Employment/ Empleo

1. I understand that the first 90 days of my employment will be a probationary period.
2. During my 90 day probationary period, unsatisfactory performance, misconduct or poor attendance may result in my termination.
3. I understand that I will be classified as a temporary employee during my 90 days probationary period. If my performance / attendance are satisfactory, I will be considered a regular employee at the end of my 90 days probationary period.

1. Yo entiendo que mis primeros 90 días de empleo será un periodo de prueba.
2. Durante el periodo de los 90 días de prueba, desempeño insatisfactorio, mala conducta o escasa asistencia resultara en descargo.
3. Entiendo que será clasificado como un empleado temporal durante mi periodo de prueba de 90 días. Si mi desempeño/asistencia son satisfactorios, voy a ser considerado un empleado regular al final de mi periodo de prueba de 90 días.

Employee Signature / Firma

Date/Fecha

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NON- COMPETE AGREEMENT

Non-Disclosure and Non-Competition

At all times while this agreement is in force and after its expiration or termination, _____ agrees to refrain from disclosing Houston Contact Patrol Inc.'s customer lists, trade secrets, or other confidential material. _____ agrees to take reasonable security measures to prevent accidental disclosure and industrial espionage.

While this agreement is in force, the employee agrees to use his/her best efforts at performing his/her job, and to abide by the non-disclosure and non-competition term of this agreement; the employer agrees to compensate the employee as follows:

The employer will provided another working location for the employee incase of losing the contract to another security company at which the employee is presently working.

After expiration or termination of this agreement, _____ agrees not to compete with Houston Contact Patrol Inc. for a period of 3 months within a 25 mile radius of Houston Contact Patrol Inc. 6601 Hillcroft St. Ste 126, Houston, TX 77081. This prohibition will not apply if this agreement is terminated because Houston Contact Patrol Inc. violated the terms of this agreement.

The definition of competition means owning or working for a business that: provides the same services as Houston Contact Patrol Inc. which is any type of security service.

_____ agrees to pay liquidated based on the damages for any violation of the covenant not to compete.

IN WITNESS, Houston Contact Patrol Inc. and _____ have signed this agreement.

Company Name: Houston Contact Patrol Inc.

Signature of Representative: _____

Employee Name: _____ (Print)

Employee Signature: _____

Date: _____

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SUBSTANCE ABUSE POLICY

DRUG TESTING CONSENT FORM

For Non-Commission and Commission Security Officers

Houston Contact Patrol, Inc. (Company) takes seriously the problem of drug and alcohol abuse, and is committed to provide a substance abuse free work place for its employees. This policy applies to all employees of the Company, without exception, including part-time and temporary employees and contractors.

- No employee is allowed to consume, possess, sell or purchase any alcoholic beverage on any property owned by or leased, conducts business on behalf of the company, or in any vehicle owned or leased on behalf of the company.
- No employee may use, possess, sell, transfer or purchase any drug or other control substance which may alter an individual mental or physical capacity. The exceptions are aspirin or ibuprofen based product and legal drugs which have been prescribed to that employee, which are being used in the manner prescribed.
- The Company will not tolerate employees who report for duty while impaired by use of alcoholic beverages or drugs.

All employees should report evidence of alcohol or drug abuse to a supervisor or a personnel representative immediately. In case where the use of alcohol or drugs poses an imminent threat to the safety of persons or property, an employee must report the violation. Failure to do so could result in disciplinary action for the non-reporting employee.

Employees who violate the Substance Abuse Policy will be subject to disciplinary action, including termination.

As part of our policy to ensure a substance abuse free workplace, employees may be asked to a medical examination and or clinically tested for the presence of alcohol and/or drugs. Within the limits of federal and state laws, we reserve the right, at our discretion, to examine and test for drugs and alcohol. Some such situations may include, but not limited, to the following:

- All employees who are offered employment with the Company;
- Where there are reasonable grounds for believing an employees is under the influence of alcohol or drugs;
- As part of an investigation of any accident in the workplace in which there are reasonable grounds to suspect alcohol and/or drugs contributed to the accident;
- On a random basis, where allowed by statute;
- As a follow-up to a rehabilitation program, where allowed by statute;
- As necessary for the safety of employees, customers, clients or the public at large, where allowed by statute;
- When an employee returns to duty after an absence other than from accrued time off such as vacation or sick leave.

It is a condition of your continued employment with the Company that you comply with the Substance Abuse Policy. NOTHING IN THE SUBSTANCE ABUSE POLICY SHALL BE CONSTRUED TO ALTER OR AMEND THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN THE COMPANY AND ITS EMPLOYEES.

EMPLOYEE NAME: _____

DATE: _____

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POLITICA DE ABUSO DE SUSTANCIAS

FORMULARIO DE CONSENTIMIENTO PARA PRUEBA DE DROGAS

Para guardias de seguridad comisionados y sin comision

Houston Contact Patrol, Inc. (compañía) toma en serio el problema del abuso de drogas y alcohol, y se compromete a proporcionar un lugar de trabajo libre de abuso de sustancias para sus empleados. Esta política se aplica a todos los empleados de la empresa, sin excepción, incluyendo a los empleados de tiempo parcial y temporales o contratistas.

- No se permite que ningún empleado consuma, posea, venda, o compre bebidas alcohólicas en cualquier propiedad en propiedad o arrendada, que realiza negocios en nombre de la compañía, o cualquier vehículo en propiedad o arrendado en nombre de la compañía.
- Ningún empleado podrá usar, poseer, vender, transferir o comprar cualquier droga u otra sustancia de control que puede alterar la capacidad mental o física de un individuo. Las excepciones son la aspirina o productos a base de ibuprofen y legales medicamentos que han sido prescritos para ese empleado, que están siendo utilizados en la forma prescrita.
- La empresa no tolerará los empleados que se reportan a trabajar bajo los efectos del consumo de bebidas alcohólicas o drogas.

Todos los empleados deben reportar evidencia de abuso de alcohol o drogas a un supervisor o un representante del personal de inmediato. En caso que el uso de alcohol o drogas represente una amenaza inminente para la seguridad de personas o bienes, un empleado debe reportar la violación. El no hacerlo podría resultar en una acción disciplinaria por el empleado que no presente informes.

Empleado que viole la política de abuso de sustancias será sujeto a acciones disciplinarias, incluyendo la terminación de su empleo.

Como parte de nuestra política para asegurar un lugar de trabajo libre de abuso de sustancias, los empleados se les puede pedir un examen médico y clínicamente probados para determinar la presencia de alcohol y/o drogas dentro de los límites de las leyes federales y estatales, nos reservamos el derecho, a nuestra discreción, de examinar y probar las drogas y el alcohol. Algunas de tales situaciones pueden incluir, pero sin limitarse, a lo siguiente:

- Todos los empleados que se les ofrece empleo con la empresa;
- Cuando haya motivos razonables para creer que un empleado está bajo la influencia de alcohol y drogas.
- Como parte de una investigación de cualquier accidente en el lugar de trabajo en el cual haigan razones para sospechar si hay alcohol o drogas que contribuyeron al accidente.

Es una condición para el empleo continuo con la empresa que cumpla con la política de abuso de sustancias. Nada en la política de abuso de sustancias debe ser construido de alterar o modificar la relación de empleo a voluntad entre la empresa y sus empleados.

Nombre del empleado: _____ Fecha: _____

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AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize HOUSTON CONTACT PATROL, INC. 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 HOUSTON CONTACT PATROL, INC. will 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. 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.

Signature of Employee

Date

Employee's Name - Printed

AUTORIZACIÓN PARA LA VERIFICACIÓN DE ANTECEDENTES

(Por favor lea y firme este formulario en el espacio de abajo . Su autorización por escrito es necesario para completar el proceso de solicitud.)

Yo , _____ , por la presente autorizo HOUSTON CONTACT PATROL , INC . Para investigar mis antecedentes y calificaciones para efectos de evaluar si estoy calificado para el puesto que estoy solicitando . Entiendo que HOUSTON CONTACT PATROL , INC . Utilizará una empresa o empresas que le presten asistencia en el control de la información exterior, y autorizo específicamente dicha investigación por los servicios de información y entidades fuera de la elección de la empresa. También entiendo que puedo retener mi permiso y que, en tal caso, se llevará a cabo ninguna investigación , y mi solicitud de empleo no será procesada .

Firma del empleado

Fecha

Nombre del Empleado