



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## EMPLOYEE INFORMATION 1ST PART

DATE: \_\_\_\_\_

Before filling out the application you must provide the following

- 1-Original Social Security Card
- 2- Proof of Employment Eligibility
  - A- Employment Authorization Card
  - B- Resident Alien Card
  - C- Permanent Resident Card
  - D- U.S. Birth Certificate or Naturalization Certificate
  - E- U.S. Passport
- 3- Bilingual is a Plus
- 4- Texas photo I.D. or Driver License
- 5- Must be Able to Read, Write, and Understand English
- 6- Must be at least 18 years old
- 7- Must Have:
  - A- Working Telephone Number
  - B- Have Your Own Vehicle

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

HAVE YOU HAD A NAME CHANGE IN THE PAST 5 TO 10 YEARS? \_\_\_\_\_

IF SO, WHAT WAS THE NAME? \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ TEXAS DRIVER LICENSE OR I.D. NUMBER \_\_\_\_\_

TYPE	CARD #	EXPIRATION DATE

IMMIGRATION STATUS (MUST SHOW PROOF) \_\_\_\_\_ CARD EXPIRATION DATE \_\_\_\_\_

EXAMPLES: NATURALIZATION, RESIDENT ALIEN, PERMANENT ALIEN OR WORK PERMIT.

DO YOU HAVE RELIABLE TRANSPORTATION? YES NO CIRCLE ONE

PERSONAL VEHICLE OR PUBLIC TRANSPORTATION: \_\_\_\_\_

DO YOU HAVE ANY FELONIES OR MISDEMEANORS ON YOUR RECORD BACKGROUND YES NO

IF YES PLEASE EXPLAIN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

AREA OF TOWN YOU LIVE IN: S SW SE N NW NE W E CIRCLE ONE

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_ HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_ RACE \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ MARRIED OR SINGLE \_\_\_\_\_

DO YOU HAVE A COMMISSION OR A NON-COMMISSION CARD? \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ EMERGENCY CONTACT PHONE NUMBER \_\_\_\_\_

IF COMMISSIONED DO YOU HAVE YOUR OWN FIREARM AND GEAR? YES NO

DO YOU READ, WRITE, AND SPEAK ENGLISH? YES NO

ARE YOU ABLE TO LIFT 50 TO 60 LBS (POUNDS)? YES NO

ARE YOU ABLE TO BE ON YOUR FEET FROM 12 TO 16 HOURS? YES NO



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## CURRENT AND PREVIOUS EMPLOYMENT INFORMATION

CURRENT EMPLOYER	DATES OF EMPLOYMENT	SUPERVISORS PHONE NUMBER	JOB POSITION HELD
	From:		
	To:		
FORMER EMPLOYER	DATES OF EMPLOYMENT	SUPERVISORS PHONE NUMBER	JOB POSITION HELD
	From:		
	To:		

ARE YOU CURRENTLY WORKING FOR A SECURITY COMPANY? YES NO

IF YES, WITH WHAT COMPANY? \_\_\_\_\_

ARE YOU PLANNING TO TERMINATE EMPLOYMENT WITH THEM? YES NO

MAY WE CONTACT THE SITE SUPERVISOR OR SITE MANAGER FOR REFERENCES? YES NO

SECURITY COMPANYS' SUPERVISOR AND/OR MANAGERS' PHONE NUMBER. \_\_\_\_\_

WHAT TYPE OF POST HAVE YOU COVERED WHILE AT THE SECURITY COMPANY?

(EXAMPLES; BANKS-RETAIL STORES-APARTMENTS-ECT.)


DESCRIBE THE LAST TWO JOB SITES/POST YOU COVERED FOR LAST COMPANY YOU WORKED.


DESCRIBE YOUR WORST POST YOU HAVE COVERED AS A SECURITY OFFICER AND WHY.


What's your computer experience? Advance Intermediate Beginner (Circle One)


Are you looking for a Full-Time or Part-Time job?

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What's your availability?


### OFFICE USE ONLY

INTERVIEW COMMENTS AND SUGGESTIONS:

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### IF HIRED COMPLETE THE FOLLOWING

PAY RATE \_\_\_\_\_.

UNIFORM TYPE \_\_\_\_\_.

DATE HIRED \_\_\_\_\_.

INTERVIEWED BY \_\_\_\_\_.

STARTING DATE \_\_\_\_\_.

INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## DISCLOSURE AND AUTHORIZATION TO OBTAIN CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT AND RELEASE

In connection with my application for employment (including contract for services) with \_\_\_\_\_, and at any time during any subsequent employment, I understand that consumer reports which may contain public record information may be requested from Houston

These reports may include the following types of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents, drugs/alcohol use. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy, proceedings, criminal records, etc., from federal, state and other agencies which maintain such records, in addition to employment, educational verification and personal references.

**I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED  
TO FURNISH THE ABOVE MENTIONED INFORMATION. (A facsimile of this authorization will be  
construed valid)**

I have the right to make a request to \_\_\_\_\_, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which I \_\_\_\_\_ has previously furnished within the two-year period preceding my request. I hereby consent to your obtaining the above information and I agree that such information that Houston Harris Division Patrol Inc. has or obtains, and my employment history with you if I am hired, will be supplied by \_\_\_\_\_ to other companies which subscribe to :

I hereby authorized procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Today's Date



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

Texas Department of Public Safety  
Driver License Division  
**License Eligibility**

## Check Driving Eligibility & Pay Reinstatement Fees

The Texas Department of Public Safety (DPS) online License Eligibility system is available to help Texas drivers:

- Pay fees charged to you for your driver license suspension offenses
- View compliance items needed to determine and understand your license eligibility
- Track your driving eligibility status

This online service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

This service is not for driver license renewals or duplicates. For information about these items and for other driver license questions, please visit [www.txdps.state.tx.us/DriverLicense](http://www.txdps.state.tx.us/DriverLicense).

### Login

Please enter the following information from your Texas driver license or ID card, then select "Login".

Driver License or ID  Required.  
Number:

Date of Birth:  Required. (mm/dd/yyyy)

Last 4 Digits of Social  Required.  
Security Number:



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## DISCLOSURE AND AUTHORIZATION TO OBTAIN CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT AND RELEASE

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These reports may include the following types of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents, drugs/alcohol use. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy, proceedings, criminal records, etc., from federal, state and other agencies which maintain such records, in addition to employment, educational verification and personal references.

**I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED  
TO FURNISH THE ABOVE MENTIONED INFORMATION. (A facsimile of this authorization will be  
construed valid)**

I have the right to make a request to \_\_\_\_\_, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which I \_\_\_\_\_ has previously furnished within the two-year period preceding my request. I hereby consent to your obtaining the above information and I agree that such information that Houston Harris Division Patrol Inc. has or obtains, and my employment history with you if I am hired, will be supplied by \_\_\_\_\_ to other companies which subscribe to :

I hereby authorized procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Today's Date



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## PREREQUISITES FOR EMPLOYMENT

**Before filling out the Application you must have the following**

- |   |   |
|---|---|
| 1-Original Social Security Card             | 3- Bilingual is a Plus                                |
| 2- Proof of Employment Eligibility          | 4- Texas photo I.D. or Driver License                 |
| A- Employment Authorization Card            | 5- Must be Able to Read, Write and Understand English |
| B- Resident Alien Card                      | 6- Must be at least 18 years old                      |
| C- Permanent Resident Card                  | 7- Must Have:   |
| D- U.S. Birth or Naturalization Certificate | A- Working Telephone Number                           |
| E- U.S. Passport                            | B- Have Your Own Vehicle                              |

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

S/O AUTHORIZES HOUSTON HARRIS DIVISION PATROL, INC. TO DEDUCT ALL COSTS OF UNIFORMS, SECURITY SUPPLIES, FINGERPRINTS, PHOTOS AND TXDPS & PSB REGISTRATION FEES FROM THEIR PAYROLL.  
 S/O WILL CALL ON DUTY AND OFF DUTY EVERY WORKING DAY.  
 S/O WILL FAX OR DELIVER TIME SHEETS EVERY MONDAY BEFORE 12 NOON.  
 S/O WILL MAINTIAN A CLEAN PRESENTABLE UNIFORM AND APPEARANCE AT ALL TIMES.  
 S/O WILL MAINTAIN A CLEAN AND ACCURATE DAILY ACTIVITY LOG.  
 S/O WILL BE SOLELY RESPONSIBLE FOR ALL EQUIPMENT RECEIVED ON PROPERTY.

### SECURITY OFFICER AGREES TO ALL AND TOTAL DEDUCTIONS.

S/O SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_ STARTING DATE: \_\_\_\_\_

PAY RATE: \_\_\_\_\_ POST: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## APPLICATION FOR EMPLOYMENT

LAST NAME:	FIRST NAME:	MIDDLE INT.
PERMANENT ADDRESS:		
TELEPHONE NUMBER:		
SOCIAL SECURITY NUMBER:		
POSITION DESIRED:	AMOUNT DESIRED:	

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THIS COMPANY BEFORE?

YES NO  
IF YES, GIVE DATE \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE?

YES NO  
IF YES, GIVE DATE \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?

YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES NO

ARE YOU LAWFULLY PERMITTED EMPLOYMENT IN THE UNITED STATES?

(PLEASE SHOW PROOF OF EMPLOYMENT ELEGIBILITY)

YES NO

WHEN ARE YOU AVAILABLE FOR WORK?

ARE YOU AVAILABLE TO WORK: FULL TIME PART TIME \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 10 YEARS?  
IF YES, PLEASE EXPLAIN \_\_\_\_\_

YES NO

DO YOU HAVE YOUR OWN VEHICLE?

YES NO

DO YOU HAVE A TELEPHONE NUMBER WHERE WE CAN REACH YOU AT ANY TIME?

YES NO

CAN YOU TRAVEL OR RELOCATE IF THE JOB/POSITION REQUIRES IT?

YES NO



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

IT IS IMPORTANT THAT YOU ANSWER ALL OF THE FOLOWING QUESTIONS COMPLETELY.  
THE ANSWERS MAY DETERMINE IF YOU ARE QUALIFIED FOR EMPLOYMENT.

1. ARE YOU COMMISSIONED? YES NO  
NON-COMMISSIONED? YES NO  
(IF YES, GO TO QUESTION 2. IF NO, GO TO QUESTION 3.)

2. IS YOUR CARD CURRENT? YES NO EXPIRATION DATE: \_\_\_\_\_  
IF NO, YOU ARE REQUIRED TO REQUALIFY BEFORE BEING CONSIDERED FOR EMPLOYMENT

3. ARE YOU CURRENTLY EMPLOYED BY ANOTHER SECURITY COMPANY? YES NO

4. IF YES, PLEASE STATE COMPANY: \_\_\_\_\_

5. ARE YOU PLANNING TO TERMINATE EMPLOYMENT WITH THEM? \_\_\_\_\_

6. DO YOU READ, WRITE, AND SPEAK THE ENGLISH LANGUAGE? \_\_\_\_\_

THE UNIFORM INCLUDES PANTS AND SHIRT ONLY. ANY OTHER EQUIPMENT IS SEPARATE.

7. DO YOU HAVE THE PROPER EQUIPMENT/GEAR TO WORK? YES NO  
YOU ARE REQUIRED TO GIVE A DOWN PAYMENT (NON-REFUNDABLE) FOR THE PROPER  
EQUIPMENT/GEAR TO WORK.

IF HIRED YOU WILL BE REQUIRED TO PROVIDE YOUR TX DRIVERS LICENSE OR TX  
IDENTIFICATION, SOCIAL SECURITY, PROOF OF EMPLOYMENT ELEGIBILITY TO WORK IN THE  
UNITED STATES, COMMISSION CARD, FINGURE PRINTS, AND ANY OTHER DOCUMENTATION  
THAT WILL BE STORED IN YOUR PERSONNEL FILE.





# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Please Specify)				

Indicate any foreign languages you speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities

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Describe any job-related training received in the United States Military

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# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## EMPLOYMENT EXPERIENCE

State your most recent employment from your most recent to your last employer.  
Include any job related military service assignments and/or volunteer activities.

Employer	Dates Of Employment	From	To
Address	Hourly Rate	Start	End
Tel. #	Work Performed		
Job Title	Reason For Leaving		
Employer	Dates Of Employment	From	To
Address	Hourly Rate	Start	End
Tel. #	Work Performed		
Job Title	Reason For Leaving		
Employer	Dates Of Employment	From	To
Address	Hourly Rate	Start	End
Tel. #	Work Performed		
Job Title	Reason For Leaving		
Employer	Dates Of Employment	From	To
Address	Hourly Rate	Start	End
Tel. #	Work Performed		
Job Title	Reason For Leaving		

**CONTINUE ON BACK IF ADDITIONAL SPACE IS NEEDED**

List any professional, trade, business or civic activities and offices held




# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## EMPLOYMENT VERIFICATION FORM

DATE: \_\_\_\_\_ ATTN: \_\_\_\_\_  
 TO: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 \_\_\_\_\_ FAX: \_\_\_\_\_  
 \_\_\_\_\_ DEPT. \_\_\_\_\_  
 FROM: \_\_\_\_\_  
 \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING INFORMATION ON:

NAME: \_\_\_\_\_ S.S. # \_\_\_\_\_  
 DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TITLE: \_\_\_\_\_

	EXCELLENT	SATISFACTORY	GOOD	MARGINAL	POOR
PERFORMANCE	( )	( )	( )	( )	( )
ATTENDANCE	( )	( )	( )	( )	( )
DEPENDABILITY	( )	( )	( )	( )	( )
INTERACTION	( )	( )	( )	( )	( )

WOULD YOU REHIRE? IF NO PLEASE EXPLAIN:

\_\_\_\_\_  
 \_\_\_\_\_

ADDITIONAL COMMENTS:

\_\_\_\_\_  
 \_\_\_\_\_

INFORMATION VERIFIED BY:

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THANK YOU,

\_\_\_\_\_



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

**TO: ALL NEW EMPLOYEES**

**RE: UNIFORMS PROVIDED BY \_\_\_\_\_**

I \_\_\_\_\_ AM BEING PROVIDED  
SECURITY OFFICERS NAME

S.S. # \_\_\_\_\_

1 UNIFORM	1 UNIFORMED SHIRT	\$ 35.00
	1 UNIFORMED PANTS	<u>\$ 35.00</u>
	<b>TOTAL</b>	<b>\$ 70.00</b>

I AM RESPONSIBLE FOR THIS UNIFORM ASSIGNED TO ME. I UNDERSTAND AND ACKNOWLEDGE THAT IF MY EMPLOYMENT ENDS FOR ANY REASON, I WILL RETURN THE UNIFORM TO \_\_\_\_\_ . I FURTHER UNDERSTAND THAT IF I DO NOT RETURN THE UNIFORM, I WILL BE CHARGED FOR IT ON MY LAST PAYROLL CHECK. IF NOT RETURNED OR PAID IN FULL \_\_\_\_\_ HAS THE RIGHT TO REPORT THE UNIFORM AND OR EQUIPMENT AS NON-PAID MERCHANDISE TO THE TEXAS DEPARTMENT OF PUBLIC SAFETY AND PRIVATE SECURITY BUREAU. THE TXDPS AND PSB CAN **SUSPEND, REVOKE OR DENY** ANY LICENSE THAT WERE ISSUED BY THEIR PROSPECTED DEPARTMENTS. CHARGES OF THEFT CAN ALSO OCCUR WITH THE LOCAL JURISDICTION.

SIGNATURE OF EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_

THANK YOU,  
MANAGEMENT



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## PRE-EMPLOYMENT NOTIFICATIONS

Before you accept the position that is being offered to you, please take the time to read the following requirements. If you accept, please sign below. Not signing this document can affect your employment status with

- ❖ If you are issued a radio, you are responsible for it.
- ❖ If you damage, lose, etc..., the radio or any equipment issued to you, you will be responsible for paying the repair or replacement of the equipment.
- ❖ If you end employment with \_\_\_\_\_ you must return the radio and/or equipment the way it was given to you, in good, working condition.
- ❖ There will be other forms that you will sign stating the condition of the radio and/or equipment.
- ❖ If you end employment and do not return the radio and/or equipment issued to you, a theft report will be made.
- ❖ At the beginning of your employment, you will be on a 90 day probationary period.
- ❖ **IF YOU ARE NOT A COMMISSIONED OFFICER WITH A CURRENT COMMISSION CARD, YOU ARE NOT TO CARRY A FIREARM....PERIOD!**
- ❖ \_\_\_\_\_ has both commissioned and noncommissioned guard services. If the post you are given requires you to be armed and you hold a current commissioned certification card, you are allowed to carry a weapon following State guidelines. However, if your post is an unarmed post, even if you are a commissioned officer, you are not to carry or have a weapon on property.
- ❖ Any security officer that takes a weapon onto the property of a client that prohibits weapons will be dismissed from that post and is subject disciplinary action up to termination.
- ❖ \_\_\_\_\_ requires you to give a two-week notice of separation if you wish to terminate your employment with us. Failure to do so can result in minimum wage pay for that pay period.
- ❖ Company policy and procedures must be adhered to at all times. Failure to do so may result in disciplinary action and could affect being paid in a timely manner.

S/O Signature \_\_\_\_\_



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

**THESE RULES WILL BE FOLLOWED WHILE WEARING THE  
DEPARTMENTAL UNIFORM REGARDLESS OF ON OR OFF DUTY**

## **MALE UNIFORMED EMPLOYEES**

- a) The hair shall be clean, well groomed, and neat. It must not contain an apparently excessive amount of grease, creams, oils, gels, and/or spray.
- b) Hair will be groomed so that the outline of the entire ear will be visible.
- c) The thickness and/or bulk on the side of the head above the ear will not exceed ½ inch.
- d) The hair on top of the head will present a groomed appearance.
- e) The hair on the back will not touch the collar except the closely cut hair on the back of the neck.
- f) Hair on the back of the head in either a block or conventional style will present a tapered appearance. The thickness of the hair at the back hairline will not exceed ¼ inch. The thickness and/or bulk of the hair at the base of the skull shall not exceed ½ inch.
- g) Hair in front will be groomed so that it does not fall below the eyebrows and will not protrude below the band of properly worn headgear.
- h) The wearing of a wig or hairpiece by male personnel while in uniform or on duty is prohibited except to cover natural baldness or physical disfigurement caused by accident or medical procedure. When worn it will conform to the standard haircut criteria as stated.
- i) Hair will not be worn in braids, ducktail, pageboy, flips, Mohawk, cornrows, punk or any bulky style.
- j) If an individual chooses to wear sideburns, they will be neatly trimmed and tapered in the same manner as the haircut. Sideburns will not extend below the lowest part of the exterior ear opening, will be an even width (not flared) and will end with a clean-horizontal line.
- k) Hair will not be streaked or dyed to abnormal color.
- l) No extreme or abnormal hairstyles within these guidelines will be permitted.
- m) Mustaches, if worn, will not droop or hang below the corner of the lips.
- n) Earrings will not be worn while in uniform, either on or off duty.
- o) Necklaces, if worn, shall be concealed while in the departmental uniform.



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## UNIFORMED FEMALE EMPLOYEES

- a) The hair must be clean, well groomed and neat. It must not contain an apparent excessive amount of grease, oil, creams, gels, and/or spray.
- b) The hair in front will be groomed so that it does not fall below the eyebrows and will not protrude below the back of properly worn headgear.
- c) The hair will not extend in length, on back and sides, below the bottom of the collar.
- d) Hair that is worn up must be styled in such a manner as to prevent any loose hair.
- e) Hair will not be worn in braids, ducktail, cornrows, pigtailed, dog-ears, ponytails, and/or punk rock type hairstyles (a braided bun is acceptable).
- f) Hair will not be dyed or streaked in an abnormal color.
- g) If a wig or wiglet is worn, it must conform to the same standards required for natural hair. It should be of good quality and proper fit.
- h) Extreme or abnormal hairstyles within these guidelines will not be permitted.

X

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SIGNATURE AND DATE



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

CC: Managers  
RE:

No security officer will be allowed to work for clients of \_\_\_\_\_ without the written approval of upper management while gainfully employed with \_\_\_\_\_.

If the security officer separates from \_\_\_\_\_ for any reason, the officer is required to wait a total of ninety (90) days from the date of separation before he/she can be employed by a \_\_\_\_\_ client.

I \_\_\_\_\_ acknowledge that this policy will be enforced while employed with \_\_\_\_\_ . I fully understand that breaching this policy may lead to termination and further legal matters.

\_\_\_\_\_  
(S/O Signature)

\_\_\_\_\_  
(Date)





# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

PLEASE READ CAREFULLY AND INITIAL THAT YOU UNDERSTAND AND ACKNOWLEDGE EACH PROCEDURE.

I, \_\_\_\_\_, UNDERSTAND THAT:

\_\_\_\_\_ I AM ON A 90-DAY PROBATION PERIOD. IF I FAIL TO FOLLOW POST ORDERS, POLICY AND PROCEDURES, I CAN BE TERMINATED.

\_\_\_\_\_ I AM TO REPORT ON AND OFF DUTY EVERY TIME I ARRIVE AND LEAVE MY POST. THE NUMBER TO CALL IS 713-975-9922. IF DISPATCH FAILS TO ANSWER THE MAIN LINE, I MUST LEAVE A MESSAGE STATING MY NAME, POST AND TIME OF ARRIVAL OR DEPARTURE.

\_\_\_\_\_ IF I NEED TIME OFF, I WILL MAKE A WRITTEN REQUEST AND TURN IT INTO THE OFFICE AT LEAST 1 (ONE) WEEK IN ADVANCE.

\_\_\_\_\_ I WILL NOTIFY THE OFFICE OF MY TARDINESS AT LEAST 15 MINUTES PRIOR TO MY POST BEGINNING.

\_\_\_\_\_ I WILL NOT USE THE CLIENTS TELEPHONE TO MAKE PERSONAL CALLS WITHOUT PERMISSION. IF GIVEN THAT PERMISSION, THE CALL WILL BE NO LONGER THAN 2 MINUTES.

\_\_\_\_\_ I WILL SIGN IN AND OUT ON THE POST TIME SHEET. (PLEASE BE EXACT WITH YOUR TIMES)

\_\_\_\_\_ I WILL NOT SLEEP ON THE JOB OR LAY MY HEAD DOWN GIVING THE APPEARANCE OF SLEEPING.

\_\_\_\_\_ IF I DO NOT TURN IN MY TIME SHEETS, I WILL NOT GET PAID UNTIL IT IS RECTIFIED.

\_\_\_\_\_ I WILL BE RESPECTFUL AT ALL TIMES TO THE CLIENTS, CUSTOMERS AND MY CO-WORKERS.

\_\_\_\_\_ I WILL BE IN COMPLETE, APPROPRIATE UNIFORM WHILE ON DUTY AT ALL TIMES.

\_\_\_\_\_ I WILL NOT LEAVE MY POST WITHOUT RELIEF OR PROPER NOTIFICATION TO MY SUPERVISOR.

\_\_\_\_\_ I WILL NOT USE MY CELL PHONE UNLESS IT'S AN EMERGENCY OR I'M ON MY SCHEDULED BREAK. THE PHONE CALL SHOULD BE MADE OUT OF VIEW OF THE PUBLIC WITH DISCRETION. IN CASE OF AN EMERGENCY, I WILL NOTIFY THE OFFICE OR MY SUPERVISOR OF THE CELL PHONE USAGE.

\_\_\_\_\_ I UNDERSTAND THAT MALE EMPLOYEES WILL BE CLEAN SHAVEN AND HAVE A TAPERED HAIR CUT. FEMALE EMPLOYEES MUST HAVE HAIR PROPERLY RAISED OR CUT ABOVE THE UNIFORM SHIRT COLLAR WHILE ON DUTY. NO FACIAL HAIR IS PERMITTED EXCEPT FOR A MUSTACHE THAT MUST BE TRIMMED AT THE LIP LINE.

\_\_\_\_\_ FAILURE TO COMPLY WITH ANY COMPANY POLICIES AND PROCEDURES WILL RESULT IN DISCIPLINARY ACTION UP TO TERMINATION.

\_\_\_\_\_ I UNDERSTAND THAT HHDPI HAS A STRICT POLICY REGARDING DRUG USE. I WILL BE SUBJECT TO RANDOM DRUG SCREENS WITHOUT NOTICE OR CAUSE DURING MY EMPLOYEMENT.

I HAVE READ AND FULLY UNDERSTAND THAT I AM TO COMPLY WITH THE ABOVE RULES AND REGULATIONS. I ALSO UNDERSTAND THAT I MUST ADHERE TO OTHER POLICIES OF HHDPI.

X \_\_\_\_\_



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## CONSEQUENCES AND FINES

Action	Consequence/Fine
▪ Time Sheets need to be turned in Monday before 12:00pm	Disciplinary Action and/or Fine of \$20.00
▪ Tardiness	Disciplinary Action - 1 <sup>st</sup> Offense Write-Up
▪ Continuous Tardiness	Disciplinary Action and/or Fine of up to \$50.
▪ Failure to report on & off duty	Disciplinary Action and/or Fine of \$10.
▪ Failure to follow orders of HHDPI	Suspension or Termination
▪ Failure to follow post orders	Write-Up / Suspension
▪ Failure to give a two week notice	Reduced To Minimum Wage
▪ Walking off assigned post	Suspension or Termination or \$100 fine
▪ Failure to be in proper uniform	Disciplinary Action - Write-Up/ Fine of \$150.00/Suspension or Termination
▪ Falling asleep on post	Disciplinary Action up to Termination \$50.
▪ Falsifying Daily Activity Report	Disciplinary Action up to Termination and/or Fine up to \$100.00
▪ Misuse of firearm/Not Holstered	Disciplinary Action up to Termination and/or Fine to \$100.00
▪ Reporting on duty under the influence of alcohol	Termination
▪ Reporting on duty under the influence of drugs	Termination
▪ Failing to obey Customer orders	Write-Up/Suspension/Termination
▪ Refusal to being drug tested	Termination
▪ Fail to give a 6hr notice for call off	Fine \$50.

All fines will be reviewed by Management on a case by case basis. Fines may be waived at any time and will not result in a below minimum wage hourly rate.

### SECURITY OFFICER AGREES TO CONSEQUENCES AND/OR FINES.

I, \_\_\_\_\_, understand that the company may exercise its right to terminate my employment for failing to comply with its policies.

BY SIGNING BELOW, I AGREE TO THE TERMS AND CONDITIONS TO THE CONSEQUENCES AND FINES. I ALSO UNDERSTAND AND ACCEPT THAT THEY ARE CONDITIONS OF EMPLOYMENT.

S/O SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

## APPLICANT STATEMENT

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE INVESTIGATION OF ALL MY STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS IT MAY BE NECESSARY IN MAKING AN EMPLOYMENT DECISION.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS PERIOD SHOULD MAKE A REQUEST OF EXTENSION TO THE MAIN OFFICE.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS AN "AT WILL" NATURE. THIS MEANS THAT AN EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE AN EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN IMMEDIATE DISCHARGE. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY THE POLICIES AND PROCEDURES OF HOUSTON HARRIS DIVISION PATROL, INC.

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



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## New Hire

### Information

Applicant certifies that all information submitted on this application to be true and correct. Applicant understands that if any false information misrepresentations are discovered, this application will be rejected and employment by \_\_\_\_\_ may be terminated at any time.

APPLICANT'S INITIALS \_\_\_\_\_

In consideration of employment, applicant agrees to conform to \_\_\_\_\_ rules and regulations that include the rules and regulations of the client to which they are working at. Applicant further agrees employment and compensation can be terminated with or without cause, and with or without notice, at any time by \_\_\_\_\_.

APPLICANT'S INITIALS \_\_\_\_\_

Applicant agrees to return any and all equipment furnished by Patrol Inc. if applicant's employment is terminated. Applicant will be financially liable for any items - lost, stolen or damaged by neglect. For example: Uniforms, Badge, etc. If such equipment is not returned, the cost for these items will be deducted from applicant's final check.

APPLICANT'S INITIALS \_\_\_\_\_

Applicant agrees to return any money that was advanced to them for the purpose of personal, travel, hotel, fuel, etc. An expense report must be filled out before leaving with original receipts attached. If applicant fails to return money for advances or a final expense report is not submitted, the funds will be deducted from applicant's final check.

APPLICANT'S INITIALS \_\_\_\_\_

Applicant agrees they will not operate any motor vehicle of \_\_\_\_\_, client, or rental without authorization of \_\_\_\_\_ and a valid driver's license or certificate to operate that vehicle. Applicant will not operate any motorized equipment or bicycle without first being trained by an authorized supervisor.

APPLICANT'S INITIALS \_\_\_\_\_

Applicant fully understands that they will be subjected to a pre-employment and random alcohol and/or drug tests. If a positive result is received, applicant's employment may be terminated immediately.

APPLICANT'S INITIALS \_\_\_\_\_

Any discrepancies on payroll checks will be verified and paid the following pay period after verification.

APPLICANT'S INITIALS \_\_\_\_\_



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

Applicant agrees that personal use of cell phones during working hours at the client's location is prohibited and could be grounds for immediate termination.

APPLICANT'S INITIALS \_\_\_\_\_

Applicant understands and agrees that \_\_\_\_\_ does not guarantee 40 hours a week nor does it guarantee staying on the same post.

APPLICANT'S INITIALS \_\_\_\_\_

## Safety Contract

### Notice to New Employee

Employees working for \_\_\_\_\_ are responsible for their own safety, for the safety of other workers and for reporting injuries (to themselves or others) to the appropriate supervisor immediately. If an employee sustains a legitimate job related injury, we will do everything in our power to assure prompt and adequate care. We will work with the employee to expedite claims handling and, wherever possible provide an early back to work program. Please be advised, however, we will make every effort to fight, investigate and prosecute any claim we feel is fraudulent.

Employees are to report to \_\_\_\_\_ when an assignment ends (within 24 hours), for their next job assignment, whether in person at the office or through telephone. Failure to do so or failure to accept the next job assignment will indicate that the employee has voluntarily quit and may result in denial of any state unemployment benefits to the employee.

Employees are also expected to complete any assignment that they accept. If the employee does not complete any assignment, then \_\_\_\_\_ can assume that the employee has voluntarily quit. If the employee abandons a job assignment without at least seven (7) days' notice to \_\_\_\_\_ the employee agrees to accept any remaining wages due at a rate not less than the legal minimum wage.

I, \_\_\_\_\_, have read and understood the above policies as well as \_\_\_\_\_ Policies and Procedures Manual.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## Accidents/Injuries Procedures

The following procedures must be followed for all work related injuries:

1. All accidents/injuries must be reported to your supervisor, even if no medical attention is required.
2. If the injury requires medical attention and is not an emergency situation, contact your supervisor prior to going to a medical facility. In case of an emergency, have your supervisor call and report to the office which medical facility you are being transported to. We need to authorize treatment, arrange for proper billing, and determine that the facility follows proper procedures. All doctor or hospital initial visits will be escorted by supervisor or management.
3. If an employee must be off on disability, he/she must notify their supervisor. If off for an extended period of time, the employee must go by the office or call at least once a week to advise \_\_\_\_\_ of their status. Upon receiving a release to return to work, you must call the office to report your availability and provide \_\_\_\_\_ with the doctor's release prior to returning to work.
4. Anytime an employee is on light duty the doctor's restrictions must be followed. However, the employee may return to his regular duties only when fully released by the doctor. \_\_\_\_\_ has no field post considered to be light duty.
5. A drug screen is required for all injuries. A drug test is required to be taken within 24 hours after an injury is reported. Refusal to submit to a drug test will result in the same consequences as a positive drug or alcohol test.
6. I understand and agree to abide by the above accident procedures. I understand that any payments to me or anyone else for expenses in connection with my accident and resulting injury is not an admission of liability on the part of \_\_\_\_\_. In the event of an injury, I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings and documents of any kind relating to my past or present injury/illness to \_\_\_\_\_. I hereby agree to release this information and hold all such medical providers harmless from the release of this information as set forth in this authorization.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## Policies and Procedures

The purpose of this is to provide you with a descriptive summary of policies and practices for employees of . Please read this information carefully and keep it available for future reference.

### Equal Opportunity Employment

This company is an Equal Opportunity Employer. We are committed to a workplace environment that encourages growth and respect for all current and prospective employees based upon job related factors such as educational background, work experience, and ability to perform the essential functions of a particular job. It is the policy and practice of this company to prohibit any form of discrimination or harassment based on race, color, age, national origin, religion, sex, veteran, disability or any other status protected under applicable federal, state or local law. Support and belief in this principal is a basic responsibility of all employees in this company.

### Harassment

Every employee of . is entitled to be treated with respect and to be free of any conduct that is offensive, hostile or intimidating. Houston work environment must be free from harassment, whether verbal, visual or physical based on race, sex, religion, or any other protected characteristic.

### Alcohol, Drug, Contraband Policy

The use, possession, concealment, transportation, promotion or sale of the following is strictly prohibited while on property or while on company business during normal work hours:

- Illegal drugs
- Unauthorized controlled substances
- Look alike, designer and synthetic drugs
- Alcohol beverages
- Firearms, weapons, explosives and ammunition
- Stolen property
- Drug paraphernalia



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## WAGE DEDUCTION AUTHORIZATION AGREEMENT

(Texas Payday Law Rule 821.28(b) requires written authorizations for deductions to be as specific as possible as to the amount and purpose of the deduction and to make it clear that the deductions will be made from the employee's wages. Rule 821.28(d) requires deductions to be applied to their intended purposes. When drafting such an agreement, try to be specific enough to where a reasonable employee would be able to predict how much a particular deduction would be in a particular situation. What appears below is not an official form - it is only a sample that is meant to illustrate how such deductions may be authorized in writing.)

I understand and agree that my employer, \_\_\_\_\_ (the Company), may deduct money from my pay from time to time for reasons that fall into the following categories:

1. my share of the premiums for the Company's group medical/dental plan;
2. any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the Company;
3. installment payments on loans or wage advances given to me by the Company, and if there is a balance remaining when I leave the Company, the balance of such loans or advances;
4. installment payments on loans based upon store credit that I use for my own personal purchases, including the value of merchandise or services that I purchase or have purchased for personal, non-business reasons using my employee charge account or credit card, an account or credit card assigned to another employee, or a general company account or credit card, regardless of whether such purchase was authorized, and if there is a balance remaining when I leave the Company, the balance of such store credit or charges;
5. if I receive an overpayment of wages for any reason, repayment to the Company of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless the Company and I agree in writing to a series of smaller deductions in specified amounts);
6. the cost to the Company of personal long-distance calls I may make, or messages I may send, using Company phones (land lines or cell phones) or Company accounts, of personal faxes sent by me using Company equipment or Company accounts, or of non-work related access to the Internet or other computer networks by me using Company equipment or Company accounts;
7. the cost of repairing or replacing any Company supplies, materials, equipment, money, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Company during my employment (except in the case of misappropriation of money by me, I understand that no such deduction will take my pay below minimum wage, or, if I am a salaried exempt employee, reduce my salary below its predetermined amount)\*;
8. the cost of Company uniforms and of cleaning the uniforms (the Company will deduct only the actual price it pays for uniforms and cleaning costs)\*\*;
9. the reasonable cost or fair value, whichever is less, of meals, lodging, and other facilities furnished to me by the Company in connection with my employment\*\*\*;
10. administrative fees in connection with court-ordered garnishments or legally-required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws;
11. if I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from the Company before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered;
12. the value of any time off for absences to which paid leave is not applied (except in the case of those who are paid a fixed salary for fluctuating workweeks, non-exempt salaried employees will





# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

have all such unpaid leave deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day or week at a time, depending upon the exact nature of the absence, unless partial-day deductions are specifically allowed under federal law); and

13. if my employer pays any insurance premiums or retirement system contributions ("payments") on my behalf that I would normally make under the applicable Company benefit plan, the amount of such payments made by the Company, such payments being an advance of future wages payable to me.
14. (Any other items appropriate for your company's situation - go over this with your attorney).

I agree that the Company may deduct money from my pay under the above circumstances, or if any of the above situations occur. I further understand that the Company has stated its intention to abide by all applicable federal and Texas wage and hour laws and that if I believe that any such law has not been followed, I have the right to file a wage claim with appropriate Texas and federal agencies.

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Signature of Employee

Date

---

Employee's Name - Printed

Company Representative



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## CONFIDENTIALITY OF COMPANY INFORMATION

As a condition to receiving employment by the Company, the undersigned agrees to the following terms and conditions:

As an employee, I will not at any time disclose or use, either during or subsequent to my employment, any trade secrets, customer information, prices, client medical information or other business knowledge which I receive or develop during my employment which is considered proprietary. (Trade secrets are defined as the whole or any part of any scientific or technical information, design, process, procedure, formula or improvement that has value and that the Company has taken measures to prevent from becoming available to persons other than those selected by the owner to have access for limited purposes.)

I also agree that upon termination of my employment; I shall promptly return any and all documents or other property containing trade secrets. This agreement shall be binding upon my successors, heirs, assigns, and personal representatives and shall be for the benefit of the successors and assigns of the Company.

I acknowledge that I have received, read, and understand the contents of this policy. If unable to read, the contents have been read and explained to me. I understand that my compliance with all stated Company policies is a condition of employment and continued employment with this Company.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## AUTHORITY FOR RELEASE OF INFORMATION

In connection with my application for employment and/or advancement or promotion with Houston Harris Division Patrol, Inc., this will authorize the bearer, an authorized representative of \_\_\_\_\_ Inc., to examine or receive a copy of any and/or all records maintained by any law enforcement agency, doctor, insurance company or agency, industrial accident / Workers' Compensation board or agency, university, college, school, or board of education of any state or any bank or credit agency relating to me, in the same manner and to the same extent as if I personally applied for the same and I hereby authorize such records to be disclosed or furnished in accordance with any request made by \_\_\_\_\_ or their authorized representative.

\_\_\_\_\_  
Full Name of Applicant (Printed)

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

\_\_\_\_\_  
Driver's License Number and State of Issue

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant / Employee Street Address

\_\_\_\_\_  
City, State, Zip Code

I acknowledge that I have received, read, and understand the contents of this policy. If unable to read, the contents have been read and explained to me. I understand that my compliance with all stated Company policies is a condition of employment and continued employment with this Company.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## DRUG TESTING POLICY AND CONSENT TO DRUG TESTING AND PHYSICAL

It is the policy of the Company that the use of alcohol, illegal drugs or inhalants will not be tolerated. Although the Company recognizes that many such products have legitimate uses, it is the policy of the Company not to tolerate misuse or abuse of industrial solvents, aerosol propellants, paint thinners, lacquer thinners, paints, lacquers, dopes, or any other similar product which could be used to produce an intoxicated state by inhalation of its vapors or gases (which will be called "inhalants" in this document). The Company maintains a list of all such substances which may be used, or with which its workers or contractors may come in contact in the course of their work. The presence of detectable residues to off other industrial solvents, aerosol propellants, paint thinners, lacquer thinners, paints, lacquers, dopes (this list is by way of example only, and does not constitute a complete statement of all products or substances which may be abused by inhalation) is cause for immediate dismissal without notice. Consumption of alcohol or use of illegal drugs during working hours or in such a way as to leave a detectable trace of alcohol or illegal drugs in the body is cause for immediate dismissal without notice.

I understand that the Company policy prohibits any Employee from engaging in work or being on Company premises or the premises of any Customer with a detectable level of alcohol, any illegal or controlled drug, drug by-product or drug metabolite or inhalant or by-product of metabolite of an inhalant in the body, including in the breath, blood, urine or hair. This policy does not apply to the proper use of medication prescribed for me by a physician.

I understand that it is a condition of, but not a guarantee or promise of, employment, continued employment, advancement or promotion that I follow the Company's policies on drugs, alcohol and inhalants, and the policies of any Customer Company where I may be assigned. I understand that I may be asked to participate in drug, alcohol and inhalant testing ("Testing") to determine whether I comply with such policies.

I understand that I may refuse to participate in any Testing required by the Company or the Customer Company, but I understand and agree that my failure to participate in testing will be cause of immediate termination, and that I will not be eligible to be re-hired. If I participate in Testing, my signature or mark below indicates my consent to the taking of samples of my breath, hair, blood, urine or other bodily fluids and the analysis of such samples by a laboratory selected by the Company, without charge to me. I consent to the disclosure of all negative and confirmed positive test results to the Company and any Customer Company where I may be assigned.

I agree that I will disclose the names of any prescription or over-the-counter medications which I may be taking at the time of testing or may have taken within the thirty (30) days immediately prior to Testing. If my failure to disclose such medications causes positive results which must be confirmed and if the Company elects to have the results confirmed by further and more specific laboratory tests, I agree that I will furnish any further samples which may be required in order to perform the confirmatory test and reimburse the Company for the actual costs of such screening test and confirmation. I understand that I may refuse to participate in further Testing and/or refuse to reimburse the Company for expenses incurred in confirmatory analyses, but I understand and agree that my failure to participate in Testing or to agree to reimburse the Company will be cause for immediate termination, and that I will not be eligible to be re-hired.

I understand that I may be required to participate in Testing, after the occurrence of any on-the-job event that did or could have resulted in personal injury or property damage, or for any other reasonable cause. I understand that a confirmed positive test for the presence of drugs or alcohol is grounds for the immediate termination of my employment for cause.

As a consideration of my employment, continued employment, advancement or promotion with the Company, I waive, and agree to release and hold harmless both the Company and any Customer Company, and any testing laboratory along with their agents and employees from any claim or cause of action arising out of the taking of a sample of my breath, blood, urine, hair or other bodily fluids, arising out of the test, or arising out of the disclosure of negative and confirmed positive test results.

**DEFINITION:** The following definition applies to this and all other Company policies unless another definition is expressly indicated in the policy.

**Premises** means, except as otherwise limited in this definition or applicable law, ALL PLACES AND VEHICLES owned, leased, used, controlled by, or otherwise under the dominion of the Company, or where Employees are engaged in work on behalf of, or service to, the Company. Premises specifically includes parking lots and sidewalks and other surrounding areas in the vicinity of any Company Premises. A personal vehicle used on Company Business is subject to this policy and to inspection, search or testing for the enforcement of this policy while the vehicle is in use on Company Business. Where a person to be searched is not an employee of the Company, this definition shall be limited to the real estate, improvements, vehicles and trailers actually owned, possessed, or otherwise under the dominion of the Company, not including any public roads, parking areas, sidewalks or other such areas surrounding such real estate and improvements.

**ACKNOWLEDGEMENT:** I acknowledge that I have received, read, and understand the contents of this policy. If I am unable to read, I acknowledge that the contents have been read and explained to me. I understand that compliance with all Company policies is a condition of, but not a guarantee or promise of my employment and continued employment with the Company. I further understand that my failure to comply immediately and fully with Company policies will result in disciplinary action, which may include immediate termination for cause.

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Employee's/Applicant's Signature or Mark  
*Firma o Marca del Empleado/Solicitante*

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Witness Signature  
*Firma del Testigo*

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Employee's/Applicant's Social Security Number  
*Numero de Inscripción de Seguros Sociales del Empleado/Solicitante*



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

## Urine Drug Screening

All employees will submit to a urine drug screen prior to placement with the employees' written consent. Any employee testing positive on the drug and alcohol test will be denied placement unless you have provided information on current prescriptions. If any employee suffers an occupation on-the-job injury, a urine drug test will be performed as part of our worker's compensation policy.

Applicant agrees they have read and fully understand all of the Company Policies contained herein and agrees to follow all such policies. Applicant further agrees that the statements contained herein are true and correct.

**Applicant's Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# ULTIMATE INTERNATIONAL SECURITY SERVICES INC.

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

Security Officer's Name: \_\_\_\_\_

Social Security: \_\_\_\_\_

Texas DL#: \_\_\_\_\_

Officer's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### Pistol Information

Gun Make / Model: \_\_\_\_\_ Gun Caliber: 38  9  40  
Serial #: \_\_\_\_\_

### Shotgun Information

Shotgun Make / Model: \_\_\_\_\_ 12 Gauge Only  
Serial #: \_\_\_\_\_

### Additional Weapon and Non-Lethal Training

Circle One  
Baton: Yes / No Type: \_\_\_\_\_ Date Trained: \_\_\_\_\_  
Mace / OC: Yes / No Type: \_\_\_\_\_ Date Trained: \_\_\_\_\_  
Taser Gun: \* Yes / No Type: \_\_\_\_\_ Date Trained: \_\_\_\_\_

\* Only Supervisors are currently allowed by Houston Harris Division Patrol, Inc. to carry Taser Guns

Initials \_\_\_\_\_ I security officer \_\_\_\_\_ understand that \_\_\_\_\_  
\_\_\_\_\_ highly discourages the use and carry of a 45 caliber and require the use of duty ammo only -  
(No Target Ammo or Full Jacketed).

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Reviewed and accepted by: \_\_\_\_\_