



# WORLEY GENERAL INVESTIGATIONS

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you currently registered with TX DPS PSB?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, License # and Expiration?
Have you ever been registered with TX DPS PSB?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, When, License #

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. As a part of the application and employment process I understand that a Comprehensive Background Check will be performed on me. Applicants seeking employment as Private Investigators will be subject to the Laws, Rules, and Regulations according to the Texas Department of Public Safety Private Security Bureau, TEXAS ADMINISTRATIVE CODE TITLE 37 – PUBLIC SAFETY AND CORRECTIONS PART 1 – TEXAS DEPARTMENT OF PUBLIC SAFETY CHAPTER 35 – PRIVATE SECURITY. Applicants will be required to obtain and maintain an active license/certificate/pocket card from the TXDPS PSB at all times.</p> <p>If this application leads to an offer of employment, I understand that false or misleading information in my application or interview and/or results of the background investigation or denial of registration by the TX DPS PSB may result in the rescinding of the offer or release if employed.</p>	
Signature	Date



**AUTHORIZATION FOR RELEASE OF INFORMATION**

(Please read the following statements, sign below, and return to Worley General Investigations.)

I, \_\_\_\_\_, hereby authorize any investigator or duly accredited representative of Worley General Investigations bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by Worley General Investigations and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release 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.

A photo or fax copy of this authorization shall be considered as and accepted as an original document. This authorization shall remain in effect till such time that I, Applicant, revoke this authorization in writing.

\_\_\_\_\_  
(Applicants Name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Applicants Date of Birth)

\_\_\_\_\_  
(Applicants Soc Sec #)

\_\_\_\_\_  
(Applicants Drivers Lic #)

\_\_\_\_\_  
(Applicant's signature)

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

## DRUG FREE WORKPLACE POLICY

Worley General Investigations, (the Company) intends 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 Worley General Investigations.

The Company explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, or prescription medication without a prescription on Company or customer premises or while performing an assignment.
- Being impaired or under the influence of legal or illegal drugs or alcohol away from the Company 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 the Company's reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from the Company 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 the Company's reputation.
- The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises of the company or its customers, or while on company business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

The Company 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 the Company.
- **FOR-CAUSE TESTING:** The Company 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 drugs 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:** Any employee involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol 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 any 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 an opportunity to explain the circumstances prior to any final employment action becoming effective.

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Signature of Applicant/ Employee

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Date

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Applicant/Employee's Name - Printed