



**DOWNTOWN Safety Patrol**  
**Two AT T Plaza**  
**211 S Akard, Suite 130**  
**Dallas, TX 75202**

**Phone: 214-741-1151**  
**Fax: 214-741-1153**

**Employment History: List current or most recent employer first, list in chronological order other positions held.**

Employer:		Employment Dates:	
		From:	To:
Your Job Title:		Part Time:	Full Time:
Supervisor:	Title:	Phone Number:	
Brief description of work:		Starting Salary:	
		Ending Salary:	
Reason for leaving:		May we contact this employer?	
		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Employer:		Employment Dates:	
		From:	To:
Your Job Title:		Part Time:	Full Time:
Supervisor:	Title:	Phone Number:	
Brief description of work:		Starting Salary:	
		Ending Salary:	
Reason for leaving:		May we contact this employer?	
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**References: Please list names and telephone numbers of three professional references (co-workers, customers and/or supervisors other than those listed in Employment History).**

Name	Relationship	Telephone Number

**Please Read Carefully**

- 1) Have you been convicted in any court of a Class A or B misdemeanor crime? \_\_\_\_\_ If Yes, when: \_\_\_\_\_
- 2) Have you ever been convicted in any court of a crime punishable by imprisonment for a term in excess of one year? \_\_\_\_\_
- 3) Are you under indictment for a crime punishable by imprisonment for a term in excess of one year? \_\_\_\_\_
- 4) Are you a fugitive from justice (Have you ever fled from any state to avoid prosecution)? \_\_\_\_\_
- 5) Are you an unlawful user of a controlled substance or addicted to any controlled substances? \_\_\_\_\_
- 6) Are you an alien in the United States? \_\_\_\_\_ If the answer is yes: What is your alien registration number? \_\_\_\_\_
- 7) Are you illegally or unlawfully in the United States? \_\_\_\_\_
- 8) Have you been discharged from the Armed Forces under dishonorable conditions? \_\_\_\_\_ (If yes attach a copy of DD-214).
- 9) Are you willing to submit to random drug testing? \_\_\_\_\_
- 10.) Are you atleast 18 years of age? \_\_\_\_\_
- 11.) Have you ever applied with this company before? \_\_\_\_\_
- 12.) Do you have relatives now employed by the company? \_\_\_\_\_ If yes, provide name(s) & relationship below  
\_\_\_\_\_
- 13.) Do you speak a foreign language? \_\_\_\_\_ If yes, what language(s)? \_\_\_\_\_
- 14.) Do you have any physical limitations the prelude you from performing for which you are applying? \_\_\_\_\_  
If Yes, what can be done to accommodate you Limitation? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

*WARNING: Any arrest described above requires that you must submit documentation with this application from the court in which the action against you was heard. Failure to report an arrest later found by a fingerprint search may result in denial of or loss of your employment/license based solely on the material misstatement of fact in this application. I acknowledge that I have read and understand the information contained in the above warning paragraph, and that I have truthfully answered all of the above questions.*

Downtown Safety Patrol does not discriminate in hiring or in the terms or conditions of employment on the basis of race, color, religion, sex, national origin, Vietnam-era veteran, disability status or sexual orientation. Federal Law prohibits discrimination on the basis of age against persons 40 or older. No questions on this application are intended to secure information to be used for such discrimination.

I authorize Downtown Safety Patrol to contact employers, both past and present, or any other person or entity that may have knowledge of my conduct, activities, or credentials, in order for Downtown Safety Patrol to determine my eligibility for employment. I authorize DSP to obtain information from law enforcement and other governmental agencies and military authorities, concerning my conduct, including traffic tickets and criminal violations. I understand all information will be maintained and treated by Downtown Safety Patrol as confidential.

I certify that, to the best of my knowledge, all information given herewith is true. I understand that any falsification or misrepresentation of facts will be a cause for dismissal if Dallas Safety Patrol hires me.

*I understand that all employment with Downtown Safety Patrol is "At Will," meaning that my employment may be terminated at any time, with or without notice, for any reason or no reason, by either Downtown Safety Patrol or the employee. Acceptance of this application is not a guarantee of employment for any specific period of time and that if employed, either Downtown Safety Patrol or the employee may end this relationship at any time,*

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*with or without cause, notice, or reason. No manager, supervisor or representative has the authority to enter into any agreement guaranteeing you employment for any specific period of time or to make any written or oral promises, agreements or commitments contrary to this policy. Further any employment agreement not entered into by the president, will not be enforceable unless it is in writing.*

I understand and agree that I may be required to take one or more: PHYSICAL EXAMINATION, URINALYSIS TEST(S): as a condition of hiring or conditioned employment. I agree to consent to take such test(s) at such time as designated by the company and to release the company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).

Yes/  No

The age Discrimination in the Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70 years of age.

You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

Name of Employer: **DOWNTOWN Safey Patrol**  
**License P 02441**

Applicant Signature: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

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