



Nationwide Investigations & Security, Inc.

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Contractor Labor EMPLOYMENT APPLICATION

Location _____ Today's Date: _____

LAST NAME FIRST MIDDLE INITIAL

STREET ADDRESS

CITY STATE ZIP

() ()

EMAIL

If you have worked for our company before, state where, when, final position and reason for leaving*: _____

Have you ever applied to our company before? If yes, when?*: _____

Do you have any relatives that currently work for N.T.W.? If so, what division or store are they working in?*: _____

*Please see note on reverse side of this application

Position desired: _____

Minimum salary desired: _____

Date available for work: _____

☐ FULL TIME ☐ PART TIME ☐ TEMPORARY

Are you at least 18 years old? ☐ YES ☐ NO

Please indicate the hours you are available to work during both day and evening shifts for each day:

SHIFT	SUN	MON	TUES	WED	THURS	FRI	SAT
DAY							
EVENING							

NOTE: Should your availability change, it is your responsibility to notify your supervisor.

In order to permit a check of your work and education, have you ever used another name, nickname or alias? ☐ Yes ☐ No

If yes, identify name(s) and relevant date(s): _____

WORK EXPERIENCE List your previous experience beginning with your most recent position. (Please include all fields.)

EMPLOYER

STREET ADDRESS CITY STATE ZIP

PHONE SUPERVISOR TITLE

REASON FOR LEAVING

STARTING POSITION STARTING SALARY

LAST POSITION LAST SALARY

DUTIES

DATES OF EMPLOYMENT START END

EMPLOYER

STREET ADDRESS CITY STATE ZIP

PHONE SUPERVISOR TITLE

REASON FOR LEAVING

STARTING POSITION STARTING SALARY

LAST POSITION LAST SALARY

DUTIES

DATES OF EMPLOYMENT START END

EMPLOYER

STREET ADDRESS CITY STATE ZIP

PHONE SUPERVISOR TITLE

REASON FOR LEAVING

STARTING POSITION STARTING SALARY

LAST POSITION LAST SALARY

DUTIES

DATES OF EMPLOYMENT START END

OTHER REFERENCES

NAME	ADDRESS	PHONE	TITLE
HOW ACQUAINTED AND FOR HOW LONG			

EDUCATION AND TRAINING

HIGH SCHOOL	CITY	STATE	YEARS COMPLETED	MAJOR
COLLEGE	CITY	STATE	YEARS COMPLETED	MAJOR
ADDITIONAL TRAINING	CITY	STATE	YEARS COMPLETED	MAJOR

ADDITIONAL EMPLOYMENT HISTORY INQUIRES

Have you ever been dismissed or forced to resign from any employment?*

☐ Yes ☐ No If yes, please explain: _____

Except for authorized leaves of absence, vacations, and holidays, how many days were you absent during the past twelve months?*

☐ 0-6 days ☐ 6-12 days ☐ 12-20 days ☐ 20+ days

Comments: _____

Contractor Labor Agreement

I, _____, agree that I am engaging in independent contract work and I am responsible for all taxes on any income received from Nationwide Investigations and Security, Inc. I understand that I am not entitled to any employee benefits from Nationwide Investigations and Security, Inc. I am responsible for my own health insurance as well as liability insurance at all times. I hold Nationwide Investigations and Security, Inc. and/or its clients harmless from accidents, injuries or illness that may occur while I am on the premises of Nationwide Investigations and Security, Inc. and/or its clients, or anywhere while I am under this contract agreement. I understand that I may not file for state unemployment insurance benefits because I am an independent contractor.

I understand that Nationwide Investigations and Security, Inc. will issue a Form 1099, Miscellaneous Income Statement to me at the end of the year. I understand that it is my duty to report to assignments timely. Timeliness to an assignment means reporting to duty at least 30 minutes prior to shift, properly groomed, and in complete uniform, if you cannot afford to purchase a uniform, Nationwide Investigations and Security, Inc. will loan one to you. Uniforms must be returned at the end of the assignment or the cost of the uniform will be deducted from your compensation. Failure to adhere to these rules may result in a loss of stated pay rate, (including retroactive work on assignment) and/or termination of assignment.

APPLICANT CERTIFICATION AND RELEASE

I hereby certify that I have been informed of the duties of the position for which I am applying and that the information in this application is true and complete to the best of my knowledge. I hereby certify that I have not knowingly withheld any information that might adversely effect my chances for employment. I further certify that I, the under-signed applicant have personally completed this application. I understand that any omission, misleading or false information on this application or any document used to secure employment or payment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapse before discovery.

I understand Nationwide Investigations and Security, Inc. information given on employment applications I hereby authorize Nationwide Investigations and Security, Inc. to investigate my

IN ANSWERING THESE QUESTIONS, DO NOT INCLUDE MINOR TRAFFIC INFRACTIONS OR CONVICTIONS FOR WHICH THE RECORD HAS BEEN SEALED OR EXPUNGED, OR MISDEMEANORS THAT HAVE BEEN JUDICIALLY DISMISSED IN WHICH PROBATION HAS BEEN SUCCESSFULLY COMPLETED.*

Have you ever plead "guilty" or "no contest" to, or been convicted of a misdemeanor or felony? ☐ YES ☐ NO

Are you currently awaiting trail for any criminal offense? ☐ YES ☐ NO

Have you ever initiated an act of violence in the workplace? ☐ YES ☐ NO

If yes to any of these questions, please explain: _____

EMERGENCY NOTIFICATION DESIGNATION

Give the name of the person to contact in case of accident or emergency.

NAME

RELATIONSHIP PHONE #

CAREER OBJECTIVE

Why are you interested in working for our company, and what are your career objectives?

What are some things you didn't like about jobs you've had? _____

references, work record, education, and criminal record and other matters related to my suitability for employment including drug screening and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records without giving any prior notice of such disclosures in addition I hereby release Nationwide Investigations and Security, Inc. my former employers, and all other persons, corporations, partnerships, and associations, from any and all claims, demands, or liabilities arising out of or in any way related to such investigations or disclosure. This authorization does not include release or other prohibited use of disability and medical related information prohibited in pre-employment injuries by the Americans with Disabilities Act (ADA).

DATE	SIGNATURE
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