



Employment Application

7220 S. Westmoreland Rd. Suite 222
Dallas, Texas 75237
gchoice@clientschoicesecuritysolutions.com
(214) 428 9594

1. Security Guard duties require walking for long periods of time, guard is required to have reliable transportation, working cell phone, professional report writing, and be on time when on schedule. Will this be a problem for you? Yes No

2. Client's Choice Security Solutions are required to verify all accepted applicants have proof of all qualification or permit from Texas Online Private Security. Is this acceptable to you? Yes No

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: _____ Email: _____

Social Security Number: _____ Security License Number: _____ Security License Expiration Date: _____

Desired Post Location: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Previous Employment

Employer 1: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Employer 2: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

References

Please list two professional references.

Full Name 1: _____ Relationship: _____

Company: _____ Phone: _____

Full Name 2: _____ Relationship: _____

Company: _____ Phone: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that all information I have provided in order to apply for and secure work with Client's Choice Security Solutions is true, complete and accurate. I have not withheld any facts that might give Client's Choice Security Solutions a reason not to hire me. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any

Revised: July 4, 2022

respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from Client's Choice Security Solutions Service, whenever it is discovered. I understand that Client's Choice Security Solutions will verify statements made by me in this application.

Pursuant to 18 U.S.C. § 921 et seq., I hereby certify that I have not been convicted of a crime of domestic violence (misdemeanor or felony). I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not been notified by Client's Choice Security Solutions and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application. I understand that the federal government reserves the right to terminate or to refuse employment of any applicant or active I understand that Client's Choice Security Solutions does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand and agree that, if hired by Client's Choice Security Solutions, my employment is at-will and that employment may be terminable at any time with or without cause, with or without prior notice, by either Client's Choice Security Solutions or me. I further understand that although the terms and conditions of my employment with Client's Choice Security Solutions may change, such changes will not affect the at-will employment relationship between me and Client's Choice Security Solutions. I understand that this statement of the circumstances under which my employment can be terminated constitute the complete understanding between me and Client's Choice Security Solutions. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Client's Choice Security Solutions is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Client's Choice Security Solutions Security's President.

I understand that Client's Choice Security Solutions, has the right to search anything brought into the workplace, including desks, lockers, handbags, briefcases, backpacks, and briefcases.

I understand Client's Choice Security Solutions's company benefits and rules and regulations may be changed, modified, deleted, or added to the company at any time at the company's sole option and without prior notice.

I am willing to submit, upon request and through the duration of my employment the following: Drug test, Physical Exam and any other employment requirements that are conducive to me performing my job.

I acknowledge and agree that, if at any time I am subjected to any type of discrimination or harassment, I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Processed By:	
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Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only	Employer's name and address CLIENT'S CHOICE SECURITY SOLUTIONS AND LOSS PREVENTION,LLC 7220 S. Westmoreland Rd. Suite 222, Dallas, Texas 75237	First date of employment	Employer identification number (EIN) 84-2702342
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Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Owner	
Last Name of Employer or Authorized Representative Choice	First Name of Employer or Authorized Representative George	Employer's Business or Organization Name Client's Choice Security Solutions		
Employer's Business or Organization Address (Street Number and Name) 7220 S. Westmoreland Rd. Suite 222		City or Town Dallas	State TX <input type="checkbox"/>	ZIP Code 75237

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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DRUG AND ALCOHOL USE UNIFORM POLICY

It is Client's Choice Security Solutions and Loss Prevention, LLC (#B10560701) 's desire to provide a drug-free, healthful, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner. I hereby agree, upon a request made under the drug/alcohol testing policy of Client's Choice Security Solutions and Loss Prevention, LLC (#B10560701), to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

EMPLOYEE'S SIGNATURE

DATE

EMPLOYEE'S NAME (TYPED OR PRINTED)

COMPANY REPRESENTATIVE

GUSTO POLICY

Attention all Client's Choice Security Solutions and Loss Prevention, LLC employees, are required to create an account with Gusto, Inc.

Gusto is a third-party company that handles all of Client's Choice Security Solutions and Loss Prevention, LLC, employee payroll. All employees are required to provide a direct deposit form and register with Gusto within (3) three days of receiving a "Welcome to Gusto" email. This is the only form of payment available with Client's Choice Security Solutions and Loss Prevention, LLC.

Therefore I, understand Gusto is the source view your paystubs

- Benefits deduction corrections
- Change your payment method to direct deposit: Employees
- Incorrect direct deposit account numbers
- Change your employee bank account information
- Change your payment method to check

EMPLOYEE'S SIGNATURE

DATE

EMPLOYEE'S NAME (TYPED OR PRINTED)

COMPANY REPRESENTATIVE

UNIFORM POLICY

The purpose of this policy is to ensure that individuals employed as security guards exhibit uniformity in appearance so that employed staff and the general public are able to identify and recognize the status and authority of the security guard. Adherence to this policy, shall provide for the safety, security, and protection of employed staff and the general public while in and around any Client's Choice Security Solutions & Loss Prevention contractual agreement property.

A. GENERAL:

1. All security guards shall receive two (2) uniform tops and (1) name plate at the time of hire. Each uniform issued shall consist of the following:
 - Two (2) Black/Navy short-sleeved shirts with insignia
 - One (1) Name Plate
2. Each security guard shall wear black rubber-soled shoes (not tennis shoes or sneakers) and Black trousers while in uniform. Client's Choice Security Solutions & Loss Prevention shall not purchase or provide reimbursement to the employee for the cost of his/her work shoes.
3. All security guards shall be required to wear the Client's Choice Security Solutions & Loss Prevention -issued uniforms while on duty. The uniform policy is applicable to all security guards regardless of gender. Wearing a jacket or cap is optional. Uniforms are to be worn during the work shift and while traveling to and from the work site only.

B. IMPERMISSIBLE ATTIRE:

1. Sneakers/tennis shoes, jeans, shorts, sweatpants and/or T-shirts are not acceptable attire for any security guard while on duty.
2. Security guards are expected to report for work physically clean, neat, and well groomed, and remain presentable while on duty.

Failure to wear the Client's Choice Security Solutions & Loss Prevention -issued uniform in accordance with this policy shall result in disciplinary action. Repeated violations of this policy may result in the withholding of increment.

EMPLOYEE'S SIGNATURE

DATE

EMPLOYEE'S NAME (TYPED OR PRINTED)

COMPANY REPRESENTATIVE

EMPLOYEE ACKNOWLEDGMENT FORM

The employee manual describes important information about Client's Choice Security Solutions and Loss Prevention, LLC (#B10560701). Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the manual may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Owner of Client's Choice Security Solutions and Loss Prevention, LLC (#B10560701) has the ability to adopt any revisions to the policies in this manual. I have entered into my employment relationship voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or Client's Choice Security Solutions and Loss Prevention, LLC (#B10560701) can terminate the relationship at will, with or without cause, at any time.

Furthermore, I acknowledge that this manual is neither a contract of employment nor a legal document. I have received the manual, and I understand that it is my responsibility to read and comply with the policies contained in this manual and any revisions made to it.

EMPLOYEE'S SIGNATURE

DATE

EMPLOYEE'S NAME (TYPED OR PRINTED)

COMPANY REPRESENTATIVE