



Dear Applicants:

Thank you for your interest in the Security Officer position with Tactical Security Solutions. Your qualifications will be carefully reviewed and considered. I have enclosed an application and all associated paperwork.

In addition, please include the following items with the application: A copy of your state issued driver's license, DD214 if discharged from military, a copy of your high school diploma/GED and copies of any applicable certifications you may have. Applications may be mailed to P.O. Box 3393, New Mexico 88241-3393.

Again, thank you for your application and interest in employment with TSS. Good luck to you in your employment search.

Sincerely,

Kenneth Norris  
General Manager  
Tactical Security Solutions, LLC.  
P.O. Box 3393  
Hobbs, New Mexico 88240  
Ph: (575) 942-9588  
Fax: (575) 393-0198  
email: knorris@tssnm.com

**TACTICAL SECURITY SOLUTIONS, LLC.**  
814 W. Marland  
P.O. BOX 3393  
HOBBS, NM 88241-3393  
Phone: (575) 393-0158 Fax: (575) 393-0198



PRE-EMPLOYMENT  
QUESTIONNAIRE  
AN EQUAL  
OPPORTUNITY EMPLOYER

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INTITAL)				NICKNAMES
PRESENT ADDRESS	APT NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OF OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE		CELL PHONE	

### DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED WITH THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORK FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER		

### EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

SPECIAL TRAINING
SPECIAL SKILLS

**FORMER EMPLOYERS**

STARTING WITH THE MOST RECENT, LIST ALL FULL-TIME WORK, PART-TIME WORK, MILITARY SERVICE, TEMPORARY MILITARY DUTY LOCATIONS OVER 90 DAYS, SELF-EMPLOYMENT, OTHER PAID WORK, AND ALL PERIODS OF UNEMPLOYMENT FOR THE LAST 10 YEARS. YOU NEED NOT LIST EMPLOYMENTS BEFORE YOU 16<sup>TH</sup> BIRTHDAY. COMPLETE ALL SPACES AND ATTACH ADDITIONAL SHEETS AS NEEDED.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
STARTING SALARY \$ PER	FINAL SALARY \$ PER	MAY WE CONTACT YOU SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE CELL PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
STARTING SALARY \$ PER	FINAL SALARY \$ PER	MAY WE CONTACT YOU SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE CELL PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
STARTING SALARY \$ PER	FINAL SALARY \$ PER	MAY WE CONTACT YOU SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE CELL PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**REFERENCES**

BELOW, GIVE THE NAMES OF THREE PERSONS **YOU ARE NOT RELATED TO**, WHOM YOU HAVE KNOWN AT LEAST THREE YEARS.

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED
1			
2			
3			

**MILITARY SERVICE RECORD**

BRANCH OF SERVICE	ENTRY DATE:
	DISCHARGE DATE:
	RANK:
DUTIES:	

**CRIMINAL RECORD**

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME? IF YES, EXPLAIN BELOW.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (NOT INCLUDING MINOR TRAFFIC OFFENSES) IF YES, EXPLAIN BELOW.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A TRAFFIC VIOLATION? IF YES, EXPLAIN BELOW. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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**Equal Employment Opportunity Statement**

TSS is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age, sexual orientation or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of any otherwise qualified employee unless undue hardship would result for the company.

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**Discrimination and Sexual Harassment Policy Statement**

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose of effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

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**Disclosure to Applicants Concerning Drug/Alcohol Testing**

If you are offered a position with the Company, you will be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. Negative test results are required as a condition of employment.

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**Complete and Accurate Information**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

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**At-Will Employment**

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the General Manager.

\_\_\_\_\_ **Testing Authorization**

If offered a position with the Company, I hereby agree to any legally permitted skill, drug or medical test required by the Company as a condition of employment.

\_\_\_\_\_ **Investigation Authorization**

I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving, criminal background, references and other background checks.

\_\_\_\_\_ **Company Obligation**

I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting the completed application.

\_\_\_\_\_ The display of any tattoo, which is deemed **offensive**, is prohibited while on-duty representing Tactical Security Solutions, LLC (TSS). As a condition of employment, the offensive tattoo will need to be concealed to the greatest extent possible by an authorized uniform/clothing, a naturally colored concealing device (bandage or cosmetics), or other Company approved method.

\_\_\_\_\_ I understand and agree that if I am employed I will be required to sign and adhere to a "non-disclosure confidentiality agreement" as a condition of continued employment.

**I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

NAME \_\_\_\_\_



To Whom It May Concern:

Having made application with Tactical Security Solutions I understand that a comprehensive investigation of my background may be conducted in connection with this application.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the Company from all liability for any damage that may result from utilization of such information.

I hereby expressly waive any laws, regulations and/or rules which otherwise might prevent other parties from disclosing and releasing such records.

A photocopy of this Authorization, which contains my signature, shall be considered as effective and valid as the original and may be honored by other parties.

Applicant Name \_\_\_\_\_ (please print)

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

To be signed in the presence of a notary

**State of New Mexico** }  
**County of** \_\_\_\_\_ }

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me

personally appeared \_\_\_\_\_ known to me to be  
Applicant

the person whose name is subscribed to the above instrument and acknowledged the same to be his/her free act and deed.

Notary Public \_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
(Seal)