



D1 Security and Investigations, LLC Employee Checklist

Employee (Legal) Name: _____ Date of Hire: _____

New Hiring Package

Employment Application	
Driver's License (picture)	
Social Security Card (picture)	
Pre-Employment Background Check	
W-9 Form	
Security Guard Licensing Requirements	
Non-Commissioned Officer Lv2	
Color Picture I.D. – Pocket Card	
Security Guard Certificate	
Commissioned Officer Lv3	
Color Picture I.D. – Pocket Card	
Security Guard Certificate	
Commissioned Officer Lv4	
Color Picture I.D. – Pocket Card	
Security Guard Certificate	
Private Investigator License	
Color Picture I.D. – Pocket Card	
Employee Last Day of Employment:	

Updates & Renewals

Updated for New Employees	
Update to add employee PSB-14	
Copy of Security License(s)	
All Renewals (Lv 2, Lv 3, Lv 4, LTC, P.I.)	
Renewals ALL types of Licenses PSB-17	
If Level III Re-Qualification Certificate	
All New Guards Applying for License	
Drug & Alcohol Test Consent Form	
Sexual Harassment Policy	
Confidential and Non-Disclosure	
Fair Labor Standard Act	
Certifications	
Security Guard Re-Certification (if any)	
Qualification Certificates	
Pepper Spray Training Certificate	
First Aid Certificate	
License to Carry	
Company Shirt / Size	Initial:
Name Tag	Initial:
Cap	Initial:
Radio	Initial:



D1 Security and Investigations, LLC

Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____ Place of Birth: _____

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 Do You possess a Pocket Card YES NO
If yes, explain: _____ What Level? _____

Education

High School: _____ Address: _____

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

College: _____ Address: _____

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

Other: _____ Address: _____

References

Please list three professional references.

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 NO

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 NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

D1 is a drug free work environment.

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

Company Uniform (Polo Shirt) Size ____ Qty ____ D1 ____ (initial)

NOTE: Which must be returned when employment with D1 is terminated.

Upon hiring a 1-time charge of \$ _____ will be deducted from your paycheck for DPS licensing. ____ (initial)

Signature _____

Date _____

The information contained in this application is true and complete to the best of my knowledge and belief. I understand any false or inaccurate information or misrepresentation of fact or omission of information requested, as stated or implied, given in my application, interview(s), or any other employment form, may be sufficient reason not to hire me and may be reason for dismissal. I understand that I will be required to pass a pre-employment drug screen, and if hired, I will be subject to D1 Security and Investigations, LLC. drug and alcohol testing policy during my employment. I understand that I will be required to authorize D1 Security and Investigations, LLC and/or its agents to obtain a criminal background in order to be considered for hire. I understand and agree that all information furnished in this application maybe verified by D1 Security and Investigations, LLC or its authorized representative I waive any right that I may have notice from any individuals and organizations named or referred to in this application prior to the release of any employment or education to D1 Security and Investigations, LLC I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give D1 Security and Investigations, LLC . All information relative to such verification and hereby release such individuals, organizations and D1 Security and Investigations, LLC. From any and all liability for any claim or damage resulting therefrom. I understand that, if hired, I will be required to provide documentation of both my identity and employment eligibility in the United States in accordance with the immigration reform and control act of 1986. I understand that, if hired, my employment will be subject to various guidelines, rules and regulations of D1 Security and Investigations, LLC. As stated, the employee handbook, any policy and procedure manual or other communications to employees. I further understand that D1 Security and Investigations, LLC, are subject to modification without notice. I understand that D1 Security and Investigations, LLC is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement, it is intended to create any contract of employment or to create any rights in the nature of a contract of employment either expressed or implied. This application does not bind either party for a specific period of time regarding employment. I understand that no one other than D1 Security and Investigations, LLC administrator has any authority to enter into any agreement contrary to the foregoing. If hired, nothing in this application shall restrict my right as an employee or the right of D1 Security and Investigations, LLC as an employer to terminate my employment at any time, with or without notice and with or without cause. I hereby acknowledge that I have read and understand the above statement.

Signature _____

Date _____

Employee Security Uniform Agreement

I understand and agree to return any items purchased by me with the Company Name or Logo if I leave the company either voluntarily or involuntarily. I understand that D1 Security and Investigations LLC, must protect their State Security License and cannot let non-employees wear uniforms containing the D1 Security and Investigations LLC Logos or name. If you desire to keep the shirt the D1 Security and Investigations LLC Logo Patch must be removed and returned to the company. Not returning the Logo Patch will cause us to put a hold on your security license with DPS/Private Security Bureau until the Logo(s) is returned.

I further understand that I am responsible for this/these Polo shirt. I'm also responsible for the return of any shirts assigned to me, upon termination. If any part of the Polo shirt is damaged or lost, I understand that I will be responsible in paying \$35.00 for each Company shirt. (Damages include: Torn, stained, worn out, dry cleaning, etc.) I agree to pay for any charges with three installment payments from my paycheck. Each pant is \$20.00, Cap is \$20.00, Badge is \$15.00 and Radio is \$20.00. And I am responsible in acquiring my own Black shoes/Boots. I understand these terms and agreements for the items listed above and I am able to enter into such agreement.

I, _____ understand and agree to this policy

Signature _____

Date _____

Employee Deduction Form

I _____ authorize the D1 Security and Investigations LLC to deduct from my pay for uniforms or security license fees the following:

Amount of \$ _____ for the following: _____

These deductions will be deducted in the following terms:

One Payment _____ Two Payments _____ Three Payments _____

Signature: _____ Date. _____

Workplace Policy

ANY guard that is assigned to work a site MUST be on time. Upon arrival to location shift, log in and log out at end of shift, into our timekeeper software CONNECTEAM. ANY guard that is scheduled to work MUST make the necessary arraignments to show up to work on time. GUARDS MUST INFORM THE SHIFT SUPERVISOR OF ANYTHING THAT GETS IN THE WAY OF THEM NOT BEING ABLE TO COME INTO WORK (A 6 HOUR NOTICE IS REQUIRED AT ANY GIVEN POINT}. FAILURE TO DO SO WILL RESULT IN A WRITE UP. If the guard FAILS TO NOTIFY the Supervisor that they are RUNNING LATE, they will be given an AUTOMATIC write up for FAILING TO COMPLY WITH THE COMPANY POLICY. 1st Time you are LATE you will be WARNED and noted in personal file. 2nd time that you are Late, you will be WRITTEN-UP. 3rd time you are LATE will be TERMINATED. Guards are to respect customers and guests. Respect the Uniform, no dancing on the job, no drinking alcohol or smoking on the job, while wearing D1 uniform.

Signature: _____ Date: _____

Employee Availability

FT ___ PT ___ COMMISSIONED ___ NON-COMMISSIONED ___ P.I. ___

Name (Last, First) _____

Phone Number _____ Second# _____

Available Days you can Work (Circle days can work)

Sun. Mon. Tue. Wed. Thur. Fri. Sat.

Available Time you can work (Circle time one)

Morning Night Anytime

Shirt Size (Circle One)

___ Small ___ Medium ___ Large ___ XLarge ___ 2XLarge ___ 3XLarge ___ 4XLarge

Signature: _____ Date: _____

Confidentiality And NON-Disclosure Agreement

THIS CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT (the "Agreement") made this day of _____ (the "Effective Date") by and between D1 Security and Investigations, LLC (company), and (Employee), (collectively, the "Parties" and each individually a "Party").

All employees must treat any information relating to the business of D1 Security & Investigations, LLC and any of its activity's, projects, or customers as confidential, and not divulge any of this information to outside parties, including family and friends, without the prior written consent of the company administrator. All such information must be kept completely confidential during, and subsequent to, employment with D1 Security & Investigations, LLC. The following examples are intended to serve as a guide to the types of such information and material.

Matters of a business nature such as information about bidding practices, financial information, reference names, projects or proposals, company products, costs, pricing, profits, markets, customer lists, all data regarding customers and vendors, and plans for future expansion or business development.

Matters of a non-public, technical nature such as civil engineering plans and processes, customers list, catalogs, pricing information, company reports, company programs, software and supporting documentation, procedure manuals, and related methods or technologies, not to be shared in any digital means.

Confidential data about employees, including performance evaluations, details about investigations, or other sensitive employee information. A confidentiality clause that requests employees respect for sharing sensitive information in their reviews and comments about D1 Security & Investigations, LLC after being employed

Information pertaining to any services or products and the result of all such services or products provided to the company's customers.

Any information, which, if disclosed, could adversely affect company business.

Except as required in the performance of your duties, employees MUST NOT at any time during or their employment use, disclose, or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to D1 Security & Investigations, LLC or its services, customers, employees, plans or procedures. Upon termination of the employment relationship or at any time upon the company's request, employees must deliver to the company all copies of confidential information, or other company related property.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their duly authorized officers on the day and year first above written.

Signature: _____

Date: _____

Print Name: _____

Outside or Independent Employment

I understand that to work as a licensed Security Guard for D1 Security and Investigations, LLC I cannot wear the D1 Security and Investigations, LLC uniform or present myself as working for D1 Security and Investigations LLC if, working independently on my own as a free agent. This is NOT permitted under regulations of the Texas Department of Public Safety, Private Security Bureau of the state of Texas. Violation of this rule will cause disciplinary actions up to and including termination. It could also create a termination of your security license.

Signature: _____

Date _____

D1 Security and Investigations LLC is committed to creating a drug and alcohol-free workplace to safely achieve its business objectives. This commitment:

- Promotes employees' Wellbeing, Health and Safety
- Creates a work environment where employees feel safe
- Recognizes the importance of satisfying the client and Providing quality service
- An Employees will be subject to random selected for testing for the presence of drugs and/or alcohol
- Employees may be tested for presence of drugs and or alcohol where their actions, appearance, behavior or conduct suggests drugs and or alcohol may be impacting on their ability to work effectively and safety

- I. D1 Security and Investigations LLC will NOT tolerate or condone substance abuse. It is our policy to maintain a workplace free from alcohol and other drugs and its effects.
- II. It is the policy of D1 Security and Investigations LLC that employees who engage in the sale, use, possession or transfer of illegal drugs or substances, or sell such substances; the use of alcohol during working hours; or the abuse of prescribed drugs will be subject to disciplinary action up to and including termination.
- III. It is the Policy of D1 Security and Investigations LLC to commit the resources necessary to achieve and maintain a drug-free and alcohol-free environment.

D1 Security and Investigations LLC expects the full support of the policy by all employees and all persons doing business with the company.

Employee form acknowledgement of receiving drug and alcohol workplace policy

This is to acknowledge that I have received, read, and understand D1 Security and Investigations LLC "Drug and Alcohol Workplace Policy". I understand that if I violate this policy, I will face disciplinary actions up to and including termination.

Signature _____

Date _____

Sexual Harassment Policy

It is the policy of D1 Security and Investigations LLC that all employees are responsible for ensuring that the workplace is free from sexual harassment. Because D1 Security and Investigations, LLC, STRONG DISAPPROVAL of OFFENSIVE or INAPPROPRIATE SEXUAL BEHAVIOR at work, ALL EMPLOYEES MUST AVOID ANY ACTION OR CONDUCT WHICH COULD BE VIEWED AS SEXUAL HARASSMENT. Sexual harassment includes as follows:

1. Unwelcomed sexual advances
2. Requests for sexual favors
3. and other verbal or physical conduct of a sexually harassing nature, when:
 - Submission to the harassment is made either explicitly or implicitly a term or condition of employment;
 - Submission to or rejection of the harassment is used as the basis for employment decisions affecting the individual; or
 - The harassment has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

ANY employee who has a COMPLAINT of sexual harassment at work by ANYONE, INCLUDING SUPERVISORS, CO-WORKERS OR VISITORS, should:

- ❖ CLEARLY INFORM THE HARASSER that his/her behavior is offensive or unwelcome and REQUEST THAT THE BEHAVIOR STOP.
- ❖ If the behavior continues, the employee must IMMEDIATELY bring the matter to THE ATTENTION OF HIS/HER SUPERVISOR.
- ❖ If the immediate supervisor is involved in the harassing activity, the violation should be REPORTED TO THAT SUPERVISOR'S IMMEDIATE SUPERVISOR, OR THE COMPANY ADMINISTRATOR, who can be reached at 956-202-7796 this, is D1 Security and Investigations LLC, Administrator Samantha Neri
- ❖ If a supervisor or personnel officer knows of an incident of sexual harassment, THEY SHALL TAKE APPROPRIATE REMEDIAL ACTION IMMEDIATELY.
 1. If the alleged harassment involves ANY TYPES OF THREATS OF PHYSICAL HARM TO THE VICTIM, THE ALLEGED HARASSER MAY BE SUSPENDED WITH PAY
 - During such suspension, an INVESTIGATION will be conducted by D1 Security and investigations LLC ADMINISTRATION PERSONNEL.
 - If the investigation SUPPORTS charges of sexual harassment, DISCIPLINARY ACTION AGAINST THE ALLEGED HARASSER WILL TAKE PLACE AND MAY INCLUDE but NOT LIMITED TO TERMINATION.
 - If the investigation reveals that the charges were brought FALSELY AND WITH MALICIOUS INTENT, THE CHARGING PARTY MAY BE SUBJECT TO DISCIPLINARY ACTION, INCLUDING but NOT LIMITED TO TERMINATION.

Employees' Signature Date

Date

❖ _____
Supervisors Signature

Date

D1 Security & Investigations, LLC Administrator

Date



D1 Security and Investigations, LLC

PAYROLL DIRECT DEPOSIT MEMO

To: All Contract Security Guards

Date: September 15, 2023

Subject: Announcement of New Payroll Policy

This notice is to inform all employed Security Officers that as of October 2, 2023, D1 Security will be transitioning to strictly Payroll Direct Deposit.

Once we receive your banking information, we will be testing your account with \$ 0.01 to make sure that it goes thru successfully, do not be alarmed.

We will no longer be doing Cash Advances.

Connecteam is our timesheet app and is directly integrated with Payroll Direct Deposit, so this means you don't log in, you don't get paid. Anyone needing assistance in logging in to Connecteam, please reach out to us so we can help you.

On Sept 20, 2023 a representative from Lone Star Bank will be at our home office (74 Otila Dr, Brownsville, TX) from 1:00pm till 2:00pm to help you with the banking side. Lunch will be provided.

Lastly, please fill out attached form and return it as soon as possible to make sure all is well and your paycheck won't be delayed.

Thank you for your cooperation and understanding.

D1 Security and Investigations, LLC

D1 Security and Investigations, LLC (License# C24065501)
74 Otila Dr, Brownsville, TX 78521
mobile: (956) 873-8677 email: Info@D1Security.us



D1 Security and Investigations, LLC

PAYROLL DIRECT DEPOSIT EMPLOYEE AUTHORIZATION FORM

*****PLEASE WRITE LEGIBLY*****

EmployER Name: D1 Security and Investigations, LLC

Financial Institute: Lone Star National Bank

EmployEE Name: _____

Employee E-mail address for voucher: _____ @ _____

****We MUST have a copy of a voided check or a bank provided ACH form in order to process your request. PLEASE ATTACH VOIDED CHECK or ATTACH SCREEN SHOT HERE:**

Account Type (mark one): **Checking** **Savings**

I authorize D1 Security and the financial institution named above to remit my paycheck via ACH. This also includes my authorization for my employer to reverse any entries that were made in error. This authorization will remain in effect until company receives written notice from me.

Employee Signature: X _____

Effective Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
or				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



D1 Security and Investigations, LLC

Employee Name:			Insert Picture
Date of Birth:			
Place of Birth:			
Social Security #:			
First Date of Employment:			
Last Date of Employment:			

Private Security Guard Checks

Critical Infrastructure Site

Commissioned **Non-Commissioned** **PPO**

Carrying Handgun: **Yes** **No**

Guard Last Name:	First Name	Middle Name	Suffix
Date of Birth:	Registration #:	Expiration Date:	
Driver License #:	State --	Expiration Date:	

Residence Address

City	State --	Zip Code	County -----
------	-------------	----------	-----------------

Phone Number:	Date of Hire:
---------------	---------------

Address of Current Assignment:

Compliant **Non-Compliant** **If non-compliant list violations:**

1	
2	
3	
4	
5	