



# **FUGITIVE SERVICES AGENT**

## **APPLICATION**

Name: \_\_\_\_\_

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

**\*\*Applications must be filled out completely\*\***

**\*\*INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED\*\***

**Applications may be submitted Monday – Friday, 10am – 3pm**  
**Applicant will be contacted to schedule in person interview**

## Personal History / Application Instructions

Persons working in the Apprehension and Transportation Industry are routinely exposed to potentially sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants. Although it is an achievement to reach the background phase of the application process, this is still part of the process and does not in any way guarantee selection for hire.

The following instructions are provided as a guide to assist you in properly completing the application. **It is essential that all information provided is accurate in all respects.** The personal sections of the application will be used as a basis for a background investigation that will determine your eligibility for hire.

1. The application must be printed legibly in **Black Ink** by the applicant. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence.
4. You are responsible for obtaining correct and complete telephone numbers and address information. Errors will not be viewed favorably.
5. If additional space is needed for answers, attach additional sheets as necessary. Be sure to identify by which question the answer is referring by item and page number.
6. An accurate and complete application will help expedite your investigation. **Intentional Falsifications or Omissions will result in Disqualification.**
7. You are responsible for updating and/or furnishing changes to your application as needed, such as address or telephone changes.
8. Your application will be evaluated for completeness and neatness. Any applicant submitting an incomplete application **WILL NOT be considered for Hire.**
9. All requested documents must be provided either with the application or when called for interview. Information not provided will disqualify applicant.
  - Copy of Social Security Card
  - Copy of Texas Driver's License
  - Copy of High School Diploma or GED
  - Copy of Texas License to Carry Handgun
  - Copy of DD-214 (if applicable)
  - Copy of College Diploma (if applicable)
  - Copy of Texas Jailers License (if applicable)
  - Copy of Texas Peace Officers License (if applicable)
  - Copy of Texas PSB Level 3 License (if applicable)
  - Copy of Texas PSB Private Investigator License (if applicable)
  - Full Length Oblique Color Photo
10. If you have any questions, contact the USFAT Chief of Operations or his designee.

## **Applicant Qualification Section**

Before you complete this application, please ensure that you meet the following to qualify for a position with this organization.

**Initial:** \_\_\_\_\_ **I am a citizen of the United States of America, or;**

\_\_\_\_\_ **As a non-citizen, I am legally authorized to work in the United States of America**

\_\_\_\_\_ **I have earned a High School Diploma or GED.**

\_\_\_\_\_ **I have never been convicted, plead guilty (nolo contendere), nor have I been on court ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.**

\_\_\_\_\_ **During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, any other state or while serving in the military.**

\_\_\_\_\_ **I have never had a military court martial that resulted in a dishonorable or bad conduct discharge**

### **Disqualification**

There are very few automatic reasons for rejection/disqualification. Issues of prior misconduct, employee terminations, and arrests, may not, in and of themselves, automatically disqualify you. However, deliberate misstatements or omissions can and often will result in the rejection/disqualification of an application/applicant, regardless of the nature or reason for the misstatement or omission. The primary reason an individual fails a background investigation is because of the deliberate withholding or misrepresentation of job relevant information from a prospective employer.

**Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.**

**Personal History Information:**

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color \_\_\_\_\_

Have you ever been known or gone by any other name (excluding nicknames)? ☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

Place of Birth (City, County, State, Country): \_\_\_\_\_

Do you have social networking, instant messaging, or other internet-based profile(s) ☐ Yes ☐ No

If yes, provide screen name(s) and service provider(s). \_\_\_\_\_

List all e-mail addresses used: \_\_\_\_\_

**Are you looking for full-time employment?** ☐ Yes ☐ No

If not, what is your availability? \_\_\_\_\_

Are you able to drive long hours and at night? ☐ Yes ☐ No

Do you have reliable transportation? ☐ Yes ☐ No

Are you willing to work weekends? ☐ Yes ☐ No

Are you willing to work nights? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please describe conditions. \_\_\_\_\_

## Employment Desired

Position applied for: ☐ Apprehension Agent ☐ Mental Health Transport Agent  
☐ Extradition Agent ☐ Hospital Duty/Patient Watch Agent  
☐ Trip Coordinator ☐ \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

Have you ever applied for employment with this organization? ☐ Yes ☐ No

When? \_\_\_\_\_

Where? \_\_\_\_\_

Have you ever been employed by this organization? ☐ Yes ☐ No

When? \_\_\_\_\_

Where? \_\_\_\_\_

Are you presently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you available for full-time work? ☐ Yes ☐ No

Are you available for part-time work? ☐ Yes ☐ No

Are you willing to relocate? ☐ Yes ☐ No

Are you willing to travel? ☐ Yes ☐ No

Date you are available to start \_\_\_\_\_

Desired starting salary \_\_\_\_\_

Please list applicable skills \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Trade Schools	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

**Military History:**

☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard ☐ State Military Forces

☐ Active Duty ☐ Reserve ☐ National Guard ☐ State \_\_\_\_\_

Date of Enlistment: \_\_\_\_\_ Training/Specialty: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In addition to listed military or work history, are there any other skills, qualifications, or experience that we should consider?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any scholastic honors received and offices held in school.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you planning to continue your studies? ☐ Yes ☐ No

If yes, where and what courses of study?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Driving History:**

Drivers License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Exp Date: \_\_\_\_\_

License Type: \_\_\_\_\_ Any Restrictions: \_\_\_\_\_

Have you ever had your license suspended or revoked? ☐ Yes ☐ No

If yes, provide reason, date and length of suspension or revocation of license: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any citations within the last 5 years by date and the current status of such violation(s):

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List any motor vehicle accidents you have been involved in during the last 5 years:

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**Arrests, Detentions or Litigations:**

Have you ever been arrested or detained by Law Enforcement? ☐Yes ☐No

If yes provide agency names, offense, location, date and outcome: \_\_\_\_\_

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Have you ever committed an act of family violence, other than to defend yourself: ☐Yes ☐No

Have you ever assaulted another person since the age of 17? ☐Yes ☐No

Have you ever been named a suspect in a criminal offense or investigation? ☐Yes ☐No

Have you ever been a party to a civil suit or action? ☐Yes ☐No

Have you ever committed a crime involving moral turpitude? ☐Yes ☐No

Do you anticipate being sued or named in a lawsuit or proceeding? ☐Yes ☐No

If you answered yes to any of the above, please provide details: \_\_\_\_\_

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**Employment History - Five (5) Year: (Start with most recent employer)**

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_



Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_  
Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
May we contact? ☐ Yes ☐ No  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_  
Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
May we contact? ☐ Yes ☐ No  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## References

List three personal references, not related to you, who have known you for more than one year.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_

List three professional references, who have known you for more than one year.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

List or identify any member of USFAT with whom you are acquainted:

_____	_____
_____	_____
_____	_____
_____	_____

**Emergency Contact**

In case of emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship: \_\_\_\_\_

**Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this organization and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or if my position is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this organization, I will comply with all rules and regulations as set by the organization in any communication distributed to staff.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the organization that verifies my right to work in the United States on the first day of employment.

I understand that employment at this organization is "at will," which means that either I or this organization can terminate the working relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Full Name (Print): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_