



# Nationwide Investigations & Security, Inc.

2425 West Loop South, Ste 300 • Houston, Texas 77027

Tel: 713-587-9600 • Fax: 832-553-7414

Emergency: 1-800-294-6042

www.ntwinvestigations.com

## 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 \_\_\_\_\_



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	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 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: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**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 (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### 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).

**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 on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

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

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien); to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business.

Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



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## Contractor Agreement

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

As an independent contractor of Nationwide Investigations and Security, Inc., I, \_\_\_\_\_ understand that I must conduct myself in a professional manner at all times.

I agree to wear my uniform neatly pressed and starched with shirttails tucked in; official shirt and 2 patches, name plate, badge, black pants (Dickies or BTUs), black belt, shined black boots; and any other required uniform, as a representative of Nationwide Investigations and Security, Inc. During cold weather, appropriate Nationwide Investigations and Security, Inc. attire will be worn.

I will not wear facial jewelry (e.g., but not limited to, tongue, eyebrow, lip and nose rings and studs) during working hours or while representing Nationwide Investigations and Security, Inc. As a male officer, I will not wear earrings during working hours or while representing Nationwide Investigations and Security, Inc. As a female officer I will only wear stud earrings.

I understand that hair must be properly groomed (clean, neat) and styled so as to present a professional appearance. Extreme hairstyles that detract from professionalism are not allowed. As a female officer, long hair must be arranged in a neat fashion so that it does not extend past the shoulder (a bun or chignon is acceptable).

I agree to keep my fingernails clean and neatly trimmed. As a female officer, I understand that vibrant, strong colored nail polish is not permitted.

I understand that while in uniform, I must project a professional appearance at all times and that all tattoos shall not be visible while in uniform. A long sleeved black under armour shirt must be worn to cover any arm tattoos.

***\*A contractor inappropriately dressed may be sent home to change. Time for this purpose will be charged to leave without pay. Continued violations may result in disciplinary actions up to and including termination of contract. \****

I agree to arrive to all jobsites **30 minutes** before start time and will check in with appropriate supervisor or manager, via phone call or text message, upon arrival. **Check in is mandatory each and every day – NO EXCEPTIONS.**

I understand that I may not use my cellphone or other electronic device while I am on post, except to check in with a supervisor or manager.

I understand that at no time may I seek employment with assigned client or any other client of Nationwide Investigations and Security, Inc. while I am contracting under Nationwide Investigations and Security, Inc.

I will not engage in unnecessary conversations with employees at jobsite or employees or contractors at any other Nationwide Investigations and Security, Inc. jobsite.

I understand that failure to adhere to these policies will result in disciplinary actions including, but not limited to, termination of my contract with Nationwide Investigations and Security, Inc. I certify that I have read and agree to these policies as the terms of my contract with Nationwide Investigations and Security, Inc.

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



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## DRUG TESTING CONSENT

I, \_\_\_\_\_, hereby give my consent to authorize Nationwide Investigations & Security, Inc. and the testing laboratory designated to take a specimen of my hair, urine, or blood and submit it for random or reasonable suspicion drug test. I further consent to allow the laboratory testing service to make the results of such screen available to Nationwide Investigations & Security, Inc. In consideration for such services being rendered on my behalf, I hereby release the laboratory testing service, its officers, agents and employees from any and all claims, which I might otherwise have due to such results being made available. I hereby consent not to file any action at law or in equity against Nationwide Investigations & Security, Inc., the laboratory testing service, the respective officers, agents or employees in connection with the results of such screen being made so available; and I hereby agree to Indemnify and Hold Harmless Nationwide Investigations & Security, Inc., and the laboratory testing service, the respective officers, agents or employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

Nationwide Investigations & Security, Inc. may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I agree to provide such proof within 72 hours.

I further understand that a positive test, refusal to authorize this form, refusal to take the test, or failure to produce a specimen, may result in disciplinary action up to and including disqualification from obtaining a position with Nationwide Investigations & Security, Inc.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## BACKGROUND CHECK AUTHORIZATION

Commissioned Officer

Non-Commissioned Officer

Other: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) & Dates Used: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street) (City, State) (Zip)

Previous Address: \_\_\_\_\_  
(Street) (City, State) (Zip)

Social Security Number: \_\_\_\_\_ Date/Place of Birth: \_\_\_\_\_  
(Date) (City, State)

Driver's License Number / State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize Nationwide Investigations & Security, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for contract work and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Nationwide Investigations & Security, Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Nationwide Investigations & Security, Inc., the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature \_\_\_\_\_

Date \_\_\_\_\_





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### MANDATORY MEAL/BREAK PERIODS

You are entitled to a 30-minute, unpaid **MANDATORY** meal/break period(s) whenever you work more than four (4) hours in a day. If you work 4 hours or less in a day, you **NEED NOT** take a meal/break period. **Meal/break periods are unpaid time in the middle of your work day.** Below is a chart of MANDATORY meal/break periods for your reference.

<b>SHIFT LENGTH</b>	<b>NO. OF UNPAID MEAL/BREAK PERIODS</b>
0 to 4 hours	No meal/break period allowed
4.5 to 7.75 hours	One (1) meal/break period, NO EXCEPTIONS
8 hours to 15.75 hours	Two (2) meal/break periods, NO EXCEPTIONS
16 hours or more	Four (4) meal/break periods, NO EXCEPTIONS

**Please read the following carefully and sign and date:**

I understand that I am entitled to a meal/break period(s) of one-half hour (30 minutes) if I work more than 4 hours. By signing this form, I understand that I **MUST** take my meal/break periods (reference chart above) if I work more than four (4) hours in a day.

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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## Equipment Sheet

_____ T-Shirt.....	\$40.00
_____ Uniform Shirt *.....	\$96.50
_____ Uniform Polo Shirt .....	\$95.00
_____ Pants .....	\$75.00
_____ Shoes .....	\$95.00
_____ Belt .....	\$40.00
_____ Duty Belt .....	\$125.00
_____ Cap .....	\$35.00
_____ Benny Cap .....	\$30.00
_____ Badge with Holder.....	\$60.00
_____ Flash Light.....	\$25.00
_____ Flash Light Holder.....	\$25.00
_____ Name Plate.....	\$20.00
_____ NTW Sweater .....	\$125.00
_____ Patches *.....	\$18.00
_____ Insignia.....	\$25.00
_____ Handcuffs.....	\$60.00
_____ Handcuff Holster .....	\$35.00
_____ Gun Holster.....	\$150.00
_____ Whistle .....	\$10.00
_____ Windbreaker *.....	\$80.00
_____ Misc. ....	\$ _____
<b>Total Deduction Amount.....</b>	<b>\$ _____</b>

The signing of this document authorizes Nationwide Investigations & Security Inc. to payroll deduct ALL uniform and equipment assigned at pricing indicated on form.

\* Please note that the uniform shirt comes with 2 patches and the windbreaker comes with 3 patches.

If patches are not listed on this form upon employee's signature, Nationwide investigations & Security Inc. will add charges at will. \*

Employee Name

Employee Signature

SS#

Address

City

State

Zip





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## Voluntary Payroll Deduction Authorization Form

Type of Deduction	Total Requested Amount	Deduction Amount Per Pay Period

**Effective Date:** \_\_\_\_\_

I hereby authorize Nationwide Investigations & Security, Inc. to make the above deductions from my pay in accordance with the above terms. I understand and agree that I am responsible for satisfying the above amounts. I understand and agree that any amount that is due and owing at the termination of my contract, regardless of whether the termination was voluntary or not, will be deducted from my last paycheck or any other amounts that may be owed to me. This authorizes Nationwide Investigations & Security, Inc. to retain the entire amount of my last paycheck in compliance with the law.

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



## Nationwide Investigations and Security, Inc.

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Regular Time	Military Time	Regular Time	Military Time
Midnight	0000	Noon	1200
1:00 a.m.	0100	1:00 p.m.	1300
2:00 a.m.	0200	2:00 p.m.	1400
3:00 a.m.	0300	3:00 p.m.	1500
4:00 a.m.	0400	4:00 p.m.	1600
5:00 a.m.	0500	5:00 p.m.	1700
6:00 a.m.	0600	6:00 p.m.	1800
7:00 a.m.	0700	7:00 p.m.	1900
8:00 a.m.	0800	8:00 p.m.	2000
9:00 a.m.	0900	9:00 p.m.	2100
10:00 a.m.	1000	10:00 p.m.	2200
11:00 a.m.	1100	11:00 p.m.	2300



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## 2025 Pay Schedule

Period No.	Pay Period	Pay Date
1	12/14/2024 – 12/27/2024	01/10/2025
2	12/28/2024 – 01/10/2025	01/24/2025
3	01/11/2025 – 01/24/2025	02/07/2025
4	01/25/2025 – 02/07/2025	02/21/2025
5	02/08/2025 – 02/21/2025	03/07/2025
6	02/22/2025 – 03/07/2025	03/21/2025
7	03/08/2025 – 03/21/2025	04/04/2025
8	03/22/2025 – 04/04/2025	04/18/2025
9	04/05/2025 – 04/18/2025	05/02/2025
10	04/19/2025 – 05/02/2025	05/16/2025
11	05/03/2025 – 05/16/2025	05/30/2025
12	05/17/2025 – 05/30/2025	06/13/2025
13	05/31/2025 – 06/13/2025	06/27/2025
14	06/14/2025 – 06/27/2025	07/11/2025
15	06/28/2025 – 07/11/2025	07/25/2025
16	07/12/2025 – 07/25/2025	08/08/2025
17	07/26/2025 – 08/08/2025	08/22/2025
18	08/09/2025 – 08/22/2025	09/05/2025
19	08/23/2025 – 09/05/2025	09/19/2025
20	09/06/2025 – 09/19/2025	10/03/2025
21	09/20/2025 – 10/03/2025	10/17/2025
22	10/04/2025 – 10/17/2025	10/31/2025
23	10/18/2025 – 10/31/2025	11/14/2025
24	11/01/2025 – 11/14/2025	11/28/2025
25	11/15/2025 – 11/28/2025	12/12/2025
26	11/29/2025 – 12/12/2025	12/26/2025
(1) 2026	12/13/2025 – 12/26/2025	01/09/2026
(2) 2026	12/27/2025 – 01/09/2026	01/23/2026