



APPLICATION FOR EMPLOYMENT

(Private and Confidential)

Please print clearly all information and tick appropriate boxes

Position applied for: _____

Please Tick:

FULL TIME PART TIME CASUAL

Mr / Mrs / Ms / Miss (please circle)

SURNAME _____

FIRST NAME(S) _____

Address: _____

Post Code _____

Phone: _____ Home: _____

Mobile: _____

Age: _____ Date of Birth: ____/____/____

Place of Birth: _____

Languages spoken: _____

Nationality: _____

ARE YOU OR HAVE YOU EVER BEEN EMPLOYED BY A SECURITY COMPANY? YES NO

If yes please give details:

| Date From | Date To | Department(s) | Manager's Name | Reason for Leaving |
|-----------|---------|---------------|----------------|--------------------|
| | | | | |
| | | | | |

Have you previously applied for employment with Victor Harbor Security? YES NO

If yes, please give details of position applied for and date of last application: _____

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENCE?

YES NO

If yes, please give details of offence and dates of conviction:

EDUCATION:

| Type | School or Institution | Years Attended | | Level Achieved |
|-----------|-----------------------|----------------|----|----------------|
| | | From | To | |
| Secondary | | | | |
| Tertiary | | | | |
| Other | | | | |

Courses relevant to employment (please state):

Briefly describe your leisure activities and any community positions held:

REFERENCES – 3 required

| Name | Address | Organisation | Position | Phone no. |
|------|---------|--------------|----------|-----------|
| | | | | |
| | | | | |
| | | | | |

EMPLOYMENT HISTORY:

Please detail employment history, commencing with last position held:

| Name of Employer | Address of Employer | Position Held | From | To | Reason for Leaving |
|------------------|---------------------|---------------|------|----|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |

HEALTH QUESTIONNAIRE:

Please complete by ticking the appropriate box:

Are you in good health?..... YES NO

Have you ever injured yourself at work? .. YES NO

Have you ever received Workers Compensation?YES NO

If Yes, for what reasons?

Is the claim settled or ongoing?

Do you have any physical or health problem which could affect your work? YES NO

Have you ever had trouble with any of the following please tick:

- | | | | |
|----------|--------------------------|--------|--------------------------|
| Shoulder | <input type="checkbox"/> | Back | <input type="checkbox"/> |
| Arms | <input type="checkbox"/> | Chest | <input type="checkbox"/> |
| Elbows | <input type="checkbox"/> | Eyes | <input type="checkbox"/> |
| Hands | <input type="checkbox"/> | Legs | <input type="checkbox"/> |
| Wrists | <input type="checkbox"/> | Knees | <input type="checkbox"/> |
| Neck | <input type="checkbox"/> | Ankles | <input type="checkbox"/> |

DESCRIBE:

Please complete by ticking the appropriate box:

Do you suffer from any medical condition we should be aware of? YES NO

• Name of condition/illness _____

• What are the symptoms of an attack?

• What procedure should be followed if you become ill?

• Are you currently taking any prescribed medication? YES NO

• Are you allergic to any form of medication..... YES NO

If yes, which medication? _____

-
- When did you have your last Tetanus injection? _____
 - Are you a member of an Ambulance Fund YES NO

IN CASE OF EMERGENCY, WHOM WOULD YOU WISH THE COMPANY TO NOTIFY?

(If possible, please nominate two people for emergency contact)

| Name | Address | Relationship | Phone No. |
|------|---------|--------------|-----------|
| | | | |
| | | | |
| | | | |

Name of Doctor and Medical Clinic you attend:

Any other relevant information you need we should know?

Should your application be successful, how much time would you need before commencing work?

I certify that the information is true and correct in every detail and in making this application, agree, if subsequently approved, to be bound by the conditions of employment in respect to company regulations and industrial awards. If appointed I acknowledge that false information on this form could result in dismissal.

SIGNED: **DATE:**