APPLICATION FOR EMPLOYMENT

(Private and Confidential)

Please enter information in defined fields and tick appropriate boxes

Position applied for:

Please Tick:

FULL TIME PART TIME CASUAL

Mr Mrs Ms Miss

SURNAME **FIRST NAME**

ADDRESS **OTHER NAME**

PHONE: Home: Mobile:

Date of Birth: Place of Birth:

EMAIL:

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 From	To	Level Achieved
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 most recent 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 problems which could affect your work? .... YES NO

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

Shoulder	Back
Arms	Chest
Elbows	Eyes
Hands	Legs
Wrists	Knees
Neck	Ankles

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

EMERGENCY CONTACT / NEXT OF KIN:
(If possible, please nominate minimum of two people for emergency contact)

Name	Address	Relationship	Phone No.

Name of Doctor and Medical Clinic you attend:

Any other relevant information:

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:**

PLEASE CHECK FORM BEFORE SUBMITTING