

EMPLOYMENT APPLICATION FORM (PAGE 1)

Name:	D.O.B:
-------	--------

Address:

Home Phone:	Mobile Phone:
-------------	---------------

Do you have a valid QLD security licence? (please circle) Y N

(if Y, please provide licence number and expiry date):

(if N, are you in the process of obtaining one?):

Do you have a valid C class (car) drivers licence? (please circle) Y N

(if Y, is it a manual or automatic licence? – please specify):

Do you own a vehicle to get to job sites? (please circle) Y N

(if N, how do you intend on getting to and from job sites?):

Please tick your answers to the various questions below. Please note that selecting more than one option may increase your chances of gaining employment.

<p><u>Mode of employment:</u> I am looking for...</p> <p>Full-time <input type="checkbox"/></p> <p>Casual <input type="checkbox"/></p> <p><u>Number of Hours:</u> I am looking for...</p> <p>10-20 hrs per week (approx. 1 to 2 shifts) <input type="checkbox"/></p> <p>20-30 hrs per week (approx. 2 to 3 shifts) <input type="checkbox"/></p> <p>30-38 hrs per week (approx. 3-4 shifts) <input type="checkbox"/></p> <p>38 hrs plus per week <input type="checkbox"/></p>	<p><u>Shift Times:</u> I am looking for...</p> <p>Day work <input type="checkbox"/></p> <p>Night work <input type="checkbox"/></p> <p><u>Type of Work:</u> I am looking for...</p> <p>Mobile Patrols <input type="checkbox"/></p> <p>Static <input type="checkbox"/></p> <p>Crowd Control <input type="checkbox"/></p> <p>C.I.T (Cash Banking) <input type="checkbox"/></p>
--	---

Do you have any illness, physical disability or injury, or mental condition that may affect your ability to carry out the required work? (please circle) Y N

Please note that providing this information does not necessarily mean your application for employment will be denied. We simply need to know which sites would be best to place you at, and ensure that you aren't required to carry out tasks that you are unable to complete.

(if Y. please provide details of the illness/disability/injury or condition, and how it may affect your ability to work. Also outline what steps you take to manage the issue, helping to ensure the likelihood of it becoming a problem is reduced):

EMPLOYMENT APPLICATION FORM (PAGE 2)

Please provide the days and times that you are available to work:
(Please note that higher preference will be given to employees who are available any day, any time)

What date are you available to start work?

Details of current or most recent security job

Name:

Role:

Approximate date started:

What do you like about this job?

What do you dislike about this job?

Details of previous security job

Name:

Role:

Approximate date started:

Approximate date ended:

Why did you leave?

What did you like about this job?

What did you dislike about this job?

Do you have any martial arts or self defence skills, aside from those taught during your security licence training course?
(please circle) Y N

(if Y, please provide details):

Is there anything you would like to tell us about your experience or skills that may be of interest to us, and that may increase your chances of gaining employment with NSR?

Thank you for taking the time to complete this form.
Forms can be scanned and emailed to admin@nsr.com.au,
or posted to PO Box 3039 Caboolture BC QLD 4510