



SECURITY & LOCKSMITHS

Completion of this Application does not guarantee employment

Please complete using BLOCK LETTERS:

- All sections - * Mandatory fields
- Sign and date the form
- Return to the person who is interviewing you

Resume

Please attach your current Resume to this application form if available.

Details of Interviewee

Surname *

Given Name(s) *

List Position Applying for

Availability (if application to position applying for)

Do you agree to be available to work, and work any 7 days of the week, across 24 hours each day

Yes No

If no, please provide details ▶

Residential Address *

Postcode

Personal Details *

Home Phone

Work Phone (if appropriate)

Home email

Mobile Phone

Licences *

If an offer of employment is made you will be required to provide a copy of all licences

Drivers Licence

Class	Number	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Security Licence

Class	Number	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Firearms Licence

Class	Number	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Other relevant licence: (give details)

1.

Class	Number	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Class	Number	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>

It may be a requirement of the position that you are applying for that you obtain or are able to obtain a Security Licence / a Police Clearance Check / a Department of Defence Security Clearance.

I understand the requirement to obtain or be able to obtain a Security Licence / a Police Clearance Check / a Department of Defence Clearance.

Yes No

Have you ever worked in the security industry?

Yes No

If yes, give details of ▶

Company name

Position held

Reason for leaving

Dates

From:

To:

Employment History *

You do not need to complete this section if a current resume is attached

1. Name of Employer (current if applicable)

Position(s)

Dates

From:

To:

Reason for leaving

2. Name of Employer (previous)

Position(s)

Dates

From:

To:

Reason for leaving

3. Name of Employer (previous)

Position(s)

Dates

From:

To:

Reason for leaving

4. Name of Employer (previous)

Position(s)

Dates

From:

To:

Reason for leaving

Employment Related Referees *

1. Name of Referee

Position Held

Organisation

Contact Phone Number

2. Name of Referee

Position Held

Organisation

Contact Phone Number

3. Name of Referee

Position Held

Organisation

Contact Phone Number

Offences

Have you ever been charged with any offences?

Do not include minor traffic offences.

Yes

No

If Yes, please provide details ►

Privacy Legislation Statement - IMPORTANT

The information you provide in applying for employment with Western Plains Security Network will be accessed by the Company's Security Supervisor and by relevant managers involved in the selection process for the position for which you are applying

Your health questionnaire may be provided to the Doctor contracted by Western Plains Security Network to carry out a pre-employment medical examination. If you so choose, this information may be held on record for a maximum period of 24 months for consideration in the context of other potentially suitable employment opportunities that might occur during that time. This information will be destroyed after 24 months. It will not be disclosed without your written permission to any other third party unless there is a legal obligation for Security Network to do so, or unless you are appointed to a position with Security Network and the information is required for related employment matters, such as superannuation administration in which case it will be held on your personnel file.

I agree to Western Plains Security Network holding my information for a maximum period of 24 months

Declaration

- I declare that all the information supplied in this application and any attached or presented documents is true and correct. I agree that should any of the critical information be found to be false or misleading, that my application will not be considered and possible termination of employment could occur
- I agree to Western Plains Security Network approaching my nominated referees for their assistance in considering my application
- I understand that this application does not constitute a contract of employment
- I am prepared to comply with all requirements necessary for the Company to undertake security clearance checks
- Where it is requirement under Government Legislation, any offer of employment will be conditional upon my being granted the appropriate security licence(s)
- Should I be offered employment I understand that it is my responsibility to advise the company should any licence expire or be revoked. Further, I understand that continuing employment with the company is based on having valid licences.
- I shall present myself for a medical examination if so requested by the Company and any offer of employment will be conditional upon my being certified as medically fit for the job
- I understand that completion of this application does not guarantee employment

Emergency contact:

Name: _____ Phone: _____

Relationship: _____

Please bring the following original certificates with you

RSA Certificate	Tax File number: _____
First aid Certificate	Bank Account details: - Bank: _____
Security Certificate	Branch: _____ Account no: _____
Drivers Licence	Account Type: Savings account <input type="checkbox"/> Cheque account <input type="checkbox"/>
Security Licence	Account Name: _____

Name of Super Fund: _____

Please supply details of your super fund