

**Employment Application Form**

Please fill in the following questions using block letters.

Date:

**Personal Details**

**Security License Class**

**P**rovisional **❒**

**A B C D E F G**

**Please Circle Classes**

Mr/Mrs/Ms/Miss (Please Circle)

First Name: ....................................Surname: ………………………………………….Preferred Name:…………………….

Address:..................................................................... Suburb: ……………………………..Post Code:……………………

Home Phone No:……………………………………………………. Mobile No:………………………………………………………………..

Email:…………………………………………………………………….. Date of Birth:…………………………………………………………….

Emergency Contact Name:........................................Phone:…………………………………………….

Security License No:……………………………………………….Expiry:……………………………………………..

Drivers License No: ……………………………………………….Expiry:.................................................

Firearms License No:…………………………………………….. Expiry:……………………………………………..

First Aid: YES ❒ NO ❒ Expiry:…………………………………………...

White Card: YES ❒ NO ❒ RSA: YES ❒ NO ❒ RCG: YES ❒ NO ❒

**Physical Attributes**

Height……………………………………….. Weight...................................... Shirt Size……………………………………

**General Information**

Do you have access to your own transport? ❒ Yes ❒ No

Mode of transport to and from work? ...............................................................................................................

Preferred type of work? ❒ Pubs/Clubs ❒ Static ❒ Events ❒ Other ……………………………………

**Bank Details**

BSB................................................................Account Number……………………………………………………………………..

Bank..............................................................Account Name…...........................................................................

Tax File Number………………………………………..Tax Free Threshold ❒Yes ❒No Signed…………………………... Sign:……………………………..…………………………………… Date…………………..

**OFFICE USE ONLY**

**Rate per hour: Static $ \_\_\_.\_\_ Event $ \_\_\_.\_\_ Licenced $ \_\_\_.\_\_**

**Entered into Data: Yes** ❒ **Entered by:**

 **Have you worked for other security organizations?**

 YES **❒** NO **❒**

If yes, please specify: .....................................................................................................................

 .....................................................................................................................

**Are you receiving or have you ever received Workcover benefits or made a Workers Compensation Claim?**

 YES **❒** NO **❒**

 If yes, please specify: .....................................................................................................................

 .....................................................................................................................

**Applicant Signature of Acknowledgement:**.......................................................................................

 **Are you suffering from pre-existing injuries?**

 YES **❒** NO **❒**

 If yes, please specify: .....................................................................................................................

 .....................................................................................................................

 **Availability –** Please tick appropriate boxes **Tick here if AVAILABLE ANYTIME** **❒**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TIME** | **MON** | **TUES** | **WED** | **THURS** | **FRI** | **SAT** | **SUN** |
| **DAY**(6am – 6pm) |  |  |  |  |  |  |  |
| **AFTERNOON**(5pm – 12 Mid) |  |  |  |  |  |  |  |
| **NIGHT**(6pm – 6am) |  |  |  |  |  |  |  |

I understand that CAPG Pty Ltd has the right to transfer employees from site to site and that employment is not dependent on an individual being placed at a particular location. I understand that CAPG Pty Ltd has the right to transfer employees from shift to shift as operational needs dictate and that employment is not dependant on an individual working a specific shift.

I acknowledge and agree that I CAN NOT be employed by any client of CAPG Pty Ltd for a period of six months from termination of employment, unless approved in writing by a CAPG Pty Ltd Director.

Being employed by CAPG Pty Ltd, this employment is probationary for a period of 90 days and at any time during that period, employment can be terminated by CAPG Pty Ltd

I further acknowledge that I have never been charged or convicted of an indictable offence as this would void my employment with CAPG Pty Ltd I hereby authorize CAPG Pty Ltd to undertake all necessary background checks.

I acknowledge that all the information I have provided is true and correct:

Signed: ……………………………………………………. Dated: …………/.…………/………….

Witness Name: ……………………………………………………. Signed: ……………………………………