



Employment Application Form Alpha K9 Security

Please fill in the following questions using block letters.

Date:

Personal Details

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

Security License Class
Provisional
A B C D E F G
Please Circle
Classes

Uniform

Jacket Size..... 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.....

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 **Alpha K9 Security** 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 **Alpha K9 Security** 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 **Alpha K9 Security** for a period of six months from termination of employment, unless approved in writing by an **Alpha K9 Security** Director.

Being employed by **Alpha K9 Security**, this employment is probationary for a period of 90 days and at any time during that period, employment can be terminated by **Alpha K9 Security**.

I further acknowledge that I have never been charged or convicted of an indictable offence as this would void my employment with **Alpha K9 Security** I hereby authorize **Alpha K9 Security** to undertake all necessary background checks.

All employees MUST inform **Alpha K9 Security** immediately if you become UN licensed through the suspension of your security license, physical loss of your security license, expiry of your security license or pending criminal investigations that may lead to the cancellation of the suspension of your security license.

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

Signed:

Dated:/...../.....

Witness Name:

Signed: