

Application Form



DATE: _____

Full Name (as shown on Security Licence)

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Preferred Name:		
Address:		
	<i>Suburb:</i>	<i>Post Code:</i>
Postal Address:		
	<i>Suburb:</i>	<i>Post Code:</i>
Address	Are the details above the same as the details that are registered with the Office of Fair Trading? YES NO	
Email:		
Mobile Phone:		
Home Phone:		
Work Phone:		
Are you in Australia on a Visa?	Yes / No	
If yes , the following details or a copy of your Visa must be supplied.		
Full Name on Passport		
Passport No.		
Country Passport Issued		
Date of Birth		

Are you a member of the LHMU (Liquor & Hospitality & Miscellaneous Union)?

	YES	NO
If yes, member no.:		

Personal Details:

Blood Type (if known):		
Are You are Smoker?	YES	NO

Next of Kin Details:

Next Of Kin Name:		
Relationship:		
Contact Number:		

Licence Details:

Security Licence No:		Exp. Date:
RSA Certificate No:		Exp. Date:
First Aid Certificate:		Exp. Date:
Blue Card - Construction:		Exp. Date:
Blue Card - Children:		Exp. Date:
Drivers Licence No:		Exp. Date:

Bank Details: To be completed by successful applicants

BANK NAME				BRANCH NAME				YOUR ACCOUNT NAME							
BSB NUMBER				ACCOUNT NUMBER											

Pre-interview Questionnaire

Please take the time to answer the following questions accurately:

Have you ever been charged of a criminal offence? YES NO
If yes please provide details:

Are you under investigation, or do you have any criminal proceedings in progress? YES NO
If yes please provide details:

Do you suffer from any medical conditions? YES NO
If yes please provide details:

Have you ever filed a WorkCover claim? YES NO
If yes please provide details:

I _____ state that I have answered the above questions truthfully.

Signature: _____ Date: _____

The following questions are designed to give BEST an understanding of your character, job suitability, motivation and potential direction within the company. The following information is for use by Best only. Any information you provide will be maintained in the strictest of confidence.

What position are you applying for? _____

Are you currently interviewing elsewhere? If so, where? _____

Do you know what BEST does? _____

Where did you obtain your Certificate II in Security Operations? And in what year? _____

What are the most important things to you about this job (Please tick)?

- | | |
|---|--|
| <input type="checkbox"/> The pay | <input type="checkbox"/> Shift location |
| <input type="checkbox"/> A sense of achievement | <input type="checkbox"/> Shift times and hours |
| <input type="checkbox"/> Promotional opportunities | <input type="checkbox"/> Being part of a team |
| <input type="checkbox"/> Other (give details) _____ | |

What is your greatest *strength*?

What is your greatest *weakness*?

Do you have any experience in the Security industry? If so, for how long, which companies and what roles/positions did you hold with each company.

If not, do you have any experience working in the hospitality, tourism or leisure industries? Please give details.

- | | YES | NO |
|---|--------------------------|--------------------------|
| Do you have your own reliable means of transportation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you prepared to travel to various locations for work? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is English your first language? | <input type="checkbox"/> | <input type="checkbox"/> |

Have you completed, or are you currently enrolled in any classes, courses or seminars (in the last 5 years), to advance your technical, physical or communication skills?

Where do you see yourself 3 years from now?
