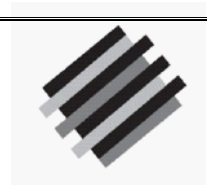




# Application Form



DATE: \_\_\_\_\_

Full Name (as shown on Security Licence)

First Name	Middle Name	Last Name
Preferred Name:		
Street Address:		
	Suburb:	Post Code:
Postal Address:		
	Suburb:	Post Code:
Is the above address the details registered with the Office of Fair Trading?	Yes / No	
Email: Important: Please write neatly		
 Are you on facebook?	If so, become a fan of the  Best Security facebook page	
Can we post a Happy Birthday message for you on FB?	Yes / No	
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		
Date of Birth		
Passport No.		
Country Passport Issued		

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
Height (in cms)		

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:	
Traffic Controller Licence:		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:

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Are you under investigation, or do you have any criminal proceedings in progress?  YES  NO

If yes please provide details:

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Do you suffer from any medical conditions?  YES  NO

If yes please provide details:

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---

Have you ever filed a WorkCover claim?  YES  NO

If yes please provide details:

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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?  
\_\_\_\_\_  
\_\_\_\_\_

BEST will need to find out more about you. Please provide details of at least three (3) referees.

Name	Company Name	Referee's Job Title	The position you held at this job	Contact Number

I hereby give authority for any representative/employee of BEST to contact the abovementioned referees for the purpose of obtaining information relating to myself, and to retain such information on my personnel file. Signature: \_\_\_\_\_

The following is a list of personal character traits. Please rank yourself from 1 – 5 for each characteristic (1 being Very Poor to 5 being Excellent):

Communication:	<input type="checkbox"/>	Reliability:	<input type="checkbox"/>
Attitude to Work:	<input type="checkbox"/>	Presentation:	<input type="checkbox"/>
Team Skills:	<input type="checkbox"/>	Following Directives:	<input type="checkbox"/>
Leadership:	<input type="checkbox"/>	Punctuality:	<input type="checkbox"/>
Knowledge of Industry:	<input type="checkbox"/>	Self motivation:	<input type="checkbox"/>

Please indicate what days and nights you are available to work.

\_\_\_\_\_

\_\_\_\_\_

Ideally, how many hours per week are you seeking?

\_\_\_\_\_

OTHER INFORMATION GAINED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_