

Security-in-Confidence



HEAD OFFICE:
Guard & Patrol Operations
Unit 1/11 Lt Boundary Road
LAVERTON NORTH. VIC. 3026



Application for Appointment with Engage Security Professionals

Privacy Clause:

Personal information collected by Engage Security Professionals Pty Ltd, any of its registered partners, companies or contractors issued for pre-employment screening processes only. ESP will take reasonable steps to protect the personal information it collects and undertakes not to disclose personal information to any third party without your permission or authority, unless required to do so by law and with the exception of regulatory bodies or persons relevant to your appointment or application, or subsequently employment.

Date of Interview: _____

HR Staff Member: _____

Result: ☐ Appointed ☐ Not Successful

Badge No: _____

Position Applying: _____

PERSONAL INFORMATION

First Name

Surname

1. Have you changed your name since birth? ☐ Yes ☐ No

If you have answered YES, please provide details:

2. Residential Address:

3. Date of Birth:

	/		/	
--	---	--	---	--

Country of Birth:

4. Mobile Telephone:

Home Telephone:

5. Drivers Licence No:

Expiry Date:

Please provide all relevant licences and industry training
NOTE: All Security Licences must be presented for viewing by HR Services

6. Licensing

Security Licence	Licence / Registration No	Expiry Date	State Issued
Security Licence			
Security Installers Registration			

7. First-Aid Qualifications

Candidates must have a valid First-aid Certificate:

First-Aid Provider	Certificate Number	Expiry Date

8. Citizenship Status:

In order to be appointed, you must have eligibility to work in Australia. Please attached one or more the following documentation as required.

- ☐ Customs Visa Grant Notice TRN Number: _____
☐ Australian Birth Certificate
☐ Australian Citizenship Certificate
☐ Evidence of Resident Status
☐ Passport (Foreign)

Do you intend to go overseas within the next six months? [] YES [] NO

9. Convictions:

Do you have any convictions, findings of guilt (without conviction) and/or pending charges against you, by any state of Australia or country where you have visited or was a resident that are less than ten (10) years old.

☐ Yes ☐ No If, yes, please provide details;

Date	State	Offence	Penalty

10. PERSONAL HEALTH INFORMATION

Do you suffer from any of the following?

Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Existing Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long Term Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fears	<input type="checkbox"/> Yes <input type="checkbox"/> No	Working alone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug & Alcohol Dependency	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you have answered YES. Please provide information:

10.1 Do you require medication when at work? ☐ Yes ☐ No

10.2 Are you a smoker? ☐ Yes ☐ No

10.3 Do you use illicit substances (drugs)? ☐ Yes ☐ No



10.4 Do you drink Alcohol?

☐ Yes ☐ No

10.5 Do you consent to a medical examination?

☐ Yes ☐ No

10.6 Have you ever lodged a claim with Workcover?

☐ Yes ☐ No

If you answer YES to any of these questions, please explain below:

11. Security Training Courses

Below list your completed security training courses:

Year	Course / Training	Level	RTO / Training Facility

12. Current Studies

Are you currently studying or training for a specific field / service?

Year Commenced	Year of Completion	Course / Training	Stage Reached	RTO / Institution	Level? E.g. (Diploma)



13. Work References

List a minimum of (2) employer references

Employer:	
Position Employed:	
Date Commenced:	Date Finished:
Reason for Leaving:	Employer Contact:
Reference? Yes / No	Employer Phone No:
Duties:	
Experience:	

Employer:	
Position Employed:	
Date Commenced:	Date Finished:
Reason for Leaving:	Employer Contact:
Reference? Yes / No	Employer Phone No:
Duties:	
Experience:	

14. Work Related Questions

- | | | | |
|------|--|------------------------------|-----------------------------|
| 14.1 | Have you ever been suspended at work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14.2 | Have you ever been dismissed from a job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14.3 | Have you ever had your security licence suspended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14.4 | Have you ever received a caution /Warning from any licensing office? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14.4 | Do you have any relatives working at ESP Security? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14.5 | Do you own or operate a reliable vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14.6 | Do you have any planned holidays? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



15. Specialised Security Qualifications

15.1 Do you have any Close Personal Protection Qualifications (CPP)?

☐ Yes ☐ No

15.2 Do you hold a Security Firearm Licence?

☐ Yes ☐ No

16. Emergency Contact Information

In the case of a workplace emergency, nominate your contact:

Name: _____

Mobile: _____

Phone: _____

Relationship: _____

Contact Address:

17. Probity Questionnaire

If you answer YES to any of these questions, please complete information

Box below:

17.1 Do you hold a current security business licence?

☐ Yes ☐ No

17.2 Have you ever owned or operated a security business?

☐ Yes ☐ No

17.3 Are you a registered business?

☐ Yes ☐ No

17.4 Are you currently a partner, director or shareholder in a security business?

☐ Yes ☐ No

17.5 Have you ever been a partner or director of a security business?

☐ Yes ☐ No

17.6 Do you have an Australian Business Number (ABN)?

☐ Yes ☐ No

If Yes, Write Number Below:

--

ESP HEALTH QUESTIONNAIRE

PRIVATE & CONFIDENTIAL

Name: _____

Date: / /

Security Licence

Number: _____

Expire: _____

Other such as White card, first aid

Position offered: Security Officer

(subject to satisfactory health checks)

If the answer is yes to any of the questions on this form, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work, employment will be subject to satisfactory medical reports.

Have you ever had	Insert Yes/No	Additional information to "Yes" response
Tuberculosis, asthma, bronchitis or chest problems?		
Chest pain, heart condition or raised blood pressure?		
Blackouts, fits or attacks of giddiness?		
Depression, mental illness or nervous breakdown?		
Rheumatism or arthritis?		
Back trouble?		
Typhoid or paratyphoid?		
Digestive or bowel disease?		
Diabetes, thyroid or other gland trouble?		
Bladder or kidney trouble?		

Have you ever had or claimed?	Insert Yes/No	Additional Information to "Yes" response
Dermatitis or skin trouble?		
Varicose veins?		
Any other accident, operation or illness?		
Have you any reason to believe you may be infected with any communicable disease?		
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?		
Do you intend to work night duties on a regular basis?		
Has any illness or medical condition prevented you from attending work on your normal duties or activities for more than one week during the past year? If yes, please specify.		
Do you have any physical or mental impairment which has a substantial and long-term effect on your ability to carry out day to day activities? If yes, please specify any special adjustments required in relation to work.		
Do you smoke?		
How many units of alcohol do you drink per week? (one unit = 1 middy beer = 1 glass wine = 1 shot of spirits)		
Do you suffer from Nyctophobia? Nyctophobia is an extreme fear of night or darkness that can cause intense symptoms of anxiety and depression.		



18. Non-disclosure and Non-competition.

(a) After expiration or termination of this agreement, you ("Employee") agrees to respect the confidentiality of Engage Security Professionals customers, trademarks, and trade secrets, and not to disclose them to anyone.

(b) agrees not to provide any information, client information, pricing or any such document considered the property of Engage Security, while employed by a competitor of Engage Security Professionals.

(c) agrees not to set up in business as a direct competitor of Engage Security, whilst employed, contracted or holding any position at Engage Security.

(d) For a period after termination or departure from Engage Security, the employee mentioned in this application for appointment agrees not to poach, directly or indirectly to any customer of Engage Security for a period of 12 months after appointment.

(e) Should the employee mentioned in this appointment application breach this non-competition clause, agrees to pay liquidated damages of not less than \$20,000 (AUS) if any such breaches.

IN WITNESS WHEREOF, Engage Security

ESP staff Member

have signed this agreement.

_____ (ESP Staff Member's Name)

Employee Name: _____

Employee Signature: _____

Dated: _____





19. Industry Assessment:

This is a basic knowledge assessment of security regulations and guidelines. Please complete each sentence line.

1. You are employed as a at a local hotel / Night club. BEFORE

Reporting for duty, you sign the security that contains your name,

your security number, and shift times. Whilst on duty you notice an

person, not steady on his feet. You kindly approach him and ask him to leave.

2. As a security officer, you can carry out an arrest.

3. Please complete each time using the 24-hour clock formula.

3.00 PM = _____ 4.30PM = _____

10.00PM = _____ 1.00AM = _____

6.00PM = _____ 8.00PM = _____

4. You are asked to ensure that a unauthorised person leaves a private property. After giving three requests to leave, and the person refuses, he or she would be considered a?

5. Below, provide a response / Sample statement explaining what the word **CRIMINAL OFFENCE** means.

.....

.....

.....

OFFICE USE ONLY

Score: _____/5



ESP STAFF USE ONLY

ESP Probity Checklist / Identification (100) Points.

Because you have applied to be an ESP Security Officer, it's critical that our company is satisfied that the

Document Type	Document / Type of Identification	Points Value	Points Scored
Only one form of identification accepted in this category	<ul style="list-style-type: none">• Security Licence• Birth Certificate• Drivers Licence• Australian Passport• International Passport• Photo Identification	70	

information relating to your identity matches the information in this application. Below you are required to provide a copy of identification that makes up 100 points.

Your initial Secondary Documents will score 25 points each	<ul style="list-style-type: none">• ASIC / MISC Card• WWC Card• Public Employee Photo ID• Handgun Licence• Long Arm Licence• Student Identification	25	
Your initial Secondary Documents will score 25 points each	<ul style="list-style-type: none">• Proof of Age Card• Medicare Card• Professional Trade Card• Health Care Card• Seniors Card• Rental Agreement• Credit/Debit Card• Bank Statement	25	

Total Points Scored:

VERIFICATION OFFICER'S STATEMENT (ESP OFFICE USE ONLY)

I declare that I have sighted and confirmed that applicants original or certified true copy personal identity document and that verification has been achieved using the 100-point check.

Signature:

Dated:



Declaration:

I, declare that the information provided in this application is true and correct. I acknowledge that misleading or false information may result in the cancellation of my appointment.

Signature of Candidate: _____

Dated: _____