



OFFICE USE ONLY STAFF NUMBER	
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**APPLICATION TO PROVIDE DOOR SECURITY, STATIC SECURITY AND  
CASUAL EVENT SECURITY SERVICES (minimum age 18)**

**Please ensure all sections are completed fully and the declaration is signed. Incomplete forms will be invalid.**

This information is required to ensure you are suitable to contract with the Company to provide security services. You should inform the Company as soon as possible that you cannot work and obtain their prior approval. You will be paid on an hourly rate. You agree that the Company has the right to deduct from any sums due to you, any sums that you owe the Company.

FORENAME (S): .....		SURNAME: .....	
ADDRESS: .....			
POST CODE: .....		CITY: .....	
D.O.B: ...../...../.....		NATIVE COUNTRY: .....	
CITY OF BIRTH: .....		NATIONALITY: .....	
PPS. NUMBER			
TEL. HOME: .....		FAX HOME: .....	
TEL. WORK: .....		FAX WORK: .....	
TEL. MOBILE: .....		PAGER: .....	
E-MAIL: .....			
EMERGENCY PHONE 1: .....		NAME: .....	
EMERGENCY PHONE 2: .....		NAME: .....	
KIT SIZE: <b>S M L XL XXL XXXL</b> (CIRCLE)		COLLAR SIZE: ..... BLAZER SIZE: .....	
DO YOU HAVE A CURRENT FULL IRISH DRIVERS LICENCE: .....			
DO YOU HAVE YOUR OWN CAR?: .....			
WHAT IS YOUR CURRENT STATE OF HEALTH?: .....			
HAVE YOU SUFFERED ANY DISABILITY / ILLNESS OR INJURY? .....			
If yes please give details: .....			
HAVE YOU EVER OR ARE YOU CURRENTLY WORKING FOR ANY OTHER STEWARDING OR SECURITY ORGANISATION? YES / NO			
If yes please give details: .....			
HAVE YOU ATTENDED ANY H&S / FIRST AID / STEWARDING COURSES? PLEASE LIST WITH DATES			
DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH? IF YES PLEASE STATE LEVEL OF FLUENCY			
.....			

**PRESENT EMPLOYMENT / CONTRACTS**

DATES		JOB TITLE / DUTIES	EMPLOYERS NAME and ADDRESS	Can we request a reference?
From	To			

**PREVIOUS EMPLOYMENT / CONTRACTS**

DATES		JOB TITLE / DUTIES	EMPLOYERS NAME and ADDRESS	Can we request a reference?
From	To			

**REFFEREES**

Name 1: ..... Contact Number: .....  
 Company: ..... Position: .....  
 Name 2: ..... Contact Number: .....  
 Company: ..... Position: .....

**PREVIOUS CONVICTIONS**

DO YOU HAVE ANY CRIMINAL CONVICTIONS? .....  
 If yes please give details: .....

*NB: You will be expected to provide evidence of your status regarding convictions. This can be obtained from any Garda Station under the Data Protection Act. Fees for this will be refunded by the Company upon production of a current Garda certificate.*

**IF YOU HAVE AN PSA LICENSE PLEASE PROVIDE DETAILS:**

License Sector/s	License Number	Expiry Date

**OPT OUT AGREEMENT - WORKING TIME REGULATIONS**

I agree that I may work for more than an average of 48 hours a week. If I change my mind, I will give my employer three months notice in writing to end this agreement.

Signed: ..... Dated: .....

**DECLARATION**

I hereby certify that I have filled in this form myself and that the information given is both true and current.

Signed: ..... Dated: .....

Print Name: .....

**Please note that all jewelry including body rings or studs (with the exception of watches) must be removed during working hours for Health & Safety reasons.**

August 2003