



## **ENTSEC ENTERTAINMENT SECURITY Pty Ltd**

Office:  
20 Sirocco St  
Jamboree Heights  
QLD 4074

Postal:  
P.O Box 972  
Mt Ommaney  
QLD 4074

Tel: (07) 3715 7838 Fax: (07) 3715 7838  
Email: [admin@entsec.com.au](mailto:admin@entsec.com.au)

### **APPLICATION FORM**

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

CONTACT NUMBERS: (HOME): \_\_\_\_\_ (MOBILE): \_\_\_\_\_

EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ SEX: M / F

PLACE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

IF YOU ARE NOT AN AUSTRALIAN CITIZEN, DO YOU HAVE A VISA TO WORK? \_\_\_\_\_

VISA/PERMIT NUMBER: \_\_\_\_\_

NEXT OF KIN (NAME): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EDUCATION (level achieved): \_\_\_\_\_ YEAR COMPLETED: \_\_\_\_\_

FURTHER EDUCATION: TAFE / UNIVERSITY / TRADE QUALIFICATIONS/ OTHER:

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DRIVER'S LICENCE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ TYPE: \_\_\_\_\_

DO YOU HAVE YOUR OWN TRANSPORT? YES / NO

HAVE YOU COMPLETED A SECURITY OFFICER'S COURSE: Y / N YEAR: \_\_\_\_\_

CCS LICENCE NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

\*Please note in the interest of safety and security we will conduct a licence check through the Attorney General's office.

DO YOU HAVE A QLD RSA CERTIFICATE: Y / N EXPIRY DATE: \_\_\_\_\_

DO YOU HAVE A CURRENT FIRST AID CERTIFICATE: Y / N EXPIRY DATE: \_\_\_\_\_

CPR ANNUAL RENEWAL DATE: \_\_\_\_\_

DO YOU HAVE ANY PREVIOUS OR EXISTING WORK COVER CLAIMS: Y / N (If yes, give details)

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DO YOU HAVE ANY ON-GOING INJURIES AILMENTS? Y / N (If yes, please provide details)

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HAVE YOU OR DO YOU SUFFER FROM ANY OF THE FOLLOWING AILMENTS:

DIABETES: ( ) ASTHMA: ( ) EPILEPSY: ( ) HIV/AIDS: ( )

HEPATITIS A/B/C: ( ) BACK INJURY: ( ) HEARING CONDITION: ( )

HEARING LOSS: ( ) VISION IMPAIRMENT: ( ) ELEVATED BLOOD PRESSURE: ( )

IF YES, PLEASE PROVIDE DETAILS BELOW:

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ARE YOU CURRENTLY TAKING ANY FORM OF PRESCRIBED MEDICATION: Y / N

IF YES, PLEASE PROVIDE DETAILS BELOW:

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EMPLOYMENT HISTORY:

CURRENT EMPLOYER: COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME AND NUMBER: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ (if less than 1 year, list 2 others)

PREVIOUS EMPLOYER: COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME AND NUMBER: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

PREVIOUS EMPLOYER: COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME AND NUMBER: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

PLEASE TICK THE APPROPRIATE BOXES TO SHOW AVAILABILITY TO WORK:

	MON	TUE	WED	THUR	FRI	SAT	SUN
AM							
PM							



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## **EMPLOYMENT DATA FORM**

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TELEPHONE NUMBERS: (HOME) \_\_\_\_\_ (MOBILE): \_\_\_\_\_

TAX FILE NUMBER: \_\_\_\_\_

DATE OF COMMENCEMENT: \_\_\_\_\_

### **PAYMENT DETAILS:**

BANK/ INSTITUTION: \_\_\_\_\_

BRANCH: \_\_\_\_\_

BSB NUMBER: \_\_\_\_\_ / \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

**Please complete a Tax  
Declaration Form and  
turn to us ASAP:**

P.O Box 972  
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