

**Photograph:**

Print your name  
on back of photo  
and attach

**Staff Information Sheet**

Please answer all questions in BLOCK CAPITALS

 Application For: Security ☐ Stewarding ☐
**PERSONAL INFORMATION:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

**Current Full Address:**
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Tel no. \_\_\_\_\_

Mobile No: \_\_\_\_\_

**Previous Address: (if less than 3 years)**
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
**Employment Type**(Please tick) Full Time: ☐ Part Time ☐**PPS:**
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
**NAME AND ADDRESS OF NEXT OF KIN / EMERGENCY CONTACT:**

Full Name \_\_\_\_\_

Full Address \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

**EQUAL OPPORTUNITY POLICY**

This company is an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favorable treatment on the grounds of sex, handicap, marital status, creed, colour, race or ethnic origins. All employees are given equal opportunity and encouraged to progress within the organization.

To ensure that our policy is fully and fairly implemented and monitored, would you please provide this information below:

Do you need a work permit to work in Ireland Yes ☐ No ☐

If not born in the E.C., date and place of entry: \_\_\_\_\_

Work Permit / Visa: \_\_\_\_\_ Expiry date: \_\_\_\_\_

**EMPLOYMENT RECORD:** Please show ALL periods of employment

Cover the last 10 years, and give reasons for any time lapse between employment periods.

Reason for leaving: **a)** Resigned **b)** Dismissed **c)** Redundant **d)** Liquidation **e)** Other

Give month and year.

Date From:	Date To:	Name and address of employer(s)	Job title & responsibilities	Reason for leaving. Please state <b>a,b,c,d</b> or <b>e</b> and explain.
1.		Tel. No.	Reporting to:	
2.		Tel. No.	Reporting to:	
3.		Tel. No.	Reporting to:	
4.		Tel. No.	Reporting to:	

**DRIVING LICENSE:** (Please tick)

Do you hold a Current Driving License?

Do you have your own transport?

Yes ☐No ☐Yes ☐No ☐

Do you have any motoring offences?

If yes please give details:

Yes ☐No ☐

**6. EDUCATION DETAILS:**

Name / Address of Schools attended.	From	To	Exams taken / Results
Name / Address of 2 <sup>nd</sup> level colleges attended	From	To	Course Type

**Sickness / Illness**

Have you ever consulted a doctor or attended a hospital or received any treatment for back injury, foot or skin trouble of any kind

Yes ☐ No ☐ if yes please give full details \_\_\_\_\_  
 \_\_\_\_\_

**7. PERSONAL REFERENCES:**

Please give the name and address of two professional persons who are not related to yourself and who have known you for at least 5 years to whom references may be sent.

**1. Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Occupation \_\_\_\_\_ How long known? \_\_\_\_\_

**2. Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Occupation \_\_\_\_\_ How long known? \_\_\_\_\_

**8. BACKGROUND INFORMATION:**

Have you ever been convicted of any offence, civil or military? Yes ☐ No ☐ If yes please full details.

Date of Conviction	Offence	Sentence

Have you ever been dismissed by an employer for misconduct? No ☐ Yes ☐

If yes please give details \_\_\_\_\_

Hobbies & Interests:

Period of notice required to present employer:

**9. STATEMENT TO BE SIGNED BY APPLICANT:**

I, \_\_\_\_\_ (FULL NAME IN CAPITALS) certify that to the best of my knowledge, the information I have given is complete and correct and I understand that misrepresentation of facts is grounds for immediate dismissal and renders me liable for prosecution. I confirm that I clearly understand that I maybe required to work days, nights and weekends as per the rosters laid down by Frontline Security.

I authorize the company to approach any Government agencies, former employers and personal references to verify the information given and will supply a statutory declaration if required.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**



**Interview Comments:**

Interviewer # 1 : \_\_\_\_\_

*Block Capitals*

Date: \_\_\_\_\_

Interviewer # 2: \_\_\_\_\_

*Block Capitals*

Date: \_\_\_\_\_