



EMPLOYMENT APPLICATION FORM

All applications must be completed in Applicants own handwriting.

FOR OFFICE USE ONLY

Date of Application: _____

Has Applicant: - _____

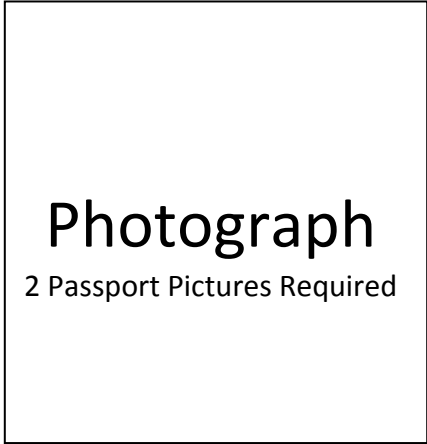
Applied before: _____

Worked for GET: _____

Date Available to begin work: _____

Referred to GET by: _____

Date of hire: _____



Personal Details

Full Name (**Block Capitals**): _____

Address: _____

Telephone #'s Home: _____ Cellular: _____ Pager: _____ Business: _____

Date of Birth: Day: _____ Month: _____ Year: _____

Country of Birth: _____ Nationality: _____ Bermudian: _____

Marital status: Single Married Other

Number of dependents: Under 18 _____ Over 18 _____

Next of Kin: (Name and Address) _____

Name of School Attended: _____ Highest level of Education: _____

Employment History

Present Employer: _____

Address: _____

Occupation: _____

Previous Employers:	From	To	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____

References (Not relatives or persons under 21 years)

Name _____ Occupation _____ Contact Number _____

Name _____ Occupation _____ Contact Number _____

Additional Information

Have you any Criminal Convictions: _____

Have you any Traffic Convictions: _____

Have you worked in Security Duty before? _____

Where: _____ For Whom: _____

Have you undertaken any special courses for security enforcement? _____

Do you require Full Time or Part Time Employment? _____

Indicate the number of hours per week you wish to work: 10 - 20 20 - 40 40 - 50

If called on would you mind working a longer shift or extra hours in an emergency? _____

Are there any day(s) of the week when you would be unable to work? (Name days) _____

Please give brief reason: _____

What transportation do you have? Cycle Car Taxi Bus/Ferry

Vehicle License Number _____

Do you carry Medical Insurance? _____ Name of Company: _____

Your present health is? Excellent Good Fair Poor

Do you have health problems? _____

Number of day's illness during the last six months? _____

Reason: _____

Your last medical check up was? _____

Name of you Medical Practitioner? _____

Some of our clients require Security Staff to submit to a drug-screening program or fitness test

Would you be willing to undergo such a test? Drug Fitness

Note: Please be aware that this company reserves the right to contact any/all references listed in this application. If successful in obtaining employment with Granite Enforcement Team a background SECURITY check will be made with the Bermuda Police Service before being licensed as a Security Guard. GET Limited requires all Security Guards and employees to wear the full uniform at all times when on duty.

I certify, to the best of my knowledge that the information contained in this application is a true and factual record and I understand that should the information provided prove to be incorrect or misleading, then the job, whether offered or in fact in effect, may be cancelled.

Signature: _____

Date: _____