



BOURQUE SECURITY SERVICES NS APPLICATION FOR EMPLOYMENT

Please fill out carefully and completely in longhand.
Answer every question. Use additional paper for extra
information.

NAME: _____ Date: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____ (month/day/year) SOCIAL INSURANCE NUMBER: _____

HEALTH CARD NUMBER: _____

NEXT OF KIN or EMERGENCY CONTACT: _____

PHONE NUMBER: _____

EDUCATION

Circle Highest Grade Completed: ___ Post Secondary: ___

Last High School/ University /College Attended: _____

DESIRED POSITION

Position Applied For: _____ Alternative: _____

Work Location Desired: _____

Type Of Position (circle one): Full-time Part-time

Date Available to Commence Work: _____ Available on Short Notice: Yes No

Do you have a vehicle: Yes No

Are you currently employed? Yes No If yes, may we contact your employer? Yes No

EMPLOYMENT HISTORY

List Employers, Starting with the most recent and working back (in reverse chronological order) – Use extra paper if required (last 5 years):

Position	Employer	F/T P/T	From	To	Reason for Leaving

Have you ever: Been refused a Bond: _____ Had wages Garnished: _____
 Been Arrested or Arraigned in Civil, Criminal or Family Court: _____

Personal Insurance Coverage: Yes No

Have you any other Incomes? _____ From what Source? _____

PHYSICAL HISTORY

Weight: _____ Height: _____ Hair Colour: _____

Eye Colour: _____ Wear Corrective Lenses: _____

Date of Last Medical/Physical Exam and Reason: _____

List all Medical Conditions and Physical Limitations: _____

Have you Had: Hay Fever: _____ Asthma: _____ Allergies: _____

Back Trouble: _____

DO YOU HAVE ANY OF THE FOLLOWING? (please check)

WHIMIS CPR First Aid if yes, expiry date: _

PPCT TCP Security Training:

List any special qualifications and or training you have; when granted; and expire date:

REFERENCES

List three references , one personal, one professional, and your most recent employer:

NAME	ADDRESS	POSITION	PHONE	HOW LONG KNOWN

I certify that al the information I have provided is true, complete and correct.

I authorize you and your organization to investigate all statements contained on this application. I understand than any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in Canada. I also, understand that I must provide a photocopy of my driver's license along with an application to the Nova Scotia Justice Department to obtain a Private Guard license.

I authorize Bourque Security Services NS to contact references or seek further information for verification based on the information provided.

Applicants Signature: _____ Date: _____