

George Town
Grand Cayman Island
30791 SMB / KY1- 1204
Tell: 1-345-946-2757

Email: marksman.ky@gmail.com

Full Face Photo Here

Application Form

Position applied for:						
Full-time	Part-time	Temporary	Nights only			
Knowledge of vacancy from:						
Newspaper:	Please state	which Newspaper:				
Job Centre:	Please state	Please state which Job Centre:				
Marksman Employee:	Name of Emp	oloyee who recomm	ended you:			
Ex- Employee:						
Word of Mouth	Where did yo	Where did you hear of Marksman Security Services?				
Marksman Website						
Other:	Please state:					

Please Tick As Appropriate	Mr.	Mrs.	Miss	Ms.		
Marital Status:						
PERSONAL DETAILS						
SURNAME						
SURNAME AT BIRTH (IF DIFFERENT)						
FIRST NAME(S)						
MIDDLE NAME(S)						
PLACE OF BIRTH						
DATE OF BIRTH						
NATIONALITY						
NATIONAL INSURANCE NUMBER :						
NUMBER OF CHILDREN / DEPENDAN	ITS:					
PLEASE LIST PRESENT AND ALL PE	RMAN	ENT ADDRESSES	OVER THE LA	ST 5 YEARS		
PRESENT ADDRESS			OTHER ADDR	RESSES		
		=				
		-				
PostCode		-	Post Code			
SINCE (MMYYYY)			SINCE (MMYY	YY)		
EMAIL:		-				
TELEPHONE NUMBER:			MOBILE NUMI	BER:		
PERMANENT ADDRESS OUTSIDE TH	IF CAY	MAN ISI AND IN TI			cations)	
TERMANENT ADDRESS SCHOOL III	LUAI	MAN IOLAND IN TI	IL LAGI GILA	Anto (excluding vac	<u>ations,</u>	
FROM (MMYYYY)			TO (MMYYYY))		
EMERGENCY CONTACT						
Emergency Contact's Name						
Address					Post Codo:	
Address					Post Code:	
Relationship						
TelephoneNos. Home		Work		Mobile		

EMPLOYMENT AND UNEMPLOYMENT RECORD

Please provide details for the last **5** years (start with the most recent). Include ALL periods of employment, unemployment, education and self - employment within the last 5 years.

Important – Full addresses and contact telephone numbers are required. If you are still presently employed, please give notice period.

NAME & ADDRESS OF EMPLOYER	DATES FROM TO (MONTH/YEAR)	JOB TITLE	SALARY	REASON FOR LEAVING
Employer or Job Centre Name and Address:				
Telephone No:				
FaxNo:				Netter resid
Permission to Contact: Yes No Employer or Job Centre Name and Address:				Notice period
Telephone No: FaxNo:				
Email: Employer or Job Centre Name and Address:				
Telephone No: FaxNo: Email:				
Employer or Job Centre Name and Address:				
Telephone No: FaxNo: Email:				
Employer or Job Centre Name and Address:				
Telephone No:. FaxNo:. Email:				
Employer or Job Centre Name and Address:				
Telephone No: FaxNo: Email:				

Please complete the following by providing full details or answer N/A. A dash is not sufficient.

Have you been fined, sentenced to imprisonment, placed on probation, discharged on payment of costs or had any order made against you by a criminal, civil or military court, or public authority, or is any action pending? Motoring offences, except for parking fines should be detailed.

Note: For offences where the prescribed Rehabilitation Period has been completed, answer NONE.

NATURE OF OFFENCE	COURT		DATE	LIABILITY INCURRED			RRED
Have you ever been subject to bankruptcy proce	eedings or court	judgm	nents for debt or a	re there	any proceed	dings pendi	ng?
If yes please give details						Amo	unt: \$
PLEASE GIVE DETAILS IF YOU HAVE BEEN	N PREVIOUSL'	Y EMP	LOYED BY MAR	KSMAN	SECURITY	SERVICE	S Co, LTD
_DO YOU HOLD A CURRENT DRIVING LICEN	CE?		PROVISIONAL		YES		NO
IF SO IS IT FREE OF ENDORSEMENTS?						0	
USE OF VEHICLE?			YES		N	<u>, </u>	
EDUCATION & TRAINING - PLEASE PROVI	DE DETAILS C	F SEC	CONDARY AND F	URTHE	R EDUCAT	ION	
NAME & ADDRESS	DATES		SUBJ	<u>IECTS</u>		QU/	ALIFICATIONS
UNIFORM SIZE							
COLLAR							
CHEST							
WAIST							
INSIDE LEG							

SECURITY QUALIFICATIONS – Do you hold any of the following certificates?		
SECURITY GUARDING	YES	NO
SECURITY DOOR SUPERVISION	YES	NO
PUBLIC SPACE SURVEILLANCE (CCTV)	YES	NO
CLOSE PROTECTION	YES	NO
KEY HOLDING	YES	NO
SECURITY RECEPTION	YES	NO
SECURITY MOBILE PATROL	YES	NO
BANK SECURITY GUARD	YES	NO
SECURITY PROCESS SERVER	YES	NO
FIRST AID	YES	NO
OTHER PROFESSIONAL QUALIFICATIONS		
LEISURE INTERESTS		
PLEASE GIVE ANY FURTHER INFORMATION BELOW IN SUPPORT OF YOUR APPLICATION		

PLEASE PROVIDE DETAILS OF **TWO** PEOPLE WHO YOU HAVE KNOWN AT LEAST **5** YEARS AND CAN BE CONTACTED TO PROVIDE A PERSONAL REFERENCE (other than your employers and family members).

Name	Name
Address	Address
PostCod e	Post Code
TelNo.	Tel No
DO YOU HAVE ANY HOL	IDAYS BOOKED IN THE NEAR FUTURE? IF SO PLEASE GIVE DETAILS.
WE ARE AN EQUAL OPF ETHNIC ORIGIN.	PORTUNITY EMPLOYER. TO ENABLE US TO MONITOR THIS EFFECTIVELY, PLEASE STATE YOUR
DECLARATION OF CONS	EENT
I understand and agree th application form.	at any offer of employment is conditional to the verification and satisfaction of the information provided on the
I confirm that the information	on I have provided on the application form is true and complete to the best of my knowledge.
I also understand that it ma a material fact or deception	ay be a criminal offence to attempt to obtain employment deception; and that any misrepresentation,omission of n will be cause for immediate cancellation of consideration of employment; or dismissal if already employed.
may include sensitive per Services Co, Ltd to perform the checked in the event that	man Electronics & Security Services Co, Ltd to verify information presented on my application form, which sonal data for the purposes of the Data Protection Act 1998. I authorize Marksman Electronics & Security orm reference checks of my employment, including current employment (current employers will only be t I have accepted an offer of employment from Marksman Electronics & Security Services Co, Ltd) and to Work and Pensions to confirm periods of unemployment (if applicable).
	ccept that, where applicable in respect of my employment history, this data may be sent and processed outside in a country without specific data protection laws.
	an Electronics & Security Services Co, Ltd may terminate my employment if any unsatisfactory reference is employer after I have accepted a role with Marksman Electronics & Security Services Co, Ltd.
I confirm my consent is exp	olicit, fully informed and freely given for the purpose of the Act.
CHECKS TO BE CARRIED	OOUT
Residency check	levant visas – right to work in the Cayman Island Igment/ Bankruptcy checks nt check
Signed	Date