

**Corporate Head-Office** 38 Olonode street, Alago meji. Yaba Lagos.

## **RED EYE SECURITY LTD**

**Regional Office (Oyo)** Alhaji Otiti's House Opp. Ola Sheu Petrol Station I.K. Dairo Area, Old Ife Road Ibadan, Oyo state.

info@redeyesecurityltd.com, Office line:01 4545918. 24/7 Emergency and Support Centre line: 07046385212

## **Application Form**

| General Information                               |              |               |         |                |         |               |
|---|--------------|---------------|---------|----------------|---------|---------------|
| Are you looking for a Part time or Full time job? | Part<br>time | Full<br>time  |         |                |         |               |
| What is your preferred shift?                     | Day o        | r Night 🗌     |         | Only Day 🗌     |         | Only Night 🗌  |
|   | Only v       | veekend 🗌     |         |                |         |               |
| From which date can you start working for us?     | ASAP         | 🗌 Wi          | ithin 4 | weeks 🗌        | More th | an 4 weeks 🗌  |
| Which position are you applying for?              | Secur        | ity Officer 🗌 |         | Cleaner 🗌      | C.C.T.\ | /. Operator 🗌 |
|   | Close        | Protection    | ]       | Security Manag | ger 🗌   | Other         |
|   | Careta       | aker 🗌        |         |                |         |               |

|               |                |           | Ap      | oplicant  | Inform | ation     |        |          |                 |
|---------------|----------------|-----------|---------|-----------|--------|-----------|--------|----------|-----------------|
| Full Name:    |                |           |         |           |        |           |        | Date:    |                 |
|               | Last           |           | F       | irst      |        |           | Others |          |                 |
| Address:      |                |           |         |           |        |           |        |          |                 |
|               | Stree          | t Address |         |           |        |           |        | A        | partment/Unit # |
|               |                |           |         |           |        |           |        |          |                 |
|               | City           |           |         |           |        |           | State  | Z        | IP Code         |
| Phone:        |                |           |         |           | Email  |           |        |          |                 |
| Date of Birth | ו:<br><u>-</u> |           | Place   | of Birth: |        |           |        | Country: |                 |
| Height:       | -              |           | -       | Weight:   |        |           |        |          |                 |
| Marital Statu | JS:            | Single 🗌  | Married | Divorce   | d 🗌    | Separated |        |          |                 |
| No. of Child  | ren:           |           | _       | Ages:     |        |           |        |          |                 |

| Driving Licer | nse : Full/Provisional: No  | Car/ Motorcycle   |
|---------------|---|---|
| Own transp    | ort: Yes 🗌 No 🗌   |   |
|               | ny outstanding debts or attachments of earnings?                  |   |
| (i)           | Have you ever been convicted, fined or had any c<br>Court? Yes No | order made against you by a Criminal, Civil or Military |
|               | Add initials:   |   |
| (ii)          | Are you the subject of any proceedings?                           | Yes 🗌 No 🗌  |
|               | Add initials:   |   |
| If the answe  | er to either question (i) or (ii) above (or both) is YES          | S, give details:  |
|               |   |   |
|               |   |   |
|               |   |   |
|               |   |   |

|              |                | Next of Kin I | nformation              |                  |
|--------------|----------------|---------------|-------------------------|------------------|
| ull Name:    | :              |               | Relationsh              | ip:              |
|              | Last           | First         | Others                  |                  |
| Address:     |                |               |                         |                  |
|              | Street Address |               |                         | Apartment/Unit # |
|              |                |               |                         |                  |
|              | City           |               | State                   | ZIP Code         |
| Phone:       |                | E             | mail                    |                  |
| Length of r  |                |               | ess than 3 years, give  |                  |
| at current a | address:       | previous a    | ddress for this period) |                  |

|                                    | Educa  | ition          |          |                         |
|------------------------------------|--|----------------|----------|-------------------------|
| High Schoo                         | : Address:                                     |                |          |                         |
| From:                              | To: Did you graduate?                          | YES            | NO<br>□  | Diploma::               |
| College:                           | Address:                                       |                |          |                         |
| From:                              | To: Did you graduate?                          | YES            | NO<br>□  | Degree:                 |
| Other:                             | Address:                                       |                |          |                         |
| From:                              | To: Did you graduate?                          | YES            | NO<br>□  | Degree:                 |
|                                    | Refere   | nces           |          |                         |
| Please list                        | hree professional references.                  |                |          |                         |
| Full Name:<br>Company:<br>Address: |  |                |          | Dhanai                  |
|                                    |  |                |          |                         |
| Full Name:                         |  |                |          |                         |
| Company:<br>Address:               |  |                |          | Phone:                  |
|                                    |  |                |          | Deletionelie            |
| Full Name:                         |  |                |          |                         |
| Company:<br>Address:               |  |                |          | Phone:                  |
|                                    |  |                |          |                         |
|                                    | Previous En                                    | npioyn         | nent     |                         |
| Company:                           |  |                |          | Phone:                  |
| Address:                           |  |                |          | Supervisor:             |
| Job Title:                         | Starting Sa                                    | lary: <u>N</u> |          | Ending Salary: <u>N</u> |
| Responsibil                        | ties:  |                |          |                         |
| From:                              | To:  | Reasor         | n for Le | aving:                  |
| May we con                         | tact your previous supervisor for a reference? | YES            | -        |                         |
|                                    |  |                |          |                         |
| Company:                           |  |                |          | Phone:                  |
| Address:                           |  |                |          | Supervisor              |
| Job Title:                         | Starting Sa                                    | lary: <u>N</u> |          | Ending Salary: <u>N</u> |

| Responsibilities:           |                                |                    |             |               |            |
|-----------------------------|--------------------------------|--------------------|-------------|---------------|------------|
| From:                       | То:                            | Reason f           | or Leaving: |               |            |
| May we contact your previo  | ous supervisor for a reference | YES<br>?           | NO          |               |            |
|                             |                                |                    |             |               |            |
| Company:                    |                                |                    |             | Phone:        |            |
| Address:                    |                                |                    |             | Supervisor:   |            |
| Job Title:                  | Startin                        | g Salary: <u>N</u> |             | Ending Salary | : <u>N</u> |
| Responsibilities:           |                                |                    |             |               |            |
| From:                       | То:                            | Reason f           | or Leaving: |               |            |
| May we contact your previo  | ous supervisor for a reference | YES<br>?           | NO<br>□     |               |            |
|                             | Milita                         | ary Service        |             |               |            |
| Branch:                     |                                |                    | From:       |               | То:        |
| Rank at Discharge:          |                                | Type of            | Discharge:  |               |            |
| If other than honorable, ex | plain:                         |                    |             |               |            |
|                             |                                |                    |             |               |            |
|                             | Bar                            | nk Details         |             |               |            |
| Account Holder Name:        |                                |                    |             |               |            |
| Name of Bank:               |                                |                    |             |               |            |
| Address of Bank:            |                                |                    |             |               |            |
| Account number:             |                                |                    |             |               |            |

|                        | Male Uniform Size                                      |
|------------------------|--|
| Jacket-Chest:          | 36" 🗌 38" 🗌 40" 🗌 42" 🗌 44" 🗌 46" 🗌 Others 🗌           |
| Sleeve length : Short: | Regular:Regular:                                       |
| Trousers - Waist:      | Inside leg:  |
| Shirt – Collar Size:   | Inside leg:  |
| Shoe Size:             |  |
|                        | Female Uniform Size                                    |
| Jacket-Chest:          | 36" 🗌 38" 🗌 40" 🗌 42" 🗌 44" 🗌 46" 🗌 Others 🗌           |
| Trousers - size:       | Length:  |
| Blouse – Size:         | Length:  |
| Shoe Size:             |  |
|                        | Interview Information                                  |
|                        | Interview Information                                  |
|                        |  |
|                        | Passport seen: Yes No Photocopied and Attached: Yes No |
| Visa seen (If required | ): Yes No Photocopied and Attached: Yes No             |
|                        | COMMENTS   |
| Appearance:            |  |
| Intelligence:          |  |
| Character:             |  |
| General:               |  |
|                        |  |
|                        |  |
|                        |  |
| Result of Interview:   |  |
|                        |  |
|                        |  |
|                        |  |

| Date of Commence:          |  |
|----------------------------|--|
| Payroll number:            |  |
| Training course completed: |  |
| Date:                      |  |
| Training Manual issued:    |  |
| Date:                      |  |
| Initial Assignment:        |  |
| Signed:                    |  |

## Disclaimer and Signature

Date:

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Authorisation and Compliance:

**Declaration:** 

Applicant Name:

Applicant Signature: \_\_\_\_\_

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