



# COMMISSIONAIRES

TRUSTED · EVERYDAY · EVERYWHERE

## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

Cellular phone \_\_\_\_\_ Email \_\_\_\_\_

Drivers License \_\_\_\_\_ Expiry \_\_\_\_\_

Security License \_\_\_\_\_ Expiry \_\_\_\_\_

Are you legally entitled to work in Canada, Canadian citizen or landed immigrant? Yes  No

### AVAILABILITY

I am seeking: Full Time  Part Time

Most of our assignments require our employees to work 8 to 12 hour shifts on a rotating basis. As a result you are likely to be required to be available to work at any time of the day or night, 7 days a week. Monday to Friday day shifts are rarely available. Are you available for shift work including evenings, nights and weekends?

Yes  No

If you answered No or Part time explain your limitations, please: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applying for part time work, are you currently employed? Yes  No

What will be your method of Transportation to Job Sites?

Own vehicle  Access to vehicle  Public Transit

### PREVIOUS COMMISSIONAIRE SERVICE

Have you ever applied for, or served with the Canadian Corps of Commissionaires? Yes  No

If "Yes", where and when \_\_\_\_\_

\_\_\_\_\_

**EXPERIENCE IN THE SECURITY FIELD**

Please describe any previous experience and/or training:

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**EMPLOYMENT HISTORY:** (Please complete this section even if you have enclosed a resume.)

Please indicate your activities for the past 10 years. In addition to paid employment, include periods of volunteer work, unemployment, childcare, schooling and homemaker. Recent employment references will be required if you are selected of an interview – attach additional pages if required.

Resume included?    Yes     No

Dates	Employer/Occupation	Position/Duties	Reason for Leaving
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

**MILITARY (REGULAR/RESERVE) OR RCMP SERVICE IF APPLICABLE**

Release papers or other documentary proof is required.

Service Number \_\_\_\_\_ Branch of Service \_\_\_\_\_  
Enrollment Date \_\_\_\_\_ Release Date \_\_\_\_\_  
Rank at Release \_\_\_\_\_ Military Trade/classification \_\_\_\_\_  
Decorations & Medals \_\_\_\_\_

**DISMISSALS**

Have you ever been dismissed from employment or asked to resign? Yes  No

If “Yes”, please indicate the name of the employer, position, date and reason for dismissal or resignation.

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**CRIMINAL CONVICTIONS**

Have you ever been convicted of a criminal offence for which you have not received a pardon?

Yes  No

If "Yes", please state.

Offence	Date	Location	Disposition
_____	_____	_____	_____
_____	_____	_____	_____

**SECURITY CLEARANCE**

A Federal Government security clearance is conducted through the Industrial Security Services/RCMP on all personnel hired by Commissionaires Hamilton. An in-depth background check of your activities and whereabouts for the past five years is necessary. As well you will be required to obtain a Vulnerable Sector Screening from your local Police Service. This will be at your own expense.

Are you prepared to submit to a security screening? Yes  No

Are you prepared to submit to a Vulnerable Sector Screening? Yes  No

Do you have any reason to believe that you might not be granted either of the above? Yes  No

Are you willing to be searched when going off or on duty? Yes  No

**PHYSICAL DEMANDS**

The majority of our positions require good mobility, and good sensory perception such as hearing, sight and smell. Applicants must be psychologically healthy and should be capable of working alone on 24 hour rotating shifts.

Do you have limitations in any of these areas? Yes  No

If "Yes", please advise of any disposition we could take in order to assist you in performing security guard duties.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL SKILLS/QUALIFICATIONS**

Please indicate the computer programs you regularly use or have used.

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Current First Aid Certificate:            Yes     No

Junior or Senior Leadership Courses:    Yes     No

Commissionaires Qualifying Course:    Yes     No

Please include any other qualifications or skills you believe might be an advantage. \_\_\_\_\_

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**LANGUAGES**

Indicate your language skills by inserting the letter A, B or C that best describe your abilities for each category.

Skill level	A = Fluent	B = Functional	C = Limited	
		Speaking	Reading	Writing
Specify _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EDUCATION**

Dates	Grade/Year Completed	Programme	School/Institute
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DECLARATION**

I hereby declare that the above information is true and I understand any false information in this application will be sufficient cause for the cancellation of this application and/or should I have been accepted as an employee, loss of such employment.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant