

# HARMONY ADVANCE SECURITY SERVICES Inc.

Two Mile Hill  
St. Michael, Barbados  
Tel: (246) 546-3768/ 831-7735  
Email: hass2462020@gmail.com

## JOB APPLICATION

Name of Application: \_\_\_\_\_ Date: \_\_\_\_\_

                    Last                    First                    Other Name

Position Applied for: \_\_\_\_\_

### 1. CONTACT INFORMATION

Address: \_\_\_\_\_ I.D#: \_\_\_\_\_

\_\_\_\_\_ NIS#: \_\_\_\_\_

\_\_\_\_\_ D.O.B#: \_\_\_\_\_

Height: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Country or Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Marital Status: Single  Married  Separated  Divorce

Do you have a valid Security License? Yes  No

If yes, please state your license # \_\_\_\_\_ Expiry date: \_\_\_\_\_

### 2. NEXT OF KIN

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

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## 3. EDUCATION

Name of Institution	Year Started	Year ended	Remarks

## 4. QUALIFICATION

Subject	Grade

Do you have any other skills?

## 5. WORK EXPERIENCE

Company	From	To	Position	Salary	Reason for leaving

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## 6. REFERENCES

Give the names, Occupation and telephone numbers of two (2) references.

Name	Company	Position	Contact #

## 7. MEDICAL HISTORY

Name of your Doctor: \_\_\_\_\_

Date last seen by Doctor: \_\_\_\_\_

Reason: \_\_\_\_\_

Are you currently taking any kind of medication (yes or no?) \_\_\_\_\_

Name of Medication (s) \_\_\_\_\_

Do you suffer or have you any of the following:

	Yes	No		Yes	No		Yes	No
Asthma	( )	( )	Fainting Spells	( )	( )	Allergies	( )	( )
Nose	( )	( )	Migraine	( )	( )	(If yes, please list)	_____	_____
High Blood Pressure	( )	( )	Sinusitis	( )	( )		_____	_____

Any Other: \_\_\_\_\_

When will you be available to start work? \_\_\_\_\_

## 8. DECLARATION

I declare that the information contained herein is true to the best of my knowledge, information and belief. I understand that, any non-disclosure or misrepresentation of the facts required, gives the company the rights to terminate my employment.

Signature of applicant: \_\_\_\_\_

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## FOR OFFICIAL USE ONLY

Interviewed by: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Salary/ Wages: \_\_\_\_\_

Department: \_\_\_\_\_

Status: Permanent                      Temporary                      Part- time

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### UNIFORM MEASUREMENT: (FOR OFFICIAL USE ONLY)

**Pants:** .....

**Shirt:** Small..... Medium..... Large..... XL..... Other.....

**Polo Shirt:** Small..... Medium..... Large..... XL..... Other.....

**Skirt:** .....

**Foot ware:** .....

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Tel: (246) 546-3768/ 831-7735

Email: [hass2462020@gmail.com](mailto:hass2462020@gmail.com)

Bank Account Information (for payroll purposes)

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Account: \_\_\_\_\_

Type: Savings or Chequing?

**NB:** Your bank account information will only be taken, after you become a successful applicant.



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SERVICES