



# HARMONY ADVANCE SECURITY SERVICES Inc.

Two Mile Hill  
St. Michael, Barbados  
Tel: (246) 546-3768/ 831-7735/  
247-9272  
Email: hass2462020@gmail.com

## 2. NEXT OF KIN

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

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

## 3. EDUCATION

Name of Institution	Year Started	Year ended	Remarks

## 4. QUALIFICATION

Subject	Grade

Do you have any other skills?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## 5. WORK EXPERIENCE

Company	From	To	Position	Salary	Reason for leaving

## 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) \_\_\_\_\_

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Do you suffer or have you had 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-disclose or misrepresentation of the facts required, gives the company the rights to terminate my employment.

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

## FOR OFFICIAL USE ONLY

Interviewed by: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Date of Employment: \_\_\_\_\_  
Salary/ Wages: \_\_\_\_\_

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

Status: Permanent                      Temporary                      Part- time

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

## UNIFORM MEASUREMENT: (FOR OFFICIAL USE ONLY)

Pants: .....

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

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

Skirt: .....

Foot ware: .....

## 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.**