

All fields are mandatory and must be completed in CAPITAL LETTERS.

Position you are appl	ying for:		
Section 1: Applicant Ir	nformation		
Annlicant Name:			
Applicant Name.	First Name	Middle Name	Last Name
Given Names at Birth:			
-	First Name	Middle Name	Last Name
Date of Birth:/	/(dd/mm/yyyy)		Gender: Male □ Female □
Place of Birth:		Nationality: _	
-	ent of any other country?`		
Section 2: Address Inf	formation		
Home Address:			
Home Address (Last 5)	years):		
Home Telephone #	Mobile #		Email
Section 3: Type of pos	ition you are applying for:		
☐ Permanent	t / Full-Time		☐ Part-Time
☐ Student			☐ Irregular Full-Time
Section 4: Proof of Ide	entity		
Only one valid proof of ID alo	ng with your Social Insurance Nur	mber is needed. A co	lour photocopy of ID must be submitted with application
Passport Type & Numb	er		Expiration Date: // / National
ID Card #			Expiration Date: // / Driver's
			Expiration Date://
Social Insurance/Securi	itv #		





Section 5. Educational History

School Attended	Level & Area of Study	Date Entered	Date Left	Degree			
Please list below any additional skills, specialized training, other education, etc.:							

Section 6: Employment History

5-YEAR EMPLOYMENT HISTORY

- Provide details of all employment covering the 5 years prior to this employment application.
- Verification letters from former employer(s) must accompany this application to support periods of employment listed.
- If there are any gaps between periods of employment greater than 31 days, provide reason(s).
- · Complete in date order DD/MM/YYYY (most recent first).
- · Continue on a separate sheet if necessary.

Period 1 (most recent)						
Employment/Gap in Employment	Date	From:			Date To:	
(delete as appropriate)	dd/m	m/yyyy			dd/mm/yyyy	
Name of company						
or Reason for gap in employment:						
Position held in company:						
Reason for leaving:						
Address of Company:						
Person or Department in company to contact	t					
or Professional referee if for gap in employm	ent:					
Telephone Number:		Email	address:			
				1		





Period 2							
Employment/Gap in Employ (delete as appropriate)	yment	Date From:				Date To:	
		/	,				1
Name of agreement		dd/mr	n/yyyy			dd/mm/yyyy	
Name of company or Reason for gap in employ	yment:						
Position held in company:							
Reason for leaving:							
Address of Company:							
Person or Department in company to contact or Professional referee if for gap in employmen		t:					
Telephone Number:			Email	address:			
'							
Period 3							
Employment/Gap in Employ (delete as appropriate)	yment		From:			Date To: dd/mm/yyyy	
Name of company							
or Reason for gap in employment: Position held in company:							
Reason for leaving:							
•							
Address of Company:							
Person or Department in company to contact or Professional referee if for gap in employment							
Telephone Number:		Email address:					
			Ziliali				
Period 4							
Employment/Gap in Employ	vment	Doto	- Erom:			Date To:	
(delete as appropriate)		Date From: dd/mm/yyyy				dd/mm/yyyy	
Name of company		du/iiii/yyyy					
or Reason for gap in employment:							
Position held in company:							
Reason for leaving:							
Address of Company:							
Person or Department in company to contact							
or Professional referee if for gap in employment:							
Telephone Number:			Email a	address:			





Section 7: Criminal Background
Have you ever been convicted of a crime? Yes \square No \square
If yes, please give details including dates (incl. year of incident):
Section 8: Applicant's Declaration
The information provided on this application form is required by Bermuda Security Group to meet the requirements of the Aviation Security and Piracy (Overseas Territories) Order and OTAR Part 178.
Checks will be made by Bermuda Security Group to verify the information provided. This will involve seekin additional information from third parties such as previous employers. The information provided along with a cop of your identification documentation will be stored on a database and will be safeguarded against unauthorise access.
Personal data may be disclosed to Police and other control authorities in the interest of national security and for the prevention and detection of crime.
If during the hiring process, the applicant is not successful, all personal data collected will be appropriately an immediately destroyed.
By signing, I hereby certify that the above information is correct. I understand that falsification of this information may prevent me from being hired or may lead to my dismissal if hired. I also provide consent for former employer to be contacted regarding work records. I understand that the completion of the Application form <i>does no</i> constitute an offer of employment.
Signed Date

ALL APPLICANTS ARE SUBJECT TO MANDATORY POLICE SCREENING PRIOR TO CONSIDERATION OF THIS APPLICATION. THIS APPLICATION MUST BE FULLY COMPLETED. ONCE APPLICATION IS SUBMITTED TO BERMUDA SECURITY GROUP, THE RECRUITMENT PROCESS WILL CONTINUE.

