



Campus Security Services Ltd.  
2nd Floor - 3638 Lawrence Avenue East  
Toronto, Ontario, M1G 1P6  
Email: careers@campussecurityservices.com  
Tel: 647-348-1786 Fax: 647-348-1785

# Application For Employment

**Note to all Applicants:** All information is treated as strictly confidential and subject to investigation. Illegible forms will not be considered. This form must be fully filled in and will be used to evaluate your suitability for employment.

**PLEASE PRINT, ALL QUESTIONS MUST BE ANSWERED**

## PERSONAL INFORMATION

First Name	Middle Name	Last Name
Street Number	Street Name	Unit Number
City/Town	Province	Postal Code
Major Intersection	Home Phone	Cell Phone
Email Address		

Please list your place(s) of residence for the past ten (10) years, **excluding** your present address:

Street Number and Name	Municipality/City	Province/State/Country	From	To

Are you between the ages of 18 and 65? ☐ Yes ☐ No Are you legally eligible to work in Canada? ☐ Yes ☐ No

Do you have a valid driver's licence? ☐ Yes ☐ No → If yes, list class(es): \_\_\_\_\_

Is/has your license been under suspension? ☐ Yes ☐ No → If yes, explain: \_\_\_\_\_

Do you own a motor vehicle? ☐ Yes ☐ No \_\_\_\_\_

Do you have regular access to a motor vehicle? ☐ Yes ☐ No

List two people, other than former/current employers, co-workers or family, to whom we may refer in confidence:

Full Name	Address	Occupation	Phone Number	Years Known

In the event of an emergency, who is to be notified?

Full Name	Address	Relation To You	Phone Number

How did you hear about us? ☐ Newspaper ☐ Friend ☐ Flyer ☐ Magazine Insert ☐ Other

If other, please specify: \_\_\_\_\_

## YOUR INTERESTS

What type of employment are you seeking? ☐ Full Time ☐ Part Time ☐ Casual ☐ Temporary

If you are applying for full time employment, can and will you work full rotating (any time day/night/weekend) shifts? ☐ Yes ☐ No → If no, give reason(s): \_\_\_\_\_

If you are applying for a part time position, list the days and times you would be available to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

If you are applying for a part time position, can and will you commit to working assigned shifts every week? ☐ Yes ☐ No

Indicate preferred work locations: ☐ Greater Toronto Area, ON ☐ Sudbury, ON  
(select all that apply)

Can and will you work overtime if required? ☐ Yes ☐ No

## SKILLS / ABILITIES / INTERESTS

What type of employment are you seeking? ☐ Full Time ☐ Part Time ☐ Casual ☐ Temporary

Do you have security guard certification in accordance with provincial legislation? ☐ Yes ☐ No → If yes, please specify: \_\_\_\_\_

Do you have private security experience? ☐ Yes ☐ No → (if yes, please state number of years and brief description) \_\_\_\_\_

Please list your training and/or experience you have in the following categories:

	Training	Experience		Training	Experience
W.H.M.I.S	<input type="checkbox"/>	<input type="checkbox"/>	Computer - List Courses/Programs	<input type="checkbox"/>	<input type="checkbox"/>
C.P.R - Basic Rescuer	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
C.P.R - Heartsaver	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
First Aid - Emergency	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
First Aid - Standard	<input type="checkbox"/>	<input type="checkbox"/>	Firearms	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Advanced	<input type="checkbox"/>	<input type="checkbox"/>	Others - List _____	<input type="checkbox"/>	<input type="checkbox"/>
Self Defence (Type: _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Handcuffing	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

How would you rate your **English** language ability in the following categories:

Speaking ☐ Poor ☐ Fair ☐ Good ☐ Excellent  
 Reading ☐ Poor ☐ Fair ☐ Good ☐ Excellent  
 Writing ☐ Poor ☐ Fair ☐ Good ☐ Excellent

How would you rate your **French** language ability in the following categories: ☐ Not bilingual

Speaking ☐ Poor ☐ Fair ☐ Good ☐ Excellent  
 Reading ☐ Poor ☐ Fair ☐ Good ☐ Excellent  
 Writing ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Other Languages Spoken: \_\_\_\_\_ Other Languages Written: \_\_\_\_\_

How would you rate your computer skills (test may be required): ☐ Poor ☐ Fair ☐ Good ☐ Excellent

How would you rate your knowledge of an office suite: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

## EMPLOYMENT INFORMATION

Have you ever been employed by us?

(if yes, please list location, position, and dates below)

☐ Yes ☐ No

Have any of your relatives been employed by us? (Past or Present)

(if yes, please provide their name and relationship below)

☐ Yes ☐ No

Have you ever been fired, discharged, terminated, or asked to resign?

(if yes, please list location, position, and dates below)

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

May we contact your previous employer?

☐ Yes ☐ No

Please list your employment history starting with your current/most recent employment:

Period From (YYYY-MM-DD)	Period To (YYYY-MM-DD)	Position Held / Title
Employers Name	Address	
Phone Number	Supervisors Name/Position	Type of Business
Briefly describe/list your responsibilities, and indicate reason(s) for leaving (line 1)		
Briefly describe/list your responsibilities, and indicate reason(s) for leaving (line 2)		

Period From (YYYY-MM-DD)	Period To (YYYY-MM-DD)	Position Held / Title
Employers Name	Address	
Phone Number	Supervisors Name/Position	Type of Business
Briefly describe/list your responsibilities, and indicate reason(s) for leaving (line 1)		
Briefly describe/list your responsibilities, and indicate reason(s) for leaving (line 2)		

Period From (YYYY-MM-DD)	Period To (YYYY-MM-DD)	Position Held / Title
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Employers Name	Address	
Phone Number	Supervisors Name/Position	Type of Business
Briefly describe/list your responsibilities, and indicate reason(s) for leaving (line 1)		
Briefly describe/list your responsibilities, and indicate reason(s) for leaving (line 2)		

## EDUCATION

Please list the training and/or experience you have in the following categories:

Name and Location	Type	Last Grade/Level Completed	Years (From/To)	Program

School Type Legend:    SS - Secondary School    C - College    U - University    B - Business School    T - Trade School

List any special training or schooling, listing certificates, diplomas, etc. : \_\_\_\_\_

## CRIMINAL HISTORY/BACKGROUND

Have you ever been convicted or found guilty of an offence under the laws of any country, province, state, or territory?

*(if yes, please specify details below)*

☐ Yes   ☐ No

Please specify details of convictions, if any:

Offence	Date	Place	Police Dept.	Sentence

Have you ever been bonded?   ☐ Yes   ☐ No → If yes, provide details: \_\_\_\_\_

Has your application for bonding ever been rejected?   ☐ Yes   ☐ No → If yes, explain: \_\_\_\_\_

## ADDITIONAL INFORMATION

Please list any documents you have attached to this application form (ie. resume, cover letter, transcript, etc.)?

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Please provide any additional information that you feel may help us make our decision:

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## AUTHORIZATION

By signing and dating this application below, you agree that the information provided on this application is accurate to the best of your knowledge, and you agree to participate in any background checks that may be required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IMPORTANT:** If you are applying for a security guard/supervisor/manager position, please ensure you complete the next/final page of this application form as well.

## PHYSICAL REQUIREMENTS

### FOR SECURITY GUARD/SUPERVISOR/MANAGER POSITIONS ONLY

Please read through the following physical requirements to be a security guard/supervisor/manager with Campus Security Services Ltd., and initial EACH section. By Initialling, you agree that you are able to fulfil the job requirements of a security guard/supervisor/manager. If you are not clear on any of the language used in this document, please ask for assistance.

Physical Requirements and Working Conditions	Details	Comments	Applicant Initials
LIFTING/CARRYING	less than 15 lbs	use both hands	
	15-35 lbs	use both hands	
	over 35 lbs	use both hands	
PUSHING/PULLING		use both hands	
HANDLING/GRIPPING		use both hands	
REACHING	above shoulder	forward and back	
	below shoulder	forward and back	
SITTING		stool or chair for 3 hours without break	
STANDING		max. 11 hours/day for 7 consecutive days	
WALKING		50 min per hour during an 8 or 12 hr shift, 7 consecutive days	
CLIMBING		20 flights of stairs up and down, every two hours	
BENDING/STOOPING		whenever necessary	
CROUCHING/KNEELING		whenever necessary	
TWISTING		body, from waist; wrists-rotation to open door, handle keys	
HEARING	normal required	Normal with / without aids (circle one)	
VISION	normal required	Normal with / without glasses (circle one)	
WORKING ENVIRONMENT	outside (all weather)	At all times of day or night, all year round	
	inside	At all times of day or night, all year round	
	air conditioned environment	whenever necessary	
	fluorescent lighting	whenever necessary	
NOISE		Normal environmental noise	
ENCLOSED SPACES		Working in confined spaces	
DRIVING		Standard / Automatic (please circle one or both)	
ROTATING SHIFTS		Day, afternoon and midnight shifts	
IN AND OUT OF A CAR		20 times per 10 hour shifts	

I have read and understand the above and by initialling each area I agree that I am able to fulfil the physical demands for a security guard/supervisor/manager.

Signature

Print Name

Date