



# NOCTURNUS SECURITY LIMITED

...safeguarding you and your neighborhood

Form No: NSL001A

## General Information

For office use only

APPLICANT NO. ....

JOB TITLE .....

When you have completed this form please return to:

Address of Office:

APPLICATION FOR  
EMPLOYMENT AS:

REFERENCE NO.

HOW DID YOU HEAR ABOUT THIS VACANCY?

APPLICATION FOR EMPLOYMENT AS:	REFERENCE NO.
HOW DID YOU HEAR ABOUT THIS VACANCY?	

## APPLICATION FOR EMPLOYMENT:

All recruitment is based on merit and suitability for the job. Our standards are high and we will make a judgement on such factors as your experience, qualifications and/or other achievements.

The way you complete our Application Form is very importance; when we read your form for the first time we will be developing an initial impression about your suitability for the vacancy. The following advice is designed to help you, particularly if you do not have experience of completing application forms:

## Overall Presentation

- Carefully read through the application form before starting to complete it.
- Some people find it useful to take a copy of the blank form and fill in a separate rough copy as practice.
- Complete your final application in pen in your own handwriting using BLOCK CAPITAL LETTERS. If due to disability you are unable to complete this in your own handwriting please contact us, so alternative arrangements can be made.
- Make sure you have completed all sections of pages 1 to 6 on the *personal and private security screening disclosure form* including all other details

## IMPORTANT: THIS SECTION MUST BE COMPLETED (IN BLOCK CAPITALS PLEASE)

Title: Mr/Mrs/Miss/Ms (Please delete where applicable)

Surname: .....

Forenames: .....

Address: .....

.....

.....

State: .....City: .....

Mobile Number: ..... Email: .....

What is the best time to contact you: .....

**OUR COMMITMENT TO EQUAL OPPORTUNITY**

*This is a detachable sheet*

We are committed to an equal opportunity policy in employment and will assess applicants for jobs without regard to disability, family status, religion, ethnic group, age, sex or sexual orientation. However, we do acknowledge the need to make reasonable adjustments for physically challenged applicants. To enable the Company monitor this section of our policy, this application form includes Questions relating to these topics and it solely used for this purpose.

Date of Birth:

Family Status: Married  Single  Other   
(Please specify)

Does anyone rely on you for day to day care and attention: Yes  No

If yes: a) Children aged 0 - 4  aged 5-11  aged 12- 16   
b) Other family member or partner

Gender: Male  Female

Do you have any physical challenges? Yes  No

If you have any physical challenges, what do we provide to you during your interview / work to enable you perform your job better with us?

Please tick the box which best describes your ethnic group.

Yoruba  Fulani  Urhobo   
Hausa  Igbo  Tiv   
Izon (Ijaw)  Itshekiri  Kanufi   
Any other background

OTHER AFRICAN ETHNIC GROUP I understand that the above information will be used solely for the purpose operating equal opportunities policy

I understand that the above information will be used solely for the purpose operating equal opportunities policy

Applicant's Signature: ..... Date: .....