



Louth Office  
 Unit 6  
 Tinure Business Park  
 Dunleer  
 Co. Louth  
 Phone: 041 6861550  
 Fax: 01 4811838

APPLICATION FOR EMPLOYMENT

Requirements:

- Please complete our application form and return to our Louth Office address above.
- Applications MUST include:
  - Proof of identification, eg. Drivers Licence, Passport or Age Card
  - Two passport-sized photographs
  - Colour copy of front and back of PSA Licence
  - Garda National Immigration Card / Work Permit if Applicable

**PLEASE NOTE THAT INCOMPLETE FORMS WILL NOT BE PROCESSED**  
**SUCCESSFUL CANDIDATES WILL BE CALLED FOR AN INTERVIEW**

**Position Applied for** \_\_\_\_\_

Full Time  Part Time

How did you learn of LAS Security and of this position? \_\_\_\_\_

**PERSONAL DETAILS**

<b>Name</b>			
<b>Address</b>			
<b>Home Phone No</b>		<b>Mobile Number</b>	
<b>Email</b>		<b>Date of Birth</b>	
<b>PPS Number</b>		<b>PSA LICENCE NO</b>	
<b>Passport Number</b>		<b>GNIB STATUS</b>	Stamp2 <input type="checkbox"/> Stamp4 <input type="checkbox"/>
<b>SafePass Number</b>		<b>GNIB Number</b>	
	<b>Expiry Date :</b>		<b>Expiry Date :</b>

Please include copies of all licences, certifications and Passport in your application form.



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**EMPLOYMENT HISTORY**

\*List of all previous employers and periods of registered unemployment for the last five years.

**Employer 1**

From:	_____	To:	_____
Employers Name:	_____		
Employers Address:	_____		
Position Held:	_____		
Responsibilities:	_____		
Reason for Leaving:	_____		

**Employer 2**

From:	_____	To:	_____
Employers Name:	_____		
Employers Address:	_____		
Position Held:	_____		
Responsibilities:	_____		
Reason for Leaving:	_____		

**Employer 3**

From:	_____	To:	_____
Employers Name:	_____		
Employers Address:	_____		
Position Held:	_____		
Responsibilities:	_____		
Reason for Leaving:	_____		



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Employer 4

From:	_____	To:	_____
Employers Name:	_____		
Employers Address:	_____		
Position Held:	_____		
Responsibilities:	_____		
	_____		
Reason for Leaving:	_____		

EDUCATIONAL HISTORY

Secondary School Attended: \_\_\_\_\_  
Qualification Achieved: \_\_\_\_\_  
Date of Completion: \_\_\_\_\_  
Third Level College Attended: \_\_\_\_\_  
Qualification Achieved: \_\_\_\_\_  
Date of Completion: \_\_\_\_\_

Other Qualifications / Courses Attended:

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PLEASE ANSWER THE FOLLOWING QUESTIONS:

- Have you ever worked for applied for a position previously with LAS Security?  
 YES       NO       If yes, when? \_\_\_\_\_
- Do you have a full driving licence?      YES       NO
- Do you have your own transport?      YES       NO
- Have you ever been convicted of an offence?      YES       NO
- Are you currently under investigation for any alleged offence including motoring offences?  
    YES       NO

- Have you any medical, visual or auditory conditions that may limit your ability to work in certain security environments? \*This will not disqualify your application for employment.

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- Please list any other points which you feel may be relevant to your application:

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REFEREES:

\*Applicants must supply at least two contactable references from previous employers covering your last five years history. If you do not have two previous employers, please contact the office.

Name: _____ Company Name: _____ Position: _____ Address: _____ Contact No.: _____ Email Address: _____	Name: _____ Company Name: _____ Position: _____ Address: _____ Contact No.: _____ Email Address: _____
Name: _____ Company Name: _____ Position: _____ Address: _____ Contact No.: _____ Email Address: _____	Name: _____ Company Name: _____ Position: _____ Address: _____ Contact No.: _____ Email Address: _____



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### Double Employment Form

Under Section 33 of the Organisation of Working Time Act, 1997, employers are prohibited from employing employees to work on any day or during any week where the employee has worked for another employer(s), where the aggregate of the periods worked exceeds that permitted by the legislation. To do so will be an offence under the Act and may render both the employer and the employee liable to prosecution. To ensure that both the employer and the employee are in compliance with the legal requirements, it is necessary for all employees to provide LAS Security Ltd with details of any other employment(s) that the employee is engaged in.

<b>Employee Name</b>	
<b>Employee Address</b>	
<b>Date</b>	



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**Details of Employment outside of the Company**

Do you work for any other employer?      Yes

Co. Louth  
Phone: 041 6861550  
No   
Fax: 01 4811838

**If yes, please complete the following details:-**

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Starting							
Finishing							

Do these hours vary per week?      Yes       No

*If yes, please provide details:-*

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**DECLARATION**

I declare that the above information is correct and accurate. I acknowledge and accept that failure to disclose relevant facts or falsification may lead to dismissal. I also authorise a company representative to carry out all relevant checks on the information detailed above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Applicant Covid-19 Questionnaire

Name:

Address/ Eircode:

Mobile No.:

Position Applied for:

Date:

To ensure the Safety & Health of all people interacting with Las Security Ltd, applicants must complete this declaration form prior to commencement of employment. If you indicate to us you have symptoms of COVID-19 OR you have been abroad in the last 14 days with exception to Northern Ireland you will be required to either restrict your movements or self-isolate. Where this is the case, you are prohibited from starting work and advised to seek professional medical help/ assistance in line with HSE Guidelines.

		Yes	No
1.	Have you visited any of the countries outside Ireland excluding Northern Ireland?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are you suffering any flu like symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you experiencing any difficulty in breathing, shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you experiencing any fever/temperature symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did you consult a Doctor or other medical practitioner?	<input type="checkbox"/>	<input type="checkbox"/>
6.	How are you feelingHealth wise?	<input type="checkbox"/> Well	<input type="checkbox"/> Unwell
7.	Have you been in contact with someone who is confirmed to have COVID-19 has visited an affected region in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: When on site, please adhere to our on site standard processes/procedures regarding infection control, i.e. hand washing/hand sanitising and general coughing/sneezing etiquette?			
Signature:		Date:	

You will be required to complete this form again before commencing work if the date on this are more that 14 days before start date.