

# **TOMAX**

## **SECURITY INDUSTRIES**

*Employment Application*

PO Box 376  
Wollongong NSW 2520  
Phone 02 4225 2966  
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### EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (M) \_\_\_\_\_

Security Licence: \_\_\_\_\_ Class: \_\_\_\_\_

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

Drivers Licence No: \_\_\_\_\_ Class: \_\_\_\_\_

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

Senior First Aid- Date of Expiry: \_\_\_\_\_

Responsible Service of Alcohol – Certificate: Yes / No