ABS AGENCY BODYGUARD SECURITY
+34.601.855.997
Info@Bodyguard-Security.eu
DE ■ ES ■ EN

Employee Questionnaire

Please complete the questionnaire in full. White fields can be filled in directly as a digital form.

1. PERSONAL DETAILS

First name	Last name
Address	Phone
Nationality	Mobile
Email	Date of birth
Height in cm	Weight in kg
Marital status	Children (number)
Main occupation	Vocational training
Current occupation	

APPLICATION PHOTO

Please attach a photo

2. GENERAL QUESTIONS

Which work areas (including other areas) are you primarily interested in?

Personal protection	Security escort	Security
Controller	Selection	V.I.P. support
Seating / venue guidance	Guest list check	Host / Hostess
Order officer	Surveillance	Property protection

Do you have a written contract with another security or event company?	YES	NO
Are you able to issue invoices in accordance with VAT legislation?	YES	NO
Can you generally work at weekends (Friday, Saturday, Sunday)?	YES	NO
Can you generally work on weekdays (Monday to Thursday)?	YES	NO

If "Yes": To what extent could this contract restrict cooperation with ABS (e.g. working hours or exclusion of certain organisers)?

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Work Scope & Qualifications

3. WORK SCOPE

How many days per week would you like to work?

Which days do you prefer?

Which work areas are you specialised in?

Which languages do you speak?

4. PERSONAL & PERFORMANCE SPECIFICATION (SECURITY)

Do you have a suit? (black, tie) YES NO

Do you have a black M65 jacket? YES NO

Do you have a protective vest? YES NO

Do you do sports? YES NO

If "Yes": Which sports?

Do you practise martial arts? YES NO

If "Yes": Which martial art?

Do you have a criminal record certificate? YES NO

5. QUALIFICATIONS & PROOF

Do you have the required qualification under §34? (mandatory) YES NO

Do you have training under §34a GewO? YES NO

Do you have firearms training? YES NO

Do you have a firearms licence? YES NO

Do you have a WBK (weapons possession card)? YES NO

Do you have first-aid training? YES NO

What additional qualifications do you have?

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Experience, Availability & Closing

6. PROFESSIONAL EXPERIENCE & TRAINING

Do you have experience in personal protection? YES NO

Do you have experience in event security? YES NO

Do you have experience in property protection? YES NO

If "Yes": How many personal protection assignments have you worked on?

If "Yes": For how many event organisers have you worked?

If "Yes": How many property protection assignments have you worked on?

Please name your three most recent event organisers:

Would you invest in further training? YES NO

Have you already attended further training courses? YES NO

If "Yes": Which areas would interest you?

For example: de-escalation, team building, motivation, leadership, interpersonal skills or security training.

7. PERSONAL QUESTIONS

Would you generally take part in regular team meetings? YES NO

Do you have physical limitations (glasses, diabetes or anything else)? YES NO

If "Yes": Please specify.

What minimum hourly rate (plus VAT) do you require? YES NO

What hourly rate (plus VAT) do you seek? YES NO

Do you wear earrings or have visible tattoos or piercings? YES NO

8. ASSIGNMENT MODEL

Would you prefer a rotation system by agreement (e.g. weekly or monthly changes of work locations)? YES NO

Based on your experience, are there venues or locations where you would refuse to work? YES NO

If "Yes": Please specify.

9. ABS & CLOSING

What is your relationship with ABS?

Are you familiar with ABS's core service areas?

If "Yes": Please list them.

Based on your experience, what distinguishes ABS from other security companies and what new opportunities does it offer you?

Additional information / comments

All information provided will be treated confidentially and will not be disclosed to third parties.

I confirm that the information I have provided is correct.

Place / Date

Signature

Name in block letters