

# 79 College Road, Harrow, London, HA1 1BD T: 0203 586 4075

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#### **TYPE OF POSITION:**

PERMANENT / TEMPORARY / SUB-CONTRACT (delete as applicable)

## APPLICATION FOR EMPLOYMENT

Complete the form using BLOCK LETTERS in black ink or typescript. All questions should be answered but where a particular question is not applicable or the answer is not known, enter **N/A** or **N/K**. If more space is needed, please continue your answers in the section 'Additional Information' on page 5.

Make sure that you have answered all the questions, and completed the Declaration on the last page (**Please do not leave any boxes blank**).

| PERSONAL DETAILS    |   |                           |         |  |  |  |
|---------------------|---|---------------------------|---------|--|--|--|
| Title:              | Name(s)   |                           |         |  |  |  |
| Surname:            |   |                           |         |  |  |  |
| Name at Birth (if o | lifferent):   | Any other names used:     |         |  |  |  |
| Town, County & C    | ountry of Birth:  |                           |         |  |  |  |
| Nationality now:    |   | Former (if any):          |         |  |  |  |
| Do you require a v  | lity, date of UK permanent residence: valid work permit or visa to work in this count |                           |         |  |  |  |
| Full Address:       | Post Code:  | At this address from (mm/ | ууууу): |  |  |  |
| Dravious addrass    |   | At this address from Imm  | iana):  |  |  |  |
| Previous address,   | if at above address for less than 5 years:  | At this address from (mm/ | уууу).  |  |  |  |
| Any residence out   | side UK? If so, add dates:  |                           |         |  |  |  |

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| Contact Details:       | Mobile Number:                           |                            |                    |  |  |  |  |
|------------------------|--|----------------------------|--------------------|--|--|--|--|
|                        | Home Number:                             |                            |                    |  |  |  |  |
|                        | Email:                                   |                            |                    |  |  |  |  |
| If ever served in Arm  | ed Forces/Reserves, enter Service No. or | N/A if not:                |                    |  |  |  |  |
|                        |  |                            |                    |  |  |  |  |
|                        |  |                            |                    |  |  |  |  |
| Next of Kin:           |  | Emergency Telephone No(s): |                    |  |  |  |  |
|                        |  |                            |                    |  |  |  |  |
| National Insurance N   | 10:                                      |                            |                    |  |  |  |  |
| Driving Licence No:    |  |                            |                    |  |  |  |  |
| Please give details of | any SIA (SIA means the Security Industry | Authority) licence owned:  |                    |  |  |  |  |
| SIA Licence No.:       |  | Expiry Date:               | Туре:              |  |  |  |  |
| SIA Licence No.:       |  | Expiry Date:               | Туре:              |  |  |  |  |
| SIA Licence No.:       |  | Expiry Date:               | Туре:              |  |  |  |  |
| Professional Qualific  | ations:                                  |                            |                    |  |  |  |  |
|                        |  |                            |                    |  |  |  |  |
| Trade/Vocational Qu    | valifications:                           |                            |                    |  |  |  |  |
| Trade/ Vocational Qu   | idillications.                           |                            |                    |  |  |  |  |
|                        |  |                            |                    |  |  |  |  |
|                        | SECONDARY SC                             | HOOL EDUCATION             |                    |  |  |  |  |
|                        | OVIDE DETAIL ONLY IF YOU ARE U           |                            | TO AGE OF 16 YEARS |  |  |  |  |
| DATES<br>FROM / TO     | NAME/ADDRESS                             |                            | QUALIFICATIONS     |  |  |  |  |
|                        |  |                            |                    |  |  |  |  |
|                        |  |                            |                    |  |  |  |  |
|                        |  |                            |                    |  |  |  |  |
|                        | FURTHER                                  | EDUCATION                  |                    |  |  |  |  |
| DATES<br>FROM / TO     | COURSE ATTENDED                          |                            | ATTAINMENT         |  |  |  |  |
| , -                    |  |                            |                    |  |  |  |  |
|                        |  |                            |                    |  |  |  |  |
|                        |  |                            |                    |  |  |  |  |

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## **EMPLOYMENT HISTORY**

- Note 1 Most recent job first.
- **Note 2** Do not leave any gaps in employment history, if not working give reason and dates.
- Note 3 Dates must be given on a month to month basis and not by year only.

| CURRENT EMPLOYER: | TYPE OF BUSINESS:   | CONTACT NAME:       |
|-------------------|---------------------|---------------------|
|                   |                     |                     |
|                   |                     |                     |
| LEAVING DATE:     | Address:            | TELEPHONE NO:       |
| EE/WING B/ME.     | Address.            | TEEET HONE NO.      |
|                   |                     |                     |
|                   |                     |                     |
| START DATE:       |                     | REASON FOR LEAVING: |
|                   |                     |                     |
|                   | Post Code:          |                     |
| EMPLOYER:         | TYPE OF BUSINESS:   | CONTACT NAME:       |
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| LEAVING DATE:     | Address:            | TELEPHONE NO:       |
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| START DATE:       |                     | REASON FOR LEAVING: |
|                   |                     |                     |
|                   | Post Code:          |                     |
| EMPLOYER:         |                     | CONTACT NAME.       |
| EIVIPLOTER:       | TYPE OF BUSINESS:   | CONTACT NAME:       |
|                   |                     |                     |
|                   |                     |                     |
| LEAVING DATE:     | Address:            | TELEPHONE NO:       |
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| START DATE:       |                     | REASON FOR LEAVING: |
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|                   | Post Code:          |                     |
| EMPLOYER:         | TYPE OF BUSINESS:   | CONTACT NAME:       |
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| LEAVING DATE:     | Address:            | TELEPHONE NO:       |
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| EMPLOYER:         | TYPE OF BUSINESS:   | CONTACT NAME:       |
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| LEAVING DATE:     | Address:            | TELEPHONE NO:       |
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| START DATE:       |                     | REASON FOR LEAVING: |
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|                   | Post Code:          |                     |

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<sup>\*\*</sup>If you require additional space, please use the text box on page 5\*\*

Please complete the following sections. If you have not read the background to these items above please do so before you attempt to answer. A) Have you ever been convicted or found guilty by a Court of any offence in any country (excluding parking but including all motoring offences even where a spot fine has been administered by the police) or have you been put on probation or absolutely/conditionally discharged or bound over after being charged with any offence or is there any action pending against you? Please tick Yes No Have you ever been convicted by a Court Martial or sentenced to detention or dismissal whilst serving in the Armed Forces of the UK or any Commonwealth or foreign country? Please tick Yes No If YES please give details here: B) In accordance with the Company's policy on Security Vetting outlined on Page 1, have you ever been a member of or actively supported any organisation involved in: Please tick espionage Yes No terrorism Yes No sabotage Yes No Have you ever had a close association with anyone who, to your knowledge, has been a member of, or given active support to any such organisation. Please tick Yes Nο I have no information to provide Please tick If you have answered **YES** to any of the above please give details here: C) Have you ever been declared bankrupt or have any outstanding court judgements for debt? Note: A credit reference will be sought through a credit reference bureau or agent in order to verify that you have an acceptable financial history. I have no information to provide Please tick If you have answered **YES** to any of the above, please give details here:

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#### **PERSONAL REFERENCES**

## **NOTE:** Your two Personal References:

- a) MUST NOT be previous employers
- **b) MUST** have known you for a minimum of 2 years immediately prior to the date of signing this Application
- c) MUST NOT be relatives by blood or marriage or
- **d) MUST NOT** be residing at the same address as yourself.

| REFEREE 1       | REFEREE 2       |
|-----------------|-----------------|
| Name:           | Name:           |
| Address:        | Address:        |
| Post Code:      | Post Code:      |
| Tel No:         | Tel No:         |
| E-mail address: | E-mail Address: |

#### **ADDITIONAL INFORMATION**

| Please use this space to provide any information you could not fit in the previous sections. |  |  |  |  |  |  |
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#### PLEASE READ CAREFULLY BEFORE SIGNING

#### **POLICY ON SECURITY SCREENING**

Due to the security nature of the Company's work, all personnel are required to be security screened to the requirements of BS7858 : 2012 – Security screening of personnel employed in a security environment. Therefore the information sought in this form is required to complete the required checks to that Standard.

We are additionally required under the current Police Force Policies (in England) to make checks via our local police authority for any criminal convictions. To meet this requirement you will be requested to complete authorisation for these checks to be carried out.

Security Screening checks are made over the last 5 years of employment and/or full time education where applicable. The purpose of such checks is primarily to ensure that the all employees have no criminal record and are therefore of reputable character as they will have access to information relating to the security systems installed within the premises of our Clients.

Any period(s) of unemployment will be required to be verified either by a letter from Social Services or signing of a Statutory Declaration Form by yourself. Any period(s) of self-employment will be required to be verified by either a letter from the Inland Revenue or your accountant or signing of a Statutory Declaration Form by yourself.

Please additionally note that signing of this Application for Employment Form gives us your authority to approach your former employers, Government departments, personal referees, credit reference agencies, etc. for verification of any information contained within this form.

#### **DECLARATION**

- \* I declare that I have understood the statement of the Company's Policy on Security Screening above. I understand that this form may be submitted for checking against the records of police and security agencies in accordance with that policy.
- \* I declare that the information I have given above is true and complete to the best of my knowledge and belief.
- \* I undertake to notify any material changes in the information I have given above to Personnel or Security branch concerned.
- \* I understand that any false statement or omission in the information I have given above may disqualify me for employment.
- \* I understand that I will be required to provide documentary proof of identity.
- \* I declare that I give you and/or your approved agent authorisation to approach any former employers, Government departments, personal referees, credit reference agencies, etc for verification of any information contained within this form.

| Your Signature: | Date: |  |  |
|-----------------|-------|--|--|
|                 |       |  |  |

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