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APPLICATION FORM

SECTION 1

ABOUT YOU

Please complete all details before continuing to the next section.

Position applied for:

Do you hold a SIA Licence? YES / NO

If YES which licence do you hold? Security Operations / Door Supervisors / CCTV / Cash & Transit

Surname Forename(s) Title

Address:
.....
.....
Post Code: Tel no:
How long have you lived here?

Date of Birth	N.I. Number	Nationality	Own Transport YES / NO
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Are you: Married Single Divorced

How long have you been resident in the United Kingdom? Years
Please supply a copy of your passport if less than 10 years

Are there any restrictions on you taking up employment in the U.K.? YES / NO
If yes please give details

Have you had any previous security experience? YES / NO
If YES please give details

SECTION 2

EMPLOYMENT HISTORY

Your application will have to be screened. This process means contacting your past employers, colleges, schools, benefit agencies, Armed Forces etc. You will need to spend some time on this section to ensure that all the information you supply is correct. Start with your current or more recent employer first and go back a full 10 years. **EVEN IF YOU WERE OUT OF THE COUNTRY.**

1. Name & Address of Employer:

.....

..... Tel No.

How long did you work there? State the exact months and the years

From: To:

Job Title & Duties:

.....

.....

Reason for leaving:

2. Name & Address of Employer:

.....

..... Tel No.

How long did you work there? State the exact months and the years

From: To:

Job Title & Duties:

.....

.....

Reason for leaving:

3. Name & Address of Employer:

.....

..... Tel No.

How long did you work there? State the exact months and the years

From: To:

Job Title & Duties:

.....

.....

Reason for leaving:

4. Name & Address of Employer:

.....

..... Tel No.

How long did you work there? State the exact months and the years

From: To:

Job Title & Duties:

.....

.....

Reason for leaving:

5. Name & Address of Employer:

.....

..... Tel No.

How long did you work there? State the exact months and the years

From: To:

Job Title & Duties:

.....

.....

Reason for leaving:

6. Name & Address of Employer:

.....

..... Tel No.

How long did you work there? State the exact months and the years

From: To:

Job Title & Duties:

.....

.....

Reason for leaving:

7. Name & Address of Employer:

.....

..... Tel No.

How long did you work there? State the exact months and the years

From: To:

Job Title & Duties:

.....

.....

Reason for leaving:

8. Name & Address of Employer:

.....

..... Tel No.

How long did you work there? State the exact months and the years

From: To:

Job Title & Duties:

.....

.....

Reason for leaving:

You will need to supply copies of your leaving documents for the Armed Forces

SECTION 3

EDUCATION & TRAINING

Please give details of schools, colleges and other educational establishments you have attended.

Schools

Name:

Address:

.....

Tel No. Dates of attendance

Qualifications obtained

Schools

Name:

Address:

.....

Tel No. Dates of attendance

Qualifications obtained

Colleges / Universities

Name:

Address:

.....

Tel No. Dates of attendance

Qualifications obtained

Other Training

Name:

Address:

.....

Tel No. Dates of attendance

Qualifications obtained

SECTION 4

REFERENCES

Please supply details of two referees who can give both character and work experience references and have known you for more than 5 years.

Name:

Address:

.....

Tel No. Known for how many years

Name:

Address:

.....

Tel No. Known for how many years

SECTION 4

BUSINESS REFERENCES

If you have been self employed, you need to supply names, addresses and contact numbers of two people who can vouch for you. Where possible this should include an accountant or a solicitor, acting on your behalf during the course of your business.

Name:

Address:

.....

Tel No. Known for how many years

Name:

Address:

.....

Tel No. Known for how many years

SECTION 5

**REGISTERED UNEMPLOYMENT
SICKNESS BENEFIT FORM**

If you have had any periods of incapacity, unemployment or sickness you will need to take this form to the benefit office to get it stamped.

This section to be completed by the applicant

Unemployment benefit office address

Name:

Address:

.....

..... Postcode:

Postcode: Tel No.:

I authorise the employment benefit office mentioned above to provide any confirmation concerning my periods of registered unemployment / sickness benefit to Security Recruitment Services Limited.

National Insurance Number:

Signature: Date:

This section to be completed and stamped by the unemployment benefit office

Dates of registered unemployment / sickness benefit

From To

From To

From To

From To

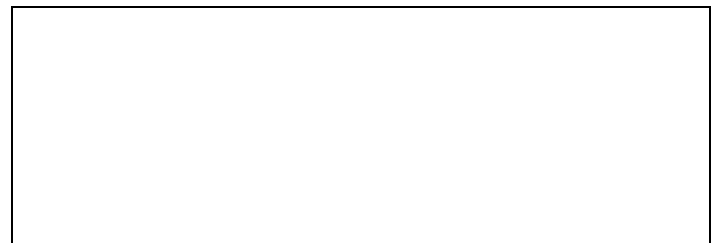
STAMP

Name

Signature

Position

Date



SECTION 6**SCREENING PROCESS**

Have you ever been convicted of any offence by a civil or criminal court?

YES / NO

Do you have any prosecutions pending?

YES / NO

Have you ever received a formal caution from the Police?

YES / NO

Have you ever been declared bankrupt?

YES / NO

Has any member of your family, near relative or common law partner ever been convicted of any offence?

YES / NO

Have you any outstanding County Court Judgments?

YES / NO

Have you ever been dismissed from any employment?

YES / NO

**IF THE ANSWER TO ANY OF THESE QUESTIONS IS YES,
PLEASE GIVE FULL DETAILS BELOW**

CRIMINAL RECORD (Please note any criminal convictions except those "Spent" under the Rehabilitation of Offenders Act 1974. If none, please state. In certain circumstances employment is based on obtaining a satisfactory basic disclosure from the Criminal Records Bureau / Scottish Criminal Records Office).

LEISURE (Please note here your leisure interests, sports, hobbies and other pastimes etc.)

GENERAL COMMENTS (Use this space to add any comments to supplement your application).

SECTION 7

YOUR HEALTH

PHYSICAL & HEALTH DETAILS

Do you have any physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? **YES/NO**

Please specify any special arrangements required for working with associated impairment.

Please specify any special needs you would require if asked to attend an interview.

Please list any diseases or disorders, allergies, muscular or musculoskeletal injuries which you have.

Please list any form of medication drugs or treatment you are currently and/or are regularly receiving.

Please list all absences from work in the last 12 months, clearly stating the reasons for these such absences.

DECLARATION

(PLEASE READ CAREFULLY BEFORE SIGNING THIS BOOKLET)

I confirm that the information I have submitted is complete and correct and that any untrue or misleading information will give the company the right to terminate any registration contract offered.

I agree that I have checked all the information and that the dates, names and contact numbers are current and contactable. I will endeavour to assist with the screening of my application in any way possible and will apply to the Records Bureau if requested. I also understand that failure to meet the screening standards (BS 7858) will result in my application being regretted.

I have enclosed the documentation requested and all copies are of the original documents.

Signed: Date:

FOR OFFICE USE ONLY

Personal data collection

Section 1

Surname Title Initials Forenames

Address

..... Postcode

Date of birth NI No. Home Tel.

Bank Details – required for payroll purposes

Bank / Building Society name Branch
(not address)

Sort Code Account No Building Society ref
(if applicable)

P45 / P46 (please tick)

Attached

To follow

Who should we contact in an emergency?

Surname Initials Relationship

Home address

Home Tel. Daytime Tel.

IDENTITY CHECKLIST

Original documents are to be produced

Passport

Driving Licence

Birth Certificate

SIA Certificate SIA Licence No.

Utility bill

Bank Statement