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Barking
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PHOTO

Ref ID No;

Application Form

PERSONAL DETAILS

Title Surname..... First Name Middle Name(s)

Any Former Names Known as

Address

Post code How long have you lived at the above address

Telephone No Mobile No E-Mail

Describe the manner of your occupancy (House/flat owner, renting, living with parents, lodging etc)

If less than 5 years at above stated address, state your previous address(es)

Address Postcode Dates

Address Postcode Dates

Address Postcode Dates

Address Postcode Dates

Marital Status Married Widowed Divorced Separated Single

National Insurance No Place & Country of Birth Date of Birth

Nationality If not born in the EC, date of entry into the UK

Work Permit/Visa No Expiry Date

Have you lived or worked outside the UK for more than 6 months in the last 5 years? Yes No

If yes please state country (ies) & date(s)

Emergency Contact Name & Address

Relationship

Tele Home Work Mobile

Give Details Of Your Favorite Hobbies or Recreation

Uniform Size Chest Waist Inside Leg Collar

Name of introducing officer employed with A&M Security (if applicable)

EQUAL OPPORTUNITIES

This section is voluntary and will **NOT** be used in assessing your application. Please state your Ethnic Origin.

White Black African Black Caribbean Black other*

Indian Pakistani Bangladeshi Oriental

* If other specify:

Do you have?

UK Driver's License Provisional Full No License No

Use Of A Vehicle Yes No If Yes, State Years of Experience

Any Current Endorsements Yes No If Yes, Give Details

EMPLOYMENT & UNEMPLOYMENT RECORD

Minimum last 5 years (starting with most recent). Include periods of employment, unemployment, education and self-employment within the last 5 years.

Important - Full addresses and contact telephone numbers are required. If you are still presently employed, please give notice period.

Employer/Education Details	Start Date	Finish Date	Company or Job Centre Name & Address	Reason For Leaving
Contact Person				
Position Held				

Tele Fax Email

Notice Period Required Permission to Contact Yes No

Employer/Education Details	Start Date	Finish Date	Company or Job Centre Name & Address	Reason for Leaving
Contact Person				
Position Held				

Tele Fax Email

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Position Held				

Tele Fax Email

EMPLOYMENT & UNEMPLOYMENT RECORD Cont....				
Employer/Education Details	Start Date	Finish Date	Company or Job Centre Name & Address	Reason for Leaving
Contact Person				
Position Held				
Tele Fax Email				
Employer/Education Details	Start Date	Finish Date	Company or Job Centre Name & Address	Reason for Leaving
Contact Person				
Position Held				
Tele Fax Email				
Employer/Education Details	Start Date	Finish Date	Company or Job Centre Name & Address	Reason for Leaving
Contact Person				
Position Held				
Tele Fax Email				
Employer/Education Details	Start Date	Finish Date	Company or Job Centre Name & Address	Reason for Leaving
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Contact Person				
Position Held				
Tele Fax Email				
Employer/Education details	Start Date	Finish Date	Company or Job Centre Name & Address	Reason for Leaving
Contact Person				
Position Held				
Tele Fax Email				

PERSONAL REFEREES

Please give the name, address, telephone number and occupation of two persons who have known you for 2 years in the last 5 years, whom we may approach for character references. A minimum of 2 character referees should be given. A 3rd may be provided if available.

Personal referees must not be related to you nor reside at the same address.

Referee one

Title Surname Forename/s

Address

..... Postcode

Telephone No Fax No Occupation

In What Capacity Do You Know This Person How Long Have You Known This Person

Referee two

Title Surname Forename/s

Address

..... Postcode

Telephone No Fax No Occupation

In What Capacity Do You Know This Person How Long Have You Known This Person

Referee three

Title Surname Forename/s

Address

..... Postcode

Telephone No Fax No Occupation

In What Capacity Do You Know This Person How Long Have You Known This Person

SELF EMPLOYMENT REFEREES

If you have been self-employed please give the name, address and telephone number of at least 2 professional referees who can confirm your self-employment period (eg; Solicitor, Bank Manager or Accountant)

Referee one

Title Surname Forename

Address Postcode

Telephone No Fax No Occupation

In What Capacity Do You Know This Person How Long Have You Known This Person

Referee two

Title Surname Forename

Address Postcode

Telephone No Fax No Occupation

In What Capacity Do You Know This Person How Long Have You Known This Person

Referee three

Title Surname Forename

Address Postcode

Telephone No Fax No Occupation

In What Capacity Do You Know This Person How Long Have You Known This Person

PREVIOUS SECURITY QUALIFICATIONS

Confirm If You Hold Any Of The Following Certifications ?

NVQ/SVQ in Security, Safety & Loss Prevention	<input type="radio"/> Yes	<input type="radio"/> No	Cert No	Date Completed
City & Guilds Professional/Advanced Officer	<input type="radio"/> Yes	<input type="radio"/> No	Cert No	Date Completed
NOCN /SITO Basic Job Training Certificate	<input type="radio"/> Yes	<input type="radio"/> No	Cert No	Date Completed
SITO Communication, Conflict & Management	<input type="radio"/> Yes	<input type="radio"/> No	Cert No	Date Completed
First Aid	<input type="radio"/> Yes	<input type="radio"/> No	Cert No	Expiry Date
Fire Fighting	<input type="radio"/> Yes	<input type="radio"/> No	Cert No	Expiry Date
Other Professional Qualifications			

LICENSE STATUS

Confirm If You Hold Any Of The Following ?

Security Guarding	<input type="radio"/> Yes	<input type="radio"/> No	License No	Expiry Date
Door Supervisor	<input type="radio"/> Yes	<input type="radio"/> No	License No	Expiry Date
Cash & Valuables in Transit	<input type="radio"/> Yes	<input type="radio"/> No	License No	Expiry Date
Vehicle Immobilisation	<input type="radio"/> Yes	<input type="radio"/> No	License No	Expiry Date
Close-Protection	<input type="radio"/> Yes	<input type="radio"/> No	License No	Expiry Date
Key Holding	<input type="radio"/> Yes	<input type="radio"/> No	License No	Expiry Date
Other	<input type="radio"/> Yes	<input type="radio"/> No	License No	Expiry Date
	<input type="radio"/> Yes	<input type="radio"/> No	License No	Expiry Date

MEDICAL DETAILS

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities?

Yes No

If yes, give details

Give details of any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered in the past, or do so now

Detail any form of medicine, drugs or treatment you are currently and/or regularly receiving

Detail all absences from work in the past 12 months and the reason for such absences

Have you ever (if yes tick box)

<input type="radio"/> Received in-patient treatment for any mental condition	<input type="radio"/> Been refused employment or dismissed for health reasons
<input type="radio"/> Been treated for alcohol or drug abuse	<input type="radio"/> Suffered from asthma, bronchitis or any other respiratory complaint
<input type="radio"/> Suffered from any nervous condition	
<input type="radio"/> Suffered from joint or back pain	Do you (if yes tick box)
<input type="radio"/> Suffered from heart or blood pressure problems	<input type="radio"/> Suffer from hearing problems
<input type="radio"/> Suffered from arthritis or rheumatism	<input type="radio"/> Have epilepsy, fits or blackouts
<input type="radio"/> Suffered from diabetes	<input type="radio"/> Have good sense of smell
	<input type="radio"/> Have colour blindness

Please confirm service entered

Royal Navy Army RAF Territorial Reserve Merchant Navy Other

Date from Date to ID No Ref;

OFFENCES CAUTIONS & CONVICTIONS

- Have you ever been convicted of any civil or criminal offences? Yes No
- Are there any alleged offences or cautions outstanding against you? Yes No
- Have you ever been subjected to bankruptcy proceedings or court judgments for debt? Yes No
- Are you aware of any Police investigations in which you may be involved? Yes No

If yes to any one of the above, please provide details

.....

.....

Date of Offence Amount £

NB: Disclosure is not required where there is a conviction to which the provisions of the Rehabilitation of Offenders Act 1974 apply.

Failure to disclose an unspent conviction is, in itself, a criminal offence.

If you are unclear about any of these questions please ask the interviewer.

WORKING TIME DIRECTIVE - 48 HOUR WEEK

The **48-hour week** Working Time Directive has been in force since 1st October 1998.

Under these regulations A&M Security Company must obtain your written consent if you wish to work for more than 48 hours per week.

If **you do wish** to work more than 48hrs per week, you need to sign the agreement below. If you change your mind later about working beyond 48hrs per week, you may do so, by informing the Company giving 1 months written notice.

The Directive states that the security industry is **not** bound to comply with regulations relating to security staff working longer than eight hours in twenty four, rest periods of eleven hours per day or one day per week or a rest period for every 6 hours worked, providing that you are allowed same rest at a later time.

Confirm by ticking one of the following statements and sign below;-

- I do not wish to work more than 48 hours per week
- I am prepared to work more than 48 hours per week and therefore declare to `opt out` of the regulation

Print name Signed Date

DECLARATION & CONSENT {Read carefully before signing this Application Form}

I certify that the information I have provided in this application is correct to the best of my knowledge and belief and agree to co-operate by providing any additional information required. I fully understand that it is a criminal offence to make false statements on this application form under **section 16 of the Theft Act 1968**. I also understand that any false statements may be sufficient cause for rejection of my application or, dismissal if employed

I further certify that I have completed the application form in my own handwriting and understand that my employment is subject to satisfactory vetting in compliance with BS7858 or as may be amended, which may require a Statutory Declaration on my own behalf and at my own expense in respect of the information furnished by me in completing this Application Form.

I authorise the company and any third party nominated by the company to perform a vetting service and to hold the information contained in the Application for Employment. Such information will be subject to the Data Protection Act.

I further authorise the company to perform reference checks of my employment, including current employment and to contact the Department of Works and Pensions to confirm periods of unemployment (if any).

CHECKS TO BE CARRIED OUT

- * Passport/ID & relevant visas - right to work in the UK
- * Residency check
- * County Court Judgments/Bankruptcy checks
- * 5 year employment check
- * Valid SIA Licence

I confirm that the information I have provided on this Application Form is true and complete to the best of my knowledge.

Print Name Signed Date