

APPLICATION FOR EMPLOYMENT

Empl.No:	TUPE (✓)	A AFS
Start Date:		
Area Assigned to:		

CONFIDENTIAL

- Notes:
- (a) Please answer all questions. Write **NA** or **Nil**, if a question does not apply to you.
 - (b) Please write in ink or ballpoint pen.
 - (c) Please ensure that you read and sign the certificate on page 4.
 - (d) **A Complete 5 Year History Is Required by BS 7858**

It is a requirement that you inform the company if you are currently working within the restraints of any Visa or work permit which has been issued to you for the purpose of employment within the UK. If you fail to provide such permits, your application will be declined. Should you be employed and then found that you are under such restrictions, your employment will be terminated with immediate effect.

Work Permit No:

Visa No:

PERSONAL INFORMATION

1. TITLE: MR / MISS / MRS / OTHER*		How did you hear about this vacancy?	
2. SURNAME: (BLOCK CAPITALS)		FORMER NAMES:	
3. FORENAMES: (BLOCK CAPITALS)		4. DATE OF BIRTH: DD/MM/YYYY	AGE:
5. ADDRESS: (BLOCK CAPITALS)		6. PLACE OF BIRTH (Town):	
		Country of Birth:	If not born in UK, Date and Place of entry to UK:
		Nationality:	
		Religion:	
Email address:	Post Code	EMPLOYMENT ROLE: EMPLOYMENT application for: Full / Part time*	
7. Own telephone no's: Home: Mobile:		8. STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)	
9. How long have you lived at the above address? Years: Months: If less than 5yrs state previous addresses for a 5yr period:		10. No of children: Ages of children:	
11. Have you any relatives working for Guardian Protection Services YES / NO* or Squire Alarms YES / NO*		12. National insurance no: L L N N N N N N L	
13. Have you previously applied for or obtained a position within Guardian Protection Services Ltd? YES / NO* If Yes state dates: DD/MM/YYYY			
14. PERSON TO BE CONTACTED IN EMERGENCY:		15. Address:	
Name:			
Relationship:			
Work/Day Time Telephone:			
Home Telephone:		Post code:	
16. Have you ever been cautioned, fined, imprisoned, placed on probation, discharged on payment of costs or had any order made against you by a criminal, civil, military court or public authority, including attachment of earnings? (excluding minor motoring offences) State Yes or No: _____ Have you any alleged or pending investigations/offences/prosecutions/cautions against you? YES / NO* Do you have any outstanding or pending County Court Judgements for debt? YES / NO* If you have answered YES to any of the questions give details separately:			
17. Do you own a motor vehicle? YES / NO* Do you possess a full, clean, current UK/EU Driving Licence? YES / NO No of Years held: () Driving Licence, No: _____ Issue Date: _____ Date of Expiry: _____ Give details of any endorsements or other motoring convictions during the last 5 years:			
18. TRAINING/QUALIFICATIONS Please bring certificates to your interview			
SIA Licence: Security Guarding <input type="checkbox"/> CCTV <input type="checkbox"/> CVIT <input type="checkbox"/> Door Supervision <input type="checkbox"/> Expiry date: _____ First Aid <input type="checkbox"/> Fire Training <input type="checkbox"/>			
CSCS/CITB <input type="checkbox"/> NVQ <input type="checkbox"/> (Level____) IPAF <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Date completed: _____			

19. PHYSICAL RECORD (delete where applicable*)

Sex: Male/Female* Height _____ Colour of hair: _____ Colour of eyes: _____

Uniform sizes

Collar size: _____ inches **Trousers:** _____ waist _____ leg **Coat:** _____ **Jumper/Fleece:** _____ **Shoe size:** _____

Have normal vision in both eyes without glasses? YES / NO* With glasses? YES / NO*

Normal sense of smell? YES / NO* Normal Hearing YES / NO*

Name of Doctor: _____

Address: _____

May we request medical information from your doctor, if necessary? YES / NO*

Have you had a chest X-Ray in the last two years? YES / NO*

Have you ever attended an Out Patients Department for longer than six weeks? YES / NO*

If yes to any, give details: _____

Please tick against any under-mentioned illness from which you have suffered:

Asthma **Back Trouble** **Breathing issues** **Bronchitis** **Diabetes** **Epilepsy** **Fits/ Fainting** **Hay Fever** **Heart Trouble**
Hernia **HIV/Aids** **Liver/Kidney issues** **Mental illness** **Migraine** **Nervous Disorder** **Rheumatic Complaints**
Serious Skin Disorders **Tuberculosis** Are you currently receiving any medical treatment? YES/ NO*

Please give details of any other serious illness, injury, operation, physical defect or disability: _____

How many days (approximately) have you been absent owing to illness in the last two years? _____

Are you registered under The Disabled Persons (Employment) Act 1944 and 1958? YES / NO*

If yes, please complete the following: Certification No. _____ Expiry Date: _____

20. EDUCATION & QUALIFICATIONS (State name and address of last school / college attended.)

Secondary School / College / University attended	Dates		Exams taken, qualifications gained
	From	To	

Are you a student at present? YES / NO* If Yes, please clarify: FULL / Part time*

Foreign Languages: _____

21. Please give details of two people, other than family, and not connected with your school/college or your employment, who have known you for at least five years whom we may approach for character references:

(1) Name _____	(2) Name _____
Address: _____	Address: _____
_____	_____
Tel No. _____	Tel No. _____
Occupation: _____	Occupation: _____
Period Known: _____	Period Known: _____
Relationship/How Known _____	Relationship/How Known _____

22. EMPLOYMENT RECORD

Record your total employment history month by month for the past 5 years leaving no periods unaccounted for (including any periods overseas). If there are any periods of unemployment, give the address of the Unemployment Benefit Office to which you reported. (Give details of your Present or Most Recent Employment First, and then you're proceeding employment, and so on, finishing with your earliest job going back 5 years). Your application will not be considered unless this section is completed fully, CV's will not be accepted other than to support the application form. Please use a separate sheet of paper if you require more space.

Date Month & Year	Name, Address of Employer and contact name (including Postcode)	Job Title	Reason for Leaving
From: Month Year	Name: Address:		
To: Month Year	Phone: Email:	Post Code:	
From: Month Year	Name: Address:		
To: Month Year	Phone: Email:	Post Code:	
From: Month Year	Name: Address:		
To: Month Year	Phone: Email:	Post Code:	
From: Month Year	Name: Address:		
To: Month Year	Phone: Email:	Post Code:	
From: Month Year	Name: Address:		
To: Month Year	Phone: Email:	Post Code:	

23. SERVICE RECORD (Delete where appropriate*)

Royal Navy / Army / R. A. F. / Police / Fire Service / Merchant Navy Date from: _____ To: _____

If service in the Army, state the Regiment or Corps:

If service in the Police / Fire Brigade, state name of Force or Brigade:

Rank attained: _____ Decorations: _____

Are you liable to recall? YES / NO* **Conduct Record:** _____

Reason for leaving: _____

Are you a member of any **RESERVE** involving Annual Training? YES / NO*

24. May we approach your present Employer for a reference now? YES / NO***25. SELF EMPLOYMENT/CLOSED COMPANY** In the case of periods of employment with a Company no longer trading or self-employment, please give trade references or name and address of someone who can confirm the details.

(1) Name _____	(2) Name _____
Address _____	Address _____
_____	_____
Tel No _____	Tel No _____
How long known _____ mths _____ yrs	How long known _____ mths _____ yrs
Capacity known in _____	Capacity known in _____
Occupation _____	Occupation _____

26. DECLARATION If offered employment, you will be appointed on probation for a period of 16 Weeks. During the probationary period your employment will be terminable by you by not less than one weeks' notice, or by the Company by one day in the first four weeks and one-week thereafter.

I understand that any appointment made will be subject to satisfactory references being received by the Company. I certify that, to the best of my knowledge, the information that I have given is true and complete, I have never been convicted of any civil or criminal offence or dismissed from employment for any misconduct. I understand that any false statement or omission may render me liable to dismissal without notice. I accept that I may be required to undergo a medical examination where requested by the Company and I consent to the results of such examinations being given to a Company Director.

I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835, in confirmation of previous employment or unemployment.

I hereby certify that I have completed this application form myself and that I have read understood and agree to abide by the above declaration.

27. CCJ'S BANKRUPTCY

As part of your application process it is important that you inform us with to regards to any CCJ's or Bankruptcy proceedings which may have been issued against you in the past. Failure to disclose any information which may later be discovered by the company may result in dismissal from your position.

Have you ever been issued a County Court Judgement against you? Yes / No*

If yes please provide details of any issued CCJ's: _____

Have you ever been declared bankrupt? YES / NO*

If so, please give details _____

Signature:

Date:

INTERVIEWERS ASSESSMENT:

Interviewed By: _____ Date: _____ Recommendation: _____

Appearance: _____ Personality: _____

Information to be obtained prior to/at Induction:

AUTHORITY TO SUPPLY PERSONAL INFORMATION

In accordance with the Provisions of Section 21 and 35 (6) of the Data Act 1984,

I (name) _____

Of (address) _____

National Insurance Number:

L	L	N	N	N	N	L
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Date of Birth:

date	month	year
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I hereby authorize: **Squire Alarms Ltd, 165 – 171 Humberstone Road, Leicester LE5 3AF**, to obtain screening information for the purposes of employment within the Security Industry.

I understand this will involve obtaining information in respect of and including:

- Details of previous employment/Self employment
- Dates of unemployment/incapacity benefit/J.S.A.
- Any other employment details
- Educational history
- A Credit Search as per BS 7858
- Police Check

Signed: _____ Date: _____