

APPLICATION FOR EMPLOYMENT

Position Applied For: Security Officer, Door Supervisor, Event Steward

Notice Period Required

All Sections must be completed (Please write in BLOCK CAPITALS)

The Security Screening Process cannot commence unless this application form is fully completed

PERSONAL DETAILS

Surname:

Forenames:

Title: (Mr/Mrs/Miss/Ms)

Current Address:	
	Postcode:
Home Tel:	
Mobile	
E-Mail:	
Date Resided from:	To:

Next of Kin Details	
Name:	
Address:	
	Postcode:
Home Tel:	
Mobile Tel:	
Relationship to you:	

If you have NOT resided at your current address for a period of more than 5 Years, please provide details of your previous addresses for the last 5 years.

Previous Address 1:		Postcode:	
	Date Resided from:	To:	
Previous Address 2:		Postcode:	
	Date Resided from:	To:	
Previous Address 3:		Postcode:	
	Date Resided from:	To:	

Marital Status

National Insurance No

Date of Birth

Age Now

This Section MUST be completed by all applicants

For the purpose of the Asylum and immigration Act 1996, it is necessary for an employer to establish that an employee is entitled to work in the United Kingdom, and if so, to establish if any restrictions under the Act applies to the employee. The following questions must therefore be answered to satisfy this requirement.

Nationality at Birth:		Country of Birth:	
Town of Birth:		County/District of Birth:	
Are you permitted to work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you require granted leave to enter or work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Place of entry into the UK (If Applicable)		Date of entry	
Do you have a Passport?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Passport No: <input type="text"/>

DRIVING LICENCE

Do you hold a current Driving Licence? Yes No

Type of Licence Held? Provisional Full

Vehicle Categories Motorcycle Car HGV PSV

Driving Licence Number Date of Issue

Do you have your own Transport? Yes No

Have you ever been disqualified from driving? Yes No

Have you had any motoring convictions or endorsements? Yes No

If yes, please provide the details

	Date	Offence	Outcome
1			
2			
3			
4			
5			

OFFENCES, CAUTIONS & CONVICTIONS

Have you ever been cautioned by the police? Yes No

Date Offence

1	
2	

Have you ever been convicted, fined or had any Order made against you by a Criminal, Civil or Military Court? Yes No

Date Offence Outcome

1		
2		

Are you aware of any police investigations you may be please give full details: Yes No

Note: Failure to disclose an unspent conviction, may result in summary dismissal

FINANCIAL LIABILITES

Have you any outstanding CCJ's or Attachment of Earnings Yes No

If YES, Give Details:

	Date	Details	Amount
1			
2			
3			

Have you ever been declared Bankrupt /Insolvent? Yes No

If YES, Give Details:

	Date	Details	Amount
1			
2			

Are you subject to any County Court proceedings? Yes No

If YES, Give Details:

	Details	Amount
1		
2		

EDUCATION

Secondary Education

Name & Address:	From	To	Qualifications	Grade

Further Education

Name & Address	From	To	Qualifications	Grade

COURSES & QUALIFICATIONS

Please list details of any relevant courses or qualifications you have undertaken (i.e. SIA, First Aid, Health & Safety)

Details of your SIA qualifications MUST be provided

	Course / Qualification	Awarding Body (i.e. BIIAB)	Date (DD/MM/YY)
1			
2			
3			
4			
5			
6			

EMPLOYMENT HISTORY

State all periods of Employment, Unemployment and Self Employment for the last 5 years or since leaving school Starting with your most recent first and working backwards. For any periods of Unemployment, state the address of the Unemployment Benefit office of which you reported to and the type of benefit you were claiming i.e. Job Seekers Allowance, Incapacity etc.

There can be no gaps greater than 28 days between jobs etc. when listing your activities over the past 5 years. If you were not in employment and not registered unemployed, please state what activity you were undertaking i.e. Full time House Wife/Husband, travelling etc.

Start with your present situation

Employers Details		Employment Details		Dates
Name:		Position Held:		From:
Address:		Work No:		
		Reporting To:		To:
		Salary/Wage per Week:		
		Reason for Leaving:		
Postcode:				
Tel. No:				
E-Mail:				
Fax No:				
Employers Details		Employment Details		Dates
Name:		Position Held:		From:
Address:		Work No:		
		Reporting To:		To:
		Salary/Wage per Week:		
		Reason for Leaving:		
Postcode:				
Tel. No:				
E-Mail:				
Fax No:				
Employers Details		Employment Details		Dates
Name:		Position Held:		From:
Address:		Work No:		
		Reporting To:		To:
		Salary/Wage per Week:		
		Reason for Leaving:		
Postcode:				
Tel. No:				
E-Mail:				
Fax No:				

EMPLOYMENT HISTORY

Continuation of Employment History

Employers Details		Employment Details		Dates
Name:		Position Held:		From:
Address:		Work No:		
		Reporting To:		To:
		Salary/Wage per Week:		
		Reason for Leaving:		
Postcode:				
Tel. No:				
E-Mail:				
Fax No:				
Employers Details		Employment Details		Dates
Name:		Position Held:		From:
Address:		Work No:		
		Reporting To:		To:
		Salary/Wage per Week:		
		Reason for Leaving:		
Postcode:				
Tel. No:				
E-Mail:				
Fax No:				
Employers Details		Employment Details		Dates
Name:		Position Held:		From:
Address:		Work No:		
		Reporting To:		To:
		Salary/Wage per Week:		
		Reason for Leaving:		
Postcode:				
Tel. No:				
E-Mail:				
Fax No:				
Employers Details		Employment Details		Dates
Name:		Position Held:		From:
Address:		Work No:		
		Reporting To:		To:
		Salary/Wage per Week:		
		Reason for Leaving:		
Postcode:				
Tel. No:				
E-Mail:				
Fax No:				

Services History

Army Navy RAF Fire Police Prison Service Other (Specify)

Unit or Regiment:	Rank:	Service Number:
From: <input type="text"/>	To: <input type="text"/>	Conduct Assessment on Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a member of any reserve which will require annual training or		Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, Give Details: <input type="text"/>		

SIA LICENCE DETAILS

Please provide details of the current SIA Licences that you hold:

	Licence Type	Licence Number	Expiry Date
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

REFERENCES

Personal References

Please give the names and address of two persons (not former employers or relatives) who you have known for

Name:	Name:
Address:	Address:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Post Code:	Postcode:
<input type="text"/>	<input type="text"/>
Tel No:	Tel No:
<input type="text"/>	<input type="text"/>
E-Mail:	E-Mail:
<input type="text"/>	<input type="text"/>
How Long have you known them?	How long have you known them?
<input type="text"/>	<input type="text"/>

Self - Employment References

If you have been Self-Employed, please give references of people who can confirm the details

TRADE	ACCOUNTANT
Name:	Name:
Address:	Address:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Postcode:	Postcode:
<input type="text"/>	<input type="text"/>
Tel: <input type="text"/> Fax <input type="text"/>	Tel <input type="text"/> Fax No: <input type="text"/>
E-Mail: <input type="text"/>	E-Mail: <input type="text"/>

EQUAL OPPORTUNITIES

This Section will not be used in assessing your application. Global is an equal opportunities employer. To help us monitor the effectiveness of our Equal Opportunities Policy, please tick the appropriate box

My ethnic origin is: Asian African Caribbean Pakistani White
 Other (Please)

HEALTH QUESTIONNAIRE

The following information is retained in strict confidence and will assist us in protecting you, as far as reasonably practicable your health, safety and welfare. It will not be used to discriminate against your application.

Please answer YES or NO to the following

- | | | | | | |
|---|--|-----|--------------------------|----|--------------------------|
| 1 | Are you generally in good health? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2 | Are you physically fit? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3 | Is your eye sight acceptable for normal purposes e.g. Driving, (with spectacle's / lenses if | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4 | Is your hearing normal, including for telephone usage? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you answer YES to the following questions 5 – 22, please give details below:

- | | | | | | |
|---|--|-----|--------------------------|----|--------------------------|
| 5 | Are you presently taking prescribed medication? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6 | Are you registered disabled? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7 | Have you had any illnesses or injury causing you to be off work for more than 2 weeks in the last 5 years? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Do you suffer, or have you ever had any of the following? -

- | | | | | | | | | | | | | | | |
|----|--|-----|--------------------------|----|--------------------------|----|--------------------------------|-----|--------------------------|----|--------------------------|--------------------------|----|--------------------------|
| 8 | Diabetes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 9 | Back trouble | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | |
| 10 | Heart trouble | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 11 | Chest trouble | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | |
| 12 | Migraine | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 13 | Allergies | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | |
| 14 | High Blood Pressure | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 15 | Arthritis / Rheumatism or gout | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | |
| 16 | Fainting or Black outs | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 17 | Epilepsy or fits | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | |
| 18 | Joints, Ligaments or tendons | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 19 | Fractures | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | |
| 20 | Mental Ill Health | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 21 | Alcohol / Drug related Illness | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | |
| 22 | Do you suffer from any other medical condition that may affect your suitability for employment | | | | | | | | | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have answered YES to any of the above questions 5 – 22 Please give details below: -

Should any additional information be required for you medical practitioner, the law requires us to inform you of our intention and to obtain your written consent beforehand

HEALTH DECLARATION

I confirm that the above information is complete and agree at Global reserves the right to require me to undergo a medical examination at the Company's expense.

Signed:

Date:

BS 7858:2009

In accordance with the Security Industry Standards, staff will be screened in accordance with the BS 7858:2009 (Security Screening of Individuals employed in a Security environment). Any employment is conditional upon the screening process being completed satisfactorily.

From commencement of the screening process we have 12 weeks in which to complete all aspects of the process. If after the 12-week period any aspects have not been completed then your conditional employment will be terminated.

You can assist the process by:

Passport Photograph

Provide a current passport photograph. Ensure that your Forename, Surname and date of birth are clearly printed on the back of the photograph

Identification Documentation

Provide the relevant documentation to the standard set by the Security Industry Authority. For further information regarding the acceptable documentation visit

http://www.sia.homeoffice.gov.uk/Documents/licensing/sia_application_form_notes.pdf (Section D)

Character References

We require details of 2 Character References. A Character Reference cannot be from a relative or anyone residing at the same address as you. They must have known you for a minimum of 2 years.

5 Year Employment History

We require verification of a 5-year work history. Within this 5-year period, there can be no gaps in excess of 28 days unaccounted for. To assist in this process:

1. Ensure that you have provided clear and correct previous employer details
2. If you have been registered unemployed contact your job centre and obtain a letter stating the dates you were in receipt of benefits or registered unemployed.
3. Where a previous employer is no longer exists, provide P60's, wage slips, contracts of employment or Bank Statements showing your first & last pay being paid into your bank.
4. If unemployed but not registered as unemployed or travelling abroad, please make this clear on your application form.

DECLARATION

Read this section carefully before signing this statement

I hereby certify that to the best of my knowledge and belief, the details I have given are complete and correct. I understand that misrepresentation of facts to the company or its representative in pursuance of my application is grounds for immediate dismissal without notice.

I understand that continued employment with the company will be conditional upon satisfactory security vetting and undertake to co-operate with the company in providing any additional information required to meet this criterion.

I authorise the company to approach previous employers, schools/colleges, personal referees or any government agencies to verify that the information I have given is correct. I will supply a Statutory Declaration if required.

I further authorise the company to conduct a pre-employment check with a Credit Reference Agency and authorise such checks to be repeated as necessary during my period of employment.

I acknowledge that the company will process data about me and retain it in a secure manner, both in the form of manual and computer-based records and hereby consent to this.

I further declare that I have the right to take up employment in the UK and have provided the required documents as proof of identification.

Signed:

Print Name:

Date:

Please Return Completed Application Forms To:

Global Security, Suite 95, Cassidy House, Station Road, Chester CH1 3DW

Or

E-Mail: Recruitment@Global.uk.com

OFFICE USE ONLY

Interviewed By:		Date Interviewed:	
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NOTES

Successful <input type="checkbox"/>	Unsuccessful <input type="checkbox"/>
Position Offered: <input type="text"/>	Proposed start date: <input type="text"/>