

admiral

SECURITY SERVICES

Return Form to: Admiral Security Services, Admiral House, Blakeridge Lane, Batley, WF17 8PD
Tel: 01924 350700 Fax: 01924 422715

APPLICATION FORM

| | | | |
|--|---------------|-------------------------------------|-----------------------|
| POSITION APPLIED FOR: | | | |
| SURNAME * MR / MRS / MISS / MS | | | |
| FIRST NAME(S) | | | |
| ADDRESS | | | |
| POSTCODE: | | | |
| HOME TEL. NO. | | MOBILE NO. | |
| DATE OF BIRTH / / | | AGE | MARITAL STATUS |
| NATIONAL INSURANCE No. | | NATIONALITY | |
| HEIGHT | WEIGHT | | EYESIGHT |
| STATE OF HEALTH | | ARE YOU REGISTERED DISABLED? | * YES / NO |
| If you are registered disabled, please give full details: | | | |
| NAME OF G.P.: | | TEL No.: | |
| ADDRESS: | | | |
| NEXT OF KIN: | | RELATIONSHIP | |
| ADDRESS: | | TEL No.: | |
| DO YOU HOLD A CURRENT DRIVING LICENCE? | | * YES / NO | |
| DO YOU HAVE YOUR OWN TRANSPORT? | | * YES / NO | |
| HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? | | * YES / NO | |
| If yes, please give full details: | | | |
| DO YOU HOLD A SIA LICENCE? | | LICENCE NUMBER: | |

* = delete as applicable

P.T.O.

WORK PATTERNS

| | |
|---|--------------------|
| WOULD YOU PREFER TO WORK | * FULL / PART TIME |
| ARE YOU AWARE THAT SHIFT WORK IS INVOLVED? | * YES / NO |
| HAVE YOU WORKED SHIFTS PREVIOUSLY? | * YES / NO |
| ON WHAT DATE WOULD YOU BE AVAILABLE TO START WORK? | / / |

FURTHER EDUCATION, COLLEGE AND UNIVERSITY

| NAME OF COLLEGE/ UNIVERSITY/ TRAINING BODY ATTENDED | FROM | TO | QUALIFICATIONS ACHIEVED |
|--|------|----|-------------------------|
| | | | |

EMPLOYMENT HISTORY

Please list previous employers for the last 10 years starting with the most recent. Continue on a separate sheet if necessary.

| | | |
|--|--------------|------------|
| NAME OF CURRENT / LAST EMPLOYER: | | |
| ADDRESS: | | |
| TEL No.: | | |
| POSITION HELD: | RATE OF PAY: | |
| BRIEFLY STATE YOUR DUTIES: | | |
| DATE EMPLOYED | FROM | TO |
| REASON FOR LEAVING: | | |
| CAN BE CONTACTED FOR A REFERENCE NOW? | | * YES / NO |

| | | |
|-----------------------------|--------------|----|
| NAME OF EMPLOYER: | | |
| ADDRESS: | | |
| TEL No.: | | |
| POSITION HELD: | RATE OF PAY: | |
| BRIEFLY STATE DUTIES: | | |
| DATE EMPLOYED | FROM | TO |
| REASON FOR LEAVING: | | |

| | | |
|----------------------------------|--------------|----|
| NAME OF EMPLOYER: | | |
| ADDRESS: | | |
| TEL No.: | | |
| POSITION HELD: | RATE OF PAY: | |
| BRIEFLY STATE YOUR DUTIES: | | |
| DATE EMPLOYED | FROM | TO |
| REASON FOR LEAVING: | | |

REFERENCES

Due to the nature of our business, references will be taken up from the names listed below and from previous employers. If you do not wish us to contact any individual prior to you being offered a position with this company, please inform us. Any offer of employment will be subject to satisfactory references being obtained.

Please give the details of three people (not relatives) who know you personally to whom we can apply for references.

| |
|---|
| NAME: |
| OCCUPATION: |
| ADDRESS: |
| TEL No.: No. OF YEARS KNOWN: |
| NAME: |
| OCCUPATION: |
| ADDRESS: |
| TEL No.: No. OF YEARS KNOWN: |
| NAME: |
| OCCUPATION: |
| ADDRESS: |
| TEL No.: No. OF YEARS KNOWN: |

STATEMENT

I can confirm that the facts stated in this application for employment are to the best of my knowledge true and complete. Misinterpretation or failure to disclose materials facts will constitute grounds for dismissal.

Signed: Date:

Please note that if you have not received a reply within three week of receipt of application form
this will mean that you are unsuccessful

| OFFICE USE ONLY | | | |
|---|----------------------------------|--------------------------------|----------------------------------|
| TO BE COMPLETED AND SIGNED BY PERSON CONDUCTING INTERVIEW | | | |
| EYESIGHT <input type="checkbox"/> | HEARING <input type="checkbox"/> | SMELL <input type="checkbox"/> | LIFTING <input type="checkbox"/> |
| POSITION OFFERED? * YES / NO | | START DATE: | |
| INTERVIEWERS SIGNATURE: | | | |
| PRINT NAME: | | DATE: | |

PERSONAL REFERENCE AND EMPLOYMENT VERIFICATION

Please read this carefully before signing this form

I understand that employment with Admiral Security is subject to satisfactory references and security screening in accordance with BS 7858.

I undertake to cooperate with Admiral Security in providing any additional information required to meet these criteria;

I authorize Admiral Security and/or its nominated agent to approach previous employers, schools/colleges, character referees or Government Agencies to verify that the information I have provided is correct;

I authorize Admiral Security to make a consumer information search with a credit reference agency, which will keep a record of that search and may share that information with other credit agencies.

I understand that some of the information I have provided in this application will be held on a computer and some or all will be held in manual records.

I consent to Admiral Security's reasonable processing of any sensitive personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by Admiral Security. Subject to the Access to Medical Records Act 1988, I consent to the results of such examinations to be given to Admiral Security. 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, to the best of my knowledge, the details I have given in this application form are complete and correct.

I understand that any false statement or omission to Admiral Security or its representatives may render me liable to dismissal without notice.

SIGNATURE:

PRINT NAME:

DATE:

