



Section one To be completed by the employee

Your employer will need this information if you don't have a form P45 from your previous employer. Your employer may ask you to complete this form or provide the same information in another format. If you later receive your P45, hand it to your present employer. Use capital letters when completing this form.

Your details

National Insurance number

This is very important in getting your tax and benefits right

Grid for National Insurance number: 9 boxes

Title - enter MR, MRS, MISS, MS or other title

Text box for title

Surname

Grid for Surname: 13 rows of boxes

First name(s)

Grid for First name(s): 3 rows of boxes

Gender. Enter 'X' in the appropriate box

Male Female

Date of birth DD MM YYYY

Grid for Date of birth: 8 boxes

Address

House or flat number

Grid for House or flat number: 6 boxes

Rest of address including house name or flat name

Grid for Rest of address: 6 rows of boxes

Postcode

Grid for Postcode: 8 boxes

Your present circumstances

Read all the following statements carefully and enter 'X' in the one box that applies to you.

A - This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit or a state or occupational pension.

OR B - This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a state or occupational pension.

OR C - I have another job or receive a state or occupational pension.

Student Loans (advanced in the UK)

If you left a course of UK Higher Education before last 6 April and received your first UK Student Loan instalment on or after 1 September 1998 and you have not fully repaid your Student Loan, enter 'X' in box D. (Do not enter 'X' in box D if you are repaying your UK Student Loan by agreement with the UK Student Loans Company to make monthly payments through your bank or building society account.)

Signature and date

I confirm that this information is correct

Signature

Text box for signature

Date DD MM YYYY

Grid for Date: 8 boxes, with '2' and '0' pre-filled

Section two To be completed by the employer

Almost all employers must file employee starter information online at www.hmrc.gov.uk/online

Guidance for employers who must file online can be found at www.businesslink.gov.uk/payingnewemployees

Employers exempt from filing online should send this form to their HM Revenue & Customs office on the first payday. Guidance can be found in the E13 *Employer Helpbook Day to day payroll*.

Employee's details

Date employment started DDMMYYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Works/payroll number and department or branch (if any)

<input type="text"/>
<input type="text"/>

Job title

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employer's details

Employer PAYE reference

Office number Reference number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address

Building number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employer name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Rest of address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tax code used

If you do not know the tax code to use or the current National Insurance contributions (NICs) lower earnings limit, go to www.businesslink.gov.uk/payeratesandthresholds

Enter 'X' in the appropriate box

Box A

Emergency code on a **cumulative** basis

A	<input type="text"/>
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Box B

Emergency code on a **non-cumulative** Week 1/Month 1 basis

B	<input type="text"/>
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Box C

Code BR unless employee fails to complete section one then code OT Week 1/Month 1 basis

C	<input type="text"/>
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Tax code used

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If Week 1 or

Month 1 applies,

enter 'X' in this box

<input type="text"/>

For employees who complete Box A or Box B starter notification is not needed until their earnings reach the NICs lower earnings limit.

Declaration:

I understand that during the course of my employment it will be necessary for the Company to maintain personnel records in relation to my employment. Any information held concerning my employment which is personal data and which is processed by the Company for these purposes shall be processed only in accordance with the Data Protection Act 1998.

Acknowledgement:

I acknowledge receipt of this Statement. I have been shown the Employee Handbook. I confirm that I have read the Statement and the Employee Handbook which set out the principal rules, policies and procedures relating to my employment and which together with my offer letter form my written contract of employment.

Signed by the employee

Date

Signed for and on behalf of Company.

Signed by the Employer

Date.....

Royal Security Limited

Personal details:

New Employee Form

Surname	<input type="text"/>
Forename 1	<input type="text"/>
Forename 2	<input type="text"/>
Preferred name	<input type="text"/>
Address	<input type="text"/>
Post Code	<input type="text"/>
Telephone	<input type="text"/>
Mobile	<input type="text"/>
E-mail	<input type="text"/>

Title (eg Mr)	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Married	<input type="checkbox"/>
Date of birth	<input type="text"/>
Photo	<input type="text"/>

Work & Pay:

Job title	<input type="text"/>
Department	<input type="text"/>
Works Number	<input type="text"/>
NI Number	<input type="text"/>
NI Table Letter	<input type="text"/>
Tax Code	<input type="text"/>
Wk1 / Mth1 basis	<input type="checkbox"/>
Director	<input type="checkbox"/>

Date started	<input type="text"/>
Pay rate	<input type="text"/>
Pay frequency	Wk <input type="checkbox"/> 2-Wk <input type="checkbox"/> 4-Wk <input type="checkbox"/> Mth <input type="checkbox"/>
Pay method	Bank <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/>
Bank name	<input type="text"/>
Sort code	<input type="text"/>
Account name	<input type="text"/>
Account number	<input type="text"/>
Payment ref. <small>(if supplied by the bank)</small>	<input type="text"/>

P45 from previous employment:

PAYE Office Number	<input type="text"/>
PAYE Office Reference	<input type="text"/>
Leaving date	<input type="text"/>
Continue Student Loan	<input type="checkbox"/>
Tax code at leaving	<input type="text"/>
W1/M1 basis	<input type="checkbox"/>
Was paid monthly	<input type="checkbox"/>
Wk/Mth of last P11	<input type="text"/>
Pay to date	<input type="text"/>
Tax to date	<input type="text"/>

Terms of employment:

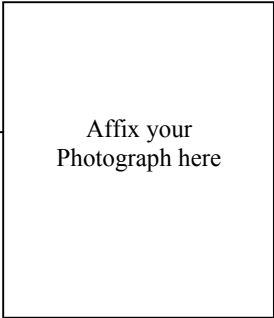
Hours work per week	<input type="text"/>
Paid overtime	<input type="checkbox"/>
Weeks notice required.	<input type="text"/>
Days sick on full pay	<input type="text"/>
Retirement age	<input type="text"/>
May join pension scheme	<input type="checkbox"/>
Days holiday per year	<input type="text"/>
Max carry over days	<input type="text"/>
Days Holiday in first year	<input type="text"/>

If there is no P45:

- A - This is the employee's first job since last 6 April and he/she has not been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension.
- B - This is now the employee's only job, but since last 6 April he/she has had another job, or has received taxable Jobseeker's Allowance or Incapacity Benefit. He/she does not receive a state or occupational pension.
- C - The employee has another job or receives a state or occupational pension
- Don't know

Additional Information / Notes / History

Employee signature _____ Date _____



Application for Employment

Position Applied for: []

Personal Details (Please Complete in Block Capitals and use Black Ink)

Mr/Mrs/Ms Surname First Name(s) Middle Name(s)

Address: Post Code:

Telephone No: Mobile No: Email:

If less than 3 years at this address, state your previous address (es)

Address (1) Post code. Dates

Address (2) Post code. Dates

Address (3) Post code. Dates

National Insurance No: Date of Birth:

Place & Country of birth: Nationality:

If not born in the EC date of entry into 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 (i.e.) & date (s):

Do you have?

A current driving license? Provisional Full No

Use of vehicle? Yes No

Any current endorsements? If so, please give detail(s).

Next to kin [Name]: Relationship: Tel No:

Address of Next to Kin: Post Code

Have you ever been cautioned or convicted of a criminal offence in the UK or any other Country or are there any proceeding pending? Yes No

(Subject to the Rehabilitation of Offenders Act 1974)

If yes, Please give details(Attach extra sheet if required):

Date of Offence:

Have you ever been subject to bankruptcy proceeding or court judgments for debit. Or are there any proceeding pending? Yes No

If yes, please give details:

Name & Pin No. of introducing Officer (if applicable)

Name: Pin No:

EMPLOYMENT RECORD (College / University / Work)

Last 5 years (Start with most recent).

Important- full addresses and contact telephone numbers are required If you are still presently employed, please give the notice period you required. Attach Additional Sheet if required.

No.	Employer/Education details	Start date	Finish date	Company Name and Address	Reason for leaving
1	Contact Person? Title Your job Title:			Tel. Fax:	
2	Contact Person? Title Your job Title			Tel. Fax:	
3	Contact Person? Title Your job Title			Tel. Fax:	
4	Contact Person? Title Your job Title			Tel. Fax:	
5	Contact Person? Title Your job Title			Tel. Fax:	
6	Contact Person? Title Your job Title			Tel. Fax:	
7	Contact Person? Title Your job Title			Tel.	

PERSONAL REFEREES

Please give the name, address, telephone number and occupation of two persons, not related to you, who have known you for at least 2 years in a personal capacity, whom we may approach for character references (Tutor/Employer).

Referee One

Title _____ Surname _____ Fore Name(s) _____

Address: _____ Post Code: _____

Telephone No: _____ Occupation: _____

In What capacity do you know this person? _____

How long have you known this person? _____

Referee Two

Title _____ Surname _____ Fore Name(s) _____

Address: _____ Post Code: _____

Telephone 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, telephone number and occupation of two professional referees who can confirm this (e.g. solicitor, bank manager or accountant).

Referee One

Title _____ Surname _____ Fore Name(s) _____

Address: _____ Post Code: _____

Telephone No: _____ Occupation: _____

In What capacity do you know this person? _____

How long have you known this person? _____

Referee Two

Title _____ Surname _____ Fore Name(s) _____

Address: _____ Post Code: _____

Telephone No: _____ Occupation: _____

In What capacity do you know this person? _____

How long have you known this person? _____

PREVIOUS SECURITY QUALIFICATIONS

Do you hold any of following certificates?

NVQ/SVQ in security, safety & loss prevention	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C & G Professional/Advanced Security Officer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SITO Basic Job Training Certificate 2 days course Date Completed _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Completed _____ 3 days course	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First Aid Expiry Date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire fighting Expiry Date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other professional qualifications _____		

LICENCE STATUS

Do you hold any of the following SIA Licenses?

Security guarding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiry Date _____	Licence No _____
Door Supervision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiry Date _____	Licence No _____
Cash & valuables in Transit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiry Date _____	Licence No _____
Public space Surveillance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiry Date _____	Licence No _____
Vehicle Immobilization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiry Date _____	Licence No _____

SERVICE RECORD

Please tick Army Royal Navy Merchant Navy Police

Date From _____ to _____ Conduct Record _____

UNIFORM

Uniform Size: Chest: _____ Waist: _____ Hat: _____ Inside Leg: _____

Education History

If you have attended school / college in the last ten years, please give full details:

Name of school/College: -----

Address: -----

Date you left: -----

Education Details

Qualification	Date Received	Certification Body/Place of Education

MEDICAL DETAILS

“I agree to undergo a medical examination by the Company Doctor, and I authorize Royel Security Ltd. to contact my own Doctor.”

Name of Doctor: _____ Telephone Number: _____

Address: _____ Post Code: _____

Are you currently under any medication Yes No

If yes please give details _____

Details of major surgery with Dates _____

The following information is required in the event that you may wish to become authorized to drive a company vehicle or driver a private vehicle on company business.

Have you ever been refused a driving license on health grounds, Yes No

Or been banned or prevented from driving?

If Yes, When, for how long and for what reason? _____

Have you ever: (if YES please tick box)

- Received in-patient treatment for any mental condition
- Been refused employment or dismissed for health reason
- Been treated for alcohol or drug abuse
- Suffered from asthma, bronchitis or any other respiratory complaint

Do you: (if YES please tick box)

- Suffered from joint or back pain
- Suffered from blood pressure or heart problems
- Suffered from arthritis or rheumatism
- Suffered from diabetes
- Suffer from hearing problems
- Have epilepsy, fits or blackouts
- Have a good sense of smell
- Have colour blindness

Bank Details

Account Holder's Name:-----	Bank Name:-----
Account Number:-----	Branch Address:-----
Sort Code:-----	Post Code:-----

REHABILITATION OF OFFENDERS ACT 1974

The following is the summary of *REHABILITATION OF OFFENDERS ACT 1974*. Please ensure that you read through this carefully and that you are aware of its meaning.

WHAT IS THE ACT?

The *REHABILITATION OF OFFENDERS ACT 1974* was introduced to enable criminal convictions to be spent or forgotten after a period of rehabilitation. After this period, with some exceptions, an offender will not normally be obliged to mention the conviction when applying for a job, obtaining insurance, or when involved in other criminal legal proceedings.

HOW LONG IS THE REHABILITATION PERIOD?

The period of rehabilitation will depend on the sentence given, not the actual time served in custody.

<u>SENTENCE</u>	<u>PERSON 17 OR OVER WHEN SENTENCED</u>	<u>PERSON UNDER 17 WHEN SENTENCED</u>
2.5 years or over	Never	Never
A sentence of imprisonment, direction in a young offender institution, youth custody Or corrective training for a term exceeding 6 months but not exceeding 2.5 years	10 years	5 years
A sentence cashiering, discharge with ignominy or dismissal with disgrace from her Majesty's service	10 years	5 years
A sentence of imprisonment, direction in a young offender institution or youth custody for a term less than 6 months	7 years	3.5 years
A sentence of dismissal from her Majesty's service	7 years	3.5 years
Any sentence of detention in respect of a conviction in service disciplinary proceeding	7 years	3.5 years
A fine , other sentence, community service order or probation	5 years	2.5 years
Order for detention in a detention centre	3 years	3 years
Absolute Discharge	6 months	6 months
Conditional discharge or bind over	1 year or until order expires	
Attendance Centre order	1 year or until order expires	
Hospital Orders	5 years or 2 years after the order expires whichever is the longer period	

HOW DOES THIS AFFECT YOU?

If you have been awarded with any of the sentences shown (including suspended sentences) and the period of rehabilitation has been completed, your sentence is regarded as spent and need not be declared if it has not been spent then it must be included on your application form.

Please now sign the declaration below to confirm you have read the *Rehabilitation of Offenders Act 1974*.

Signature _____ Date _____

WORKING TIME DIRECTIVE-48 HOURS WEEK

- The 48-hours week working time directive has been in force since 1st October 1998
- Under these regulations Royal Security Ltd obtains your written permission.
- If you wish to work for more than 48 hours per week.
- If you do wish to work more than 48 hours per week, you need to sign the agreement below.
- If you change your mind about this later, you will need to inform the human resources Department in writing giving three months notice, so that your roster may be amended.

- The Directive states that the security industry is not bound to comply with regulations relating to night workers working longer than 8 hours in 24 hours, rest period of 11 hours per day or one day per week or a rest period for every 6 hours worked, provided that you are allowed the same rest at a later time.
- If however you wish to work and to be paid for rather than take rest breaks, you can do so, provided that there is work available and you have returned the signed agreement enclosed.

Please tick one of the following statements and sign below:-

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

Print Name _____ *Signature* _____ Date _____

DECLARATION OF CONSENT

I certify that the information I have provided in this application is correct to the best of my knowledge and belief, I fully understand that it is a criminal offence to make it also statements on this application form under Section 16 of the theft Act 1968.

I also understand that any false statement may be sufficient cause for rejection of my application or if employed dismissal.

I further certify that I have completed the application form in my own hand writing and understand that my employment is subject to satisfactory vetting in compliance with security- check or as may be amended.

I authorize 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 1998.

I understand and agree that any offer of employment is conditional to the verification, to Royel Security Ltd satisfaction of the information provided on the Application Form.

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

I understand that the check will involve verification of the details as specified below:

CHECKS TO BE CARRIED OUT

- **Passport/ID & relevant visas - right to work in the UK**
- **Residency check**
- **County Court Judgment/Bankruptcy checks**
- **10 year employment check**
- **Criminality check**

1) I also understand that it may be a criminal offence to attempt to obtain employment by deception and that any misrepresentation omission of the material fact or deception will be cause for immediate cancellation of consideration for employment, or dismissal if already employed.

2) I hereby authorize Royel Security Ltd to verify information presented on my application form, which may include explicit or sensitive personal data for the purposes of the *Data Protection Act 1998* and the obtaining of the documents and/ or information covered by the European Union.

3) Directive 95/46. I authorize Royel Security Ltd 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)

4) I understand that if an unsatisfactory reference is received from my current employer after I have accepted a role with Royel Security Ltd that Royel Security Ltd may terminate my employment with immediate effect.

I confirm that my consent is explicit, fully informed and freely given for the purposes of the Act.

Signature: _____

Print Name: _____

Date: _____

FOR OFFICE USE ONLY

Tick all appropriate boxes to confirm sight of original documents and to confirm that signed and endorsed copies are on file.

<u>Document</u>	<u>Signature of person taking copy</u>
<input type="checkbox"/> Birth certificate	_____
<input type="checkbox"/> Armed Services	_____
<input type="checkbox"/> Driving License	_____
<input type="checkbox"/> Work permit	_____
<input type="checkbox"/> Passport	_____
<input type="checkbox"/> Civilian Services	_____
<input type="checkbox"/> Education and / or Training Certificates	_____
<input type="checkbox"/> Proof of Home Address	_____