



Application Form

Application for:

PERSONAL DETAILS

Candidate ID No

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

Any Former Names _____ Known as _____

Address _____

Postcode _____

Telephone No _____ Mobile No _____ Email _____

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

Address _____ Postcode _____ Dates _____

Address _____ Postcode _____ Dates _____

Address _____ Postcode _____ Dates _____

Address _____ Postcode _____ Dates _____

Address _____ Postcode _____ Dates _____

National Insurance No _____ Place & Country of Birth _____ Date 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(ies) & date(s) _____

Do you have

A current driving licence? Provisional Full No

Use of a vehicle? Yes No

Any current endorsements? If so, please give details _____

Emergency Contact Name and Address _____

Relationship _____

Tel Nos. Home _____ Work _____ Mobile _____

Have you ever been cautioned or convicted of a criminal offence either in the UK or any other Country, or are there any proceedings pending? (Subject to the Rehabilitation of Offenders Act 1974) Yes No

If yes, please give details _____

Date of Offence _____

Have you ever been subject to bankruptcy proceedings or court judgements for debt, or are there any proceedings pending? Yes No

If yes, please give details _____ Amount: £ _____

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

Name _____ Pin No. _____

EMPLOYMENT & UNEMPLOYMENT RECORD

Last 5 years (start with most recent). Include ALL 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.

Employment/Education Details	Start Date	Finish Date
Contact Person/Title _____	<input type="text"/>	<input type="text"/>
Your Job Title _____		
Company or Job Centre Name & Address _____		

_____ Post Code _____		
Reason for Leaving _____		
Notice Period Required _____		
Tel No: _____		
Fax No: _____		
Email: _____		
Permission to contact: Yes <input type="radio"/> No <input type="radio"/>		

Employment/Education Details	Start Date	Finish Date
Contact Person/Title _____	<input type="text"/>	<input type="text"/>
Your Job Title _____		
Company or Job Centre Name & Address _____		

_____ Post Code _____		
Reason for Leaving _____		
Tel No: _____		
Fax No: _____		
Email: _____		

Employment/Education Details	Start Date	Finish Date
Contact Person/Title _____	<input type="text"/>	<input type="text"/>
Your Job Title _____		
Company or Job Centre Name & Address _____		

_____ Post Code _____		
Reason for Leaving _____		
Tel No: _____		
Fax No: _____		
Email: _____		

Employment/Education Details	Start Date	Finish Date
Contact Person/Title _____	<input type="text"/>	<input type="text"/>
Your Job Title _____		
Company or Job Centre Name & Address _____		

_____ Post Code _____		
Reason for Leaving _____		
Tel No: _____		
Fax No: _____		
Email: _____		

Employment/Education Details	Start Date	Finish Date
Contact Person/Title _____	<input type="text"/>	<input type="text"/>
Your Job Title _____		
Company or Job Centre Name & Address _____		

_____ Post Code _____		
Reason for Leaving _____		
Tel No: _____		
Fax No: _____		
Email: _____		

Employment/Education Details	Start Date	Finish Date
Contact Person/Title _____	<input type="text"/>	<input type="text"/>
Your Job Title _____		
Company or Job Centre Name & Address _____		

_____ Post Code _____		
Reason for Leaving _____		
Tel No: _____		
Fax No: _____		
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. Please provide a 3rd if available. These individuals must not be related to you and must not reside at the same address.

Referee One

Title _____ Forename/s _____ Surname _____
Address _____
Post code _____ Home Tel: _____ Work Tel: _____ Mob: _____ Email: _____
Occupation _____ In what capacity do you know this person? _____
How long have you known this person? _____

Referee Two

Title _____ Forename/s _____ Surname _____
Address _____
Post code _____ Home Tel: _____ Work Tel: _____ Mob: _____ Email: _____
Occupation _____ In what capacity do you know this person? _____
How long have you known this person? _____

Referee Three

Title _____ Forename/s _____ Surname _____
Address _____
Post code _____ Home Tel: _____ Work Tel: _____ Mob: _____ Email: _____
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 two professional referees who can confirm this (e.g. solicitor, bank manager or accountant).

Referee One

Title _____ Forename/s _____ Surname _____
Address _____ Post code _____
Tel No _____ Occupation _____
In what capacity do you know this person? _____

How long have you known this person? _____

Referee Two

Title _____ Forename/s _____ Surname _____
Address _____ Post code _____
Tel 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 the following certificates?

NVQ/SVQ in Security, Safety & Loss Prevention	<input type="radio"/> Yes Level ()	<input type="radio"/> No	
C&G Professional/Advanced Security Officer	<input type="radio"/> Yes	<input type="radio"/> No	
NOCN/SITO Basic Job Training Award	<input type="radio"/> Yes	<input type="radio"/> No	Date Completed _____
2 day course	<input type="radio"/> Yes	<input type="radio"/> No	Date Completed _____
3 day course	<input type="radio"/> Yes	<input type="radio"/> No	Expiry Date _____
First Aid	<input type="radio"/> Yes	<input type="radio"/> No	Expiry Date _____
Fire Fighting	<input type="radio"/> Yes	<input type="radio"/> No	Expiry Date _____
Other professional qualifications _____			

LICENCE STATUS

Do you hold any of the following SIA Licences?

Security Guarding	Yes <input type="radio"/>	No <input type="radio"/>	Expiry Date _____	Licence No. _____
Door Supervision	Yes <input type="radio"/>	No <input type="radio"/>	Expiry Date _____	Licence No. _____
Cash & Valuables in Transit	Yes <input type="radio"/>	No <input type="radio"/>	Expiry Date _____	Licence No. _____
Public Space Surveillance	Yes <input type="radio"/>	No <input type="radio"/>	Expiry Date _____	Licence No. _____
Vehicle Immobilisation	Yes <input type="radio"/>	No <input type="radio"/>	Expiry Date _____	Licence No. _____
Close-protection	Yes <input type="radio"/>	No <input type="radio"/>	Expiry Date _____	Licence No. _____
Key-holding	Yes <input type="radio"/>	No <input type="radio"/>	Expiry Date _____	Licence No. _____
Other _____				

SERVICE RECORD

Please tick Royal Navy Army RAF Merchant Navy Territorial Reserve

Date From _____ To _____ Conduct Record _____

UNIFORM

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

MEDICAL DETAILS

Are you currently under any medication? Yes No

If yes please give details _____

Are you fit to work? Yes No

If no please give details _____

Name and address of your Doctor _____

Date last examined by Doctor and reason _____

Are you in good health? Yes No Are you receiving any treatment? Yes No

If yes please give details _____

Details of major surgery with dates _____

Please give total number of days you were unable to work through illness or injury during the past year _____

Reason for absence _____

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

Have you ever been refused a driving licence on health grounds, or been banned or prevented from driving? Yes No

If 'yes', when, for how long and for what reason? _____

MEDICAL DETAILS CONTINUED

Have you ever: (if YES please tick box)

- Received in-patient treatment for any mental condition
- Been treated for alcohol or drug abuse
- Suffered from any nervous condition
- Suffered from joint or back pain
- Suffered from heart or blood pressure problems
- Suffered from arthritis or rheumatism
- Suffered from diabetes

- Been refused employment or dismissed for health reasons
- Suffered from asthma, bronchitis or any other respiratory complaint

Do you: (if YES please tick box)

- Suffer from hearing problems
- Have epilepsy, fits or blackouts
- Have a good sense of smell
- Have colour blindness

REHABILITATION OF OFFENDERS ACT 1974

The following is a summary of the 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.

SENTENCE	AGE 18 OR OVER WHEN CONVICTED	AGE 17 OR UNDER WHEN CONVICTED
2 1/2 years or over	Never	Never
A sentence of imprisonment, detention in a young offender institution, youth custody or corrective training for a term exceeding 6 months but not exceeding 2 1/2 years	10 years	5 years
A sentence of imprisonment, detention in a young offender institution or youth custody for a term less than 6 months	7 years	3 1/2 years
A sentence of dismissal from Her Majesty's Service	7 years	3 1/2 years
Any sentence of detention in respect of a conviction in service disciplinary proceedings	7 years	3 1/2 years
A fine, compensation, probation (for convictions on or after February 1995), community service, combination, action plan, curfew, drug treatment and testing and reparation orders	5 years	2 1/2 years
Order for detention in a detention centre	3 years	3 years
Absolute discharge	6 months	6 months
Conditional discharge or bind-over, probation (for convictions before 3 February 1995), supervision care order	1 year or until order expires	
Attendance centre order	1 year or until order expires	
Hospital order	5 years or 2 years after the order expires whichever is the longer period	
Referral order	(Once the order expires)	

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, summary above.

Signature _____

RIGHT TO WORK DOCUMENTS YOU CAN SUBMIT

UK Passport	<input type="radio"/> Yes	<input type="radio"/> No
EEA Passport/ID Card	<input type="radio"/> Yes	<input type="radio"/> No
UK Birth Certificate/Adoption Certificate	<input type="radio"/> Yes	<input type="radio"/> No
Entry Clearance/Visa Stamp/Residency Permit	<input type="radio"/> Yes	<input type="radio"/> No
Home Office/Border Immigration Authority Letter	<input type="radio"/> Yes	<input type="radio"/> No
Certificate of Application	<input type="radio"/> Yes	<input type="radio"/> No
Right of Residence as Family Member (Stamp)	<input type="radio"/> Yes	<input type="radio"/> No
Other	<input type="radio"/> Yes	<input type="radio"/> No
Please Specify _____		

WORKING TIME DIRECTIVE – 48 HOUR WEEK

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

Under these regulations Advance Security UK Ltd must obtain 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 rosters may be amended.

From 01 October 2007, you will receive twenty four days annual leave per year, accredited at 2 days per month.

From 01 April 2009, you will receive twenty eight days annual leave per year, accredited at 2.33 days per month.

Employees working at night have the opportunity for a free health assessment, if you wish to avail yourself of the assessment, please contact the Human Resources Department.

The Directive states that the security industry is not bound to comply with regulations relating to night workers 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 six hours worked, provided that you are allowed the same rest at a later time.

If, however, you wish to work and 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.

If you have any queries or need further explanation, please do not hesitate to contact the Human Resources Department or speak to your Customer Service Manager.

Please tick 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 wish to 'opt out' of the regulation.

Signed _____

Print Name _____

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 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 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 handwriting and understand that my employment is subject to satisfactory vetting in compliance with BS7858:2006 or as may be amended. 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 understand and agree that any offer of employment is conditional to the verification, to Advance Security UK Ltd's 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 Judgement/Bankruptcy checks

5 year employment check

I understand that all documents supplied will be checked for authenticity and that all forgeries will be reported to the relevant authorities.

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

I hereby authorise Advance Security UK 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 documents and/or information covered by the European Directive 95/46.

I authorise Advance Security UK 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). I understand that if an unsatisfactory reference is received from my current employer after I have accepted a role with Advance Security UK Ltd, that Advance Security UK 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.

Signed _____

Print Name _____

Date _____