

Head Office Cherry Orchard West Kembrey Park Swindon Wiltshire SN2 8UP

Application for Employment

Please answer all of the questions or write No or N/A if a question does not apply to you. Please write clearly in block capitals using black ink and also ensure that you read and sign the declaration contained within, and sign to verify.

Surname	Title (ie. Mrs)	Date of Birth	
Forenames	NI No.:	Previous Name	
Address		How long have you lived there ? Previous Address (if less than 3yrs)	
Telephone	Mobile	Email	
All employees are required to provide original documentary evidence to support their right to work in the UK, prior to commencing employment. Please mark the check boxes X to agree with the statement.			
☐ I originate from within th	e European Community	☐ I do not originate from within the European Community	
☐ There are no restrictions of	on my right to work in the UK	☐ There are restrictions on my right to work in the UK	
☐ I have the right to work in	n the UK	☐ I do not have the right to work in the UK	
☐ I do not require a permit	to work in the UK	☐ I do require a permit to work in the UK	
Many of our sites operate on a 24hr, 7 day a week basis. Please indicate your availability to work. This is purely used as a guide, and marking a weekend does not commit you to every weekend.			
☐ Monday ☐ Tuesday	y 🔲 Wednesday 🔲 Thursda	y 🗌 Friday 🔲 Saturday 🔲 Sunday	
☐ Day	time only Night ti	me only Mixed shifts	
Detail any current Holiday Commitments			
What is your Date of Availability to Start Employment (detail notice period) ?			

The following Section is subject to the Rehabilitation of Offenders Act

Have you ever been convicted of any criminal offence? (Non motoring)			
Have you ever been subject to any order made against you by a court or public authority?			
Have you any outstanding alleged offences or outstandin	g warrants pending against you ?		
Are you subject to bankruptcy proceedings or any outstar	nding court judgements for debt ?		
If you have answered YES to any of the above, please supply additional information to support your application.			
Do you own a Motor Vehicle ? Do you own a Motor Cycle ?			
Do you hold a Full UK Driving License ? How long have you held a Full License ?			
What is your License Number ?	Date of License issue and expiry:		
Please detail any motoring convictions or endorsements received in the last 5 years:			
SIA License Number License Sectors (ie. CCTV)			
License Expiry Date Are you First Aid Trained ?			
Please give details of 2 people who have known you for a minimum of 5 years and whom we may approach for a character reference and are: a) <u>NOT</u> a family member or relative, b) <u>NOT</u> living at the same address as you, c) <u>NOT</u> connected with your school or college			
Name & Address	Name & Address		
Email Address	Email Address		
Occupation	Occupation		
Telephone	Telephone		
How long have you known them ?	How long have you known them ?		

EMPLOYMENT HISTORY

Please record your total employment history including details of any self employment, unemployment, military service and part time work, giving full addresses and dates. If there are any period of unemployment, please give details of the Unemployment Benefit Office to which you reported. Start with your present employment, going back 5 years....

If you are still employed, may we approach your present employer for a reference ?				
		Employment Dates to		
Employer Name, Address and Telephone Number		Position Held		
		Reason for Leaving		
Email Address		Person you reported to:		
Employer Name, Address and Telephone Number		Employment Dates to		
		Position Held		
		Reason for Leaving		
Email Address		Person you reported to:		
Employer Name, Address and Telephone Number		Employment Dates to		
		Position Held		
		Reason for Leaving		
Email Address		Person you reported to:		
Employer Name, Address and Telephone Number		Employment Dates to		
		Position Held		
		Reason for Leaving		
Email Address		Person you reported to:		
Employer Name, Address and Telephone Number		Employment Dates to		
		Position Held		
		Reason for Leaving		
Email Address		Person you reported to:		

Employer Name, Address and Telephone Number		Employmer Position He Reason for	eld
Email Address		Person you	reported to:
Employer Name, Address and Telephone Number		Employmer Position He Reason for	eld
Email Address		Person you	reported to:
Please use additional sheets if required If you are currently, or have been previously self employed, please provide 2 trade references:			
ii you are carrent	y, or have been previously self-emplo	yea, pieuse provide 2 trade rei	
Name, Address & Telephone Numb		Name, Addre Telephone Nu	l l
Additional Comm	nents		
Equal Opportun	ities		
marital status, sex	• •	rder to comply with recommen	grounds of gender, race, religion, age, dations from the Commission for Racial corigin:
British] Western European	uropean 🗌 Caribbean [African Oriental Asian
Other(please indicate)			
In the event that y	you are invited for interview, you will	be required to attend with the	following 'original' documentation:
☐ Birth Certifica	te 2 Recent Utility Bil	ls Passport	SIA License
and if applicable:			
	UK Driving License	CCTV License	First Aid Certificate

01-003



Declaration

I authorise Elite Security Group to obtain references and confirm employment particulars as detailed within this application. I also understand that Elite Security Group may engage the services of an approved supplier to facilitate the screening and vetting process and authorise those parties to the same.

I understand that any appointment made will be subject to satisfactory references being received. I authorise Elite Security Group to perform a consumer information search with a credit reference agency, which will keep a record or that search and may share that information with other credit reference agencies.

I also certify that, to the best of my knowledge, the information provided is true, complete and accurate. I have never been convicted of any civil or criminal offences or dismissed from employment for any misconduct. I understand that any false statement or omission may render me liable to dismissal without notice.

Full Name in BLOCK CAPITALS	
Signed	
Dated	



Authorisation Letter to Data Protection Unit

Data Protection Unit
Room BP4302
Benton Park view
Long Benton
Newcastle upon Tyne
NE98 1ZZ

Dear Sir / Madam,

Would you please provide to me a copy of my National Insurance record under the

Dear Sir / Madam,	
Would you please provide to me a copy of my Nat	cional Insurance record under the Data Protection Act.
My full name is:	
My previous name was:	
My NI number is:	My date of birth is:
My Home address is:	
	Post code:
My previous address was:	
	Post code:
Your kind assistance would be most appreciated.	
Full Name in BLOCK CAPITALS	
Signed	
Dated	



Authorisation Letter to DWP

To Whom It May Concern,	
Reference N.I. Number	
I hereby give authorisation for the Department of Work and pensions to relea any details of my unemployment dates and any subsequent claims which I ha	, ,
Full Name in BLOCK CAPITALS	
Signed	
Dated	