

PLEASE WRITE CLEARLY USING **BLACK BLOCK CAPITALS**

Grey areas for Office Use Only

Position Applied

Position Applied	
Title (Mr, Mrs, Miss):	Surname:
First Name:	Middle Names:
Former Names:	Aliases:
Date of Birth:	Email:
Nationality:	Place of Birth:
Tel No:	Work Permit #:
Mobile No:	Naturalisation *:

ONLY APPLICABLE TO WORK PERMIT / VISA HOLDERS

Restrictions (Hrs)	Work Permit	Type Of Visa Tick Appropriate Box	Limited Leave To Remain
	Visa		Right To Abode
	Passport		Indefinite Leave To Remain
			Family
			Other

If not British or from a Schengen country. * If a Naturalised British citizen list the certificate number.

Nat. Ins. No:

SIA Lic. No: SIA Lic Type Expiry

SIA Lic. No: SIA Lic Type Expiry

Have you had an SIA licence refused or revoked for any reason: **YES** **NO**

If Yes, Date
Reason

Driv. Lic. No. DVLA Code

DVLA Code can be obtained from <https://www.gov.uk/view-driving-licence>

Transmission Type. **Manual** **Automatic**

Do You Own Your Own Transport **YES** **NO**

ALLIANCE SECURITY LTD

Application Form

Current address

Previous Addresses (if less than 5 years)

Address:		Address:	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Postcode:	<input type="text"/>	Start Date:	<input type="text"/>
Postcode:	<input type="text"/>	Start Date:	<input type="text"/>

Next Of Kin:

Please give details of your next of kin:

Name Of Next Of Kin	<input type="text"/>	<input type="checkbox"/>
Address	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>
Post Code	<input type="text"/>	<input type="checkbox"/>
Home Number	<input type="text"/>	<input type="checkbox"/>
Mobile Number	<input type="text"/>	<input type="checkbox"/>

Alliance Security Ltd is an equal opportunities employer, and the following is required to meet the requirements of anti-discrimination law please tick the relevant boxes below to indicate your ethnic background and religion.

Ethnic Background	Afro-Caribbean	Arab	Asian	Caucasian	Hispanic	Other (state)
Religion	Buddhist	Christian	Hinduism	Islam	Sikh	Other (state)

Personal References:

Please give details of two character references who you have known for a minimum of 2 years: They must not be former employers, relatives by blood or marriage and or persons living at the same address as you:

	First Personal Referee		Second Personal Referee	
Name:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Occupation:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Address:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Postcode:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Telephone:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
How Known:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
How Long Known	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

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Self Employed Referees:

If you have been self-employed within the last 5 years, also provide us with your accountant's details and one customer as referees:

		Accountant Referee		Customer Referee	
Name:					
Occupation:					
Address:					
Postcode:					
Telephone:					
How Known:					
How Long Known					

Employment Details:

Record your total employment history, starting with the most recent, month by month for the past 10 years or since leaving full time education, **leaving no periods unaccounted for** (including any periods overseas). If there are any periods of unemployment, give the address of the Unemployment Benefit Office to which you reported.

Service background details can be recorded below the employment section. Your application will not be considered unless this section is completed fully.

Dates		Company Name & Full Postal Address				Office Use Only
From				Position:		TV OK
Month	Year					
To		Postcode:		Contact Name:		LV OK
Month	Year	Tel:	Fax:			
From				Position:		TV OK
Month	Year					
To		Postcode:		Contact Name:		LV OK
Month	Year	Tel:	Fax:			
From				Position:		TV OK
Month	Year					
To		Postcode:		Contact Name:		LV OK
Month	Year	Tel:	Fax:			
From				Position:		TV OK
Month	Year					
To		Postcode:		Contact Name:		LV OK
Month	Year	Tel:	Fax:			
From				Position:		TV OK
Month	Year					
To		Postcode:		Contact Name:		LV OK
Month	Year	Tel:	Fax:			

ALLIANCE SECURITY LTD

Application Form

From		Position:	TV OK
Month	Year		
To		Contact Name:	LV OK
Month	Year		
Postcode:		Reason for Leaving:	TV OK
Tel:	Fax:		
From		Position:	TV OK
Month	Year		
To		Contact Name:	LV OK
Month	Year		
Postcode:		Reason for Leaving:	TV OK
Tel:	Fax:		
From		Position:	TV OK
Month	Year		
To		Contact Name:	LV OK
Month	Year		
Postcode:		Reason for Leaving:	TV OK
Tel:	Fax:		

Trade Union:

Are you a member of a trade union?	YES / NO	Yes, which one	
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Service Background:

Please circle which Service you have been a member of

Royal Navy	Army	RAF	Police	Fire Service	Ambulance	Merchant Navy	
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Date from		
Date To		
Rank Attained		
Decorations		
Are You Liable to Recall		
Conduct Record		

Are you a member of a reserve involve annual training	Please Circle	YES	NO	
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Background Information:

Have You Ever Been Dismissed By An Employer For Misconduct?	Please circle	YES	NO	
If Yes, please give dates and details:				
Dates				
Details				
Dates				
Details				

Education Details:

Name & Address of Last School	From	To	Examinations & Results	Name of academic Referee	
Name of & Address Colleges/Universities	From	To	Examinations & Results	Name of academic Referee	
Other Training Received			Courses and Examinations	Name of Training Body	

Criminal and Civil Record

Have you ever been cautioned, fined, imprisoned, placed on probation, discharged on payment of costs or had any order made against you by a criminal, civil or military court or public authority, including attachment of earnings and declaration of bankruptcy? (Excluding summary motoring offences)

State Yes or No:.....If yes, give details: (Failure so to do may lead to immediate termination of contract at a future date.)

Date Of Conviction		Date Of Conviction	
Offence		Offence	
Sentence		Sentence	

County Court Judgements For Debt?	Please Circle	YES	NO
Dates			
Details			

Have You Been Declared Bankrupt?	Please Circle	YES	NO
Dates			
Details			

Planned Absence From Work

Please confirm any planned absence from work commencing from today and going forward.

From			To (inclusive)		
From			To (Inclusive)		
From			To (Inclusive)		
From			To (Inclusive)		

Availability For Interview

Please confirm possible dates for Interview in the next four weeks from today.

Date 1			Date 4		
Date 2			Date 5		
Date 3			Date 6		

[OFFICE USE]

Declaration

I confirm that the information I have supplied is true and accurate to the best of my knowledge. I understand that giving false or misleading information may invalidate my contract. I agree that the information may be verified by whatever means is deemed necessary and that Alliance Security Ltd or GalliNet Ltd. may contact my present and past employers, referees, and reference agencies for references including credit references, name checks, and criminal record checks in accordance with BS7858.

Personal Data

I agree that Alliance Security Ltd & GalliNet Ltd. may make further investigations in relation to information about me. I agree that Alliance Security Ltd & GalliNet Ltd. may store and process the information I have supplied and other information relating to my past, current and future tenancies/licenses, and information obtained by any further investigations, by computer or other means. I understand that the information may be used for personal location, assessment, and analysis (including market and product analysis).

I understand that Alliance Security Ltd & GalliNet Ltd. may give some or all this information to any of the following:

- Credit reference agencies or other organisations that may record, use and give out information for personal assessment or fraud prevention.
- People or organisations that provide services to Alliance Security Ltd & GalliNet Ltd. or are acting as agents.
- Anyone to whom Alliance Security Ltd & GalliNet Ltd. transfers or may transfer its rights and duties
- Anyone to whom Alliance Security Ltd & GalliNet Ltd. has a right or duty to disclose information, or is permitted or compelled to disclose information to by law.

I certify that, to the best of my knowledge, the information that I have given is true and complete, I have never been of any civil or criminal offence or had a court order made against me or been dismissed from employment for any misconduct. I understand that any false statement or omission may render me as an employee liable to dismissal without notice or as a Guardian to licence termination without notice. I accept that I may be required to undergo a medical examination where requested by the Company and I consent to the results of such examinations being given to a Company Director.

I understand that information supplied by me is protected by the Data Protection Act.

Name:

Signature: **Date:**.....

Interview Notes:

Recommendation: