Application Form

WS/EAF/KJW/DOC.03



Tel. 020 8937 6726

Application for employment a	s a						
1. Personal information							
All forenames:			Telephone				
Surname: Mr / Mrs / Miss / Ms			Are you over 21 year (For insurance purpo	s of age? ses only)	Yes 🗌 No 🔲		
Other surnames, date and reason for change:			Nat. Insurance No.				
Address			Do you have a currer Licence?	nt Driving	Yes No		
	Postcode		Do you have your ow for travel to work?	n transport	Yes 🗌 No 🔲		
If you are not a British national, give entry into the UK	your nationality an	d date of					
2. Education and trainin			l F.	an Anlana I			
School or College attended	Date From	es To	Exams taken / Qualifications gained				
3. Outside interests							

Have you ever been convicted of any civil or criminal offence?

Are there any alleged offences or cautions outstanding against you?

Yes \(\)
No \(\)

If you answer Yes to either questions, please give details below.

Yes \(\)
No \(\)

NB: Disclosure is not required where there is a conviction to which the provisions of the Rehabilitation of Offenders Action, 1974 apply. Failure to disclose an unspent conviction is, in itself, a criminal offence. If you are unclear about any of these questions ask the Interviewing Officer.

4a. SIA Licensing

Have you trained to be a security officer? (Security Officers require a SIA License to work)	Yes No No
What training course have you completed?	
Did you pass the exam?	Yes No No
Have you got your SIA License?	Yes No No
What is your SIA License number?	

5. Employment record

Starting with your present or last employer, give details of your employment history for the last 10 years, or since you left full-time education. Include periods of self-employment and military service. For any period of unemployment, give the address of the office to which you reported and dates. IF THIS IS NOT COMPLETED CORRECTLY IT WILL DELAY YOUR APPLICATION BEING PROCESSED.

Name And Address Of Employer	Department And Contact Name	Da (Month		Job Title, Payroll No., Wage On Leaving	Reason For Leaving - This Will Be Verified.		
		From	То	g	Tomica.		
1.							
Tel. No.	1						
2.							
Геl. No.	-						
3.							
J.							
F-1 N-							
Tel. No.							
4.							
Tel. No.	1						
<u> </u>							
-							
Геl. No.	_						
6.							
Tel. No.							
		l	<u> </u>	L	<u> </u>		
5a. Bank Details	Society						
Name of Bank/Building Bank/Building Society	Address						
				Post Code)		
Account Name Account Number		Sort Co		Roll Numbe			
		30111	1114		41		

OFFICE USE ONLY Screening Record												
Referee's reference confirmed by name, position, date, tel. no.	Dates of employment confirmed		employment confirmed		employment confirmed		Reason for leaving	Would you re-employ? If not, why?	Should we employ in a position of trust?	References obtained by: Name / Position / Date	Written reference Sent / Received Date	Checked by Name / Position / Date
1.							Sent					
Fax. No.							Received					
2.							Sent					
Fax. No.							Received					
3.							Sent					
Fax. No.							Received					
4.							Sent					
Fax. No.							Received					
5.							Sent					
Fax. No.							Received					
6.							Sent					
Fax. No.							Received					
7.							Sent					
Fax. No.							Received					
					E .			-				

10 Year Date Check Calendar								5-Year S Empl	ning Co nt Auth								
1	J	F	M	Α	M	J	Jy	Α	S	0	N	D					
2	J	F	М	Α	M	J	Jy	Α	S	0	N	D	Director				
3	J	F	М	Α	M	J	Jy	Α	S	0	N	D					
4	J	F	М	Α	M	J	Jy	Α	S	0	N	D	Date		1	1	
5	J	F	М	Α	М	J	Jy	Α	S	0	Z	D					
6	J	F	M	Α	M	J	Jy	Α	S	0	Z	D					
7	J	F	M	Α	M	J	Jy	Α	S	0	Z	D					
8	J	F	M	Α	M	J	Jy	Α	S	0	Z	D					
9	J	F	M	Α	M	J	Jy	Α	S	0	Z	D					
10	J	F	M	Α	M	J	Jy	Α	S	0	N	D					

6. Character referees (a reference known to you personally not a relative or employer). Name Name Address Address Tel. No. Tel. No. Profession Profession How long have you known this person? How long have you known this person? 7. Professional referees (solicitor, etc for periods of self-employment or if requested). Name Name Address Address Tel. No. Tel. No. Profession Profession The information given in this Application Form, to the best of my knowledge, is correct. I understand that any false statement or omission will automatically invalidate any Contract of Employment issued to me by the Company. I authorise the Company to approach Government agencies, former employers and personal referees for verification of my employment record. I agree, if requested by the Company, to make a Special Access Enquiry under the Data Protection Act and sign a Statutory Declaration to confirm the dates of previous employment.

Date

1

Signed

		FOR OFFICE USE	ONLY					
INTE	:S	DOCUMENT CHECK				riginal seen	Photocopy Attached	
Appearance			Birth Certificate				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Attuonou
Communication Skills			Passport					
Literacy (test result)			Driving Licen	се				
Attitude			Work Permit (OW1) / expiry date					
Areas prepared to work			Authority from College					
Type of transport			Service Record Book					
Notice required			Health Questionnaire					
Induction date			WTA Letter					
Minimum pay rate required / offered	Req:	Off:	TESTED FOR Res			ult	Test date	Initials
Holidays booked.			Vision					
Schedule			Colour Perce	ption				
Working restrictions			Hearing					
Job offer			Smell					
Responsible to								
Other			UNIFORM SIZES					_
Signed			Collar		lat			
			Waist		Shoe size			
Interviewing Officer (print)			Chest			Blou		
Date			Leg (29 / 31 / 33)		;	Skirt		