



EMPLOYMENT APPLICATION FORM

PHOTO
Please Print your name in capital at the back side of Photo

PERSONAL DETAILS

Title Mr / Mrs / Miss / Ms DATE OF BIRTH

SURNAME _____

FIRST NAME _____

CURRENT ADDRESS _____

PERMANENT ADDRESS (if different from above) _____

HOME PHONE NO _____ MOBILE NO _____

EMAIL ADDRESS _____

COUNTRY OF BIRTH _____ NATIONALITY _____

DATE OF ENTRY IN UK (If Applicable) _____ NI NUMBER _____

DO YOU OWN A VEHICLE YES NO TYPE

DRIVING LICENSE FULL PROVISIONAL NONE

SIA LICENSE NO EXPIRY DATE

LICENSE TYPE DOOR SUPERVISOR SECURITY GUARDING CCTV OTHER _____

EDUCATION & TRAINING

QULIFICATION	FROM	TO	SCHOOL/COLLEGE/UNIVERSITY NAME

SERVICE RECORD

FORCE _____ DATES TO

ARMY ROYAL NAVY RAF POLICE

UNIT/REGIMENT _____ SERVICE NO _____

RANK HELD _____ REASON FOR LEAVING _____

EMPLOYMENT HISTORY

Please give full details of your current and previous employers covering at least 5 years period

EMPLOYER DETAILS	DATES		HOURLY RATE / SALARY	REASON FOR LEAVING
	FROM	TO		
COMPANY MANAGER NAME POSITION HELD ADDRESS POST CODE PHONE				
COMPANY MANAGER NAME POSITION HELD ADDRESS POST CODE PHONE				
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COMPANY MANAGER NAME POSITION HELD ADDRESS POST CODE PHONE				
COMPANY MANAGER NAME POSITION HELD ADDRESS POST CODE PHONE				

PERSONAL REFERENCES

Please provide contact details of 2 people you have known for at least 5 years, must not be related to you and nor living at your address

PERSONAL REFERENCE - 1

NAME _____

ADDRESS _____

_____ POST CODE _____

PHONE (Home) _____ Mobile _____

HOW LONG KNOWN _____ OCCUPATION _____

PERSONAL REFERENCE - 2

NAME _____

ADDRESS _____

_____ POST CODE _____

PHONE (Home) _____ Mobile _____

HOW LONG KNOWN _____ OCCUPATION _____

WORK REFERENCES

Please provide 2 work reference or in case of self employment anyone who can confirm this, it could be companies you traded with, Accountant or Solicitor

PROFESSIONAL REFERENCE - 1

EMPLOYER NAME _____ MANAGER NAME _____

ADDRESS _____

_____ POST CODE _____

PHONE (Home) _____ Mobile _____

HOW LONG KNOWN _____ OCCUPATION _____

PROFESSIONAL REFERENCE - 2

EMPLOYER NAME _____

ADDRESS _____

_____ POST CODE _____

PHONE (Home) _____ Mobile _____

HOW LONG KNOWN _____ OCCUPATION _____

NEXT OF KIN

Please provide contact details of any close friend or relatives, who can be contacted in case of emergency

EMPLOYER NAME _____ MANAGER NAME _____

RELATIONSHIP _____

ADDRESS _____

_____ POST CODE _____

PHONE (Home) _____ Mobile _____

CRIMINAL CONVICTIONS & OFFENCES EFFECTING LICENSING

Subject to the Rehabilitation of offenders Act 1974, have you ever been fined, Imprisoned, placed on probation discharged on payment of costs or had any orders made against you by Criminal, Civil or Military Court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are there any alleged offences outstanding against you? <small>If yes please give details</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been declared bankrupt <small>If yes please give details</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have any County Court Judgments been Issued against you <small>If yes please give details</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

HEALTH

Have you ever been diagnosed with any medical conditions <small>If yes please give details</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever undergone any medical treatment or been prescribed any medication? <small>If yes please give details</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please state number of days absent from work due to illness in the last 12 months.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Would you be prepared to undergo medical examination if Required ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<p>DOCUMENT CHECK LIST</p> <p>Completed Application Form <input type="checkbox"/></p> <p>2 x Photograph <input type="checkbox"/></p> <p>SIA License Copy <input type="checkbox"/></p> <p>Passport/Visa Copy <input type="checkbox"/></p> <p>2 x Proof of address <input type="checkbox"/></p> <p>Driving License <input type="checkbox"/></p> <p>NI Number / Card Copy <input type="checkbox"/></p> <p>CRB Report <input type="checkbox"/></p> <p>Others _____ <input type="checkbox"/></p>	<p>FOR OFFICE USE ONLY</p> <p>REF NO: _____ DATE _____</p> <p>POSITION: _____</p> <p>INTERVIEWED BY: _____</p> <p>OBSERVATIONS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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EQUAL OPPORTUNITIES

This section is voluntary and is not used in assessing your application

AGE _____ (years)

ETHNIC ORIGIN (Please Circle)

- | | | | |
|-----------------------|------------------------|------------------------|------------|
| White | Asian or British Asian | Black or Black British | Chinese |
| British | Bangladeshi | Caribbean | Mixed Race |
| Irish | Indian | African | |
| Scottish | Pakistani | Other- (Please State) | |
| Other- (Please State) | Other- (Please State) | | |

DECLARATION

I understand that any appointment with G3 Security Ltd is subject to satisfactory references and security Screening in accordance with BS 7858 and I also agree to provide any further information required. I authorize G3 Security Ltd to approach my previous employers, school, colleges, personal referees or to govt agencies to verify, information provided is correct. I also authorize G3 Security to credit reference check, if required. I understand that any information provided will be held on a computer, manual file or in both. Any information obtained will be kept as per Data protection Act 1998. I hereby certify that, to the best of my knowledge, all the information provided in this application form is correct, complete and best of my knowledge.

I also understand that any false statement or omission may result in me being liable to dismissal with out any notice

NAME (Block Letters) _____

SIGNATURE _____

DATE: _____ / _____ / 2000