

Affix your
Photograph here

Application for Employment

Position Applied for:

Personal Details (Please Complete in Block Capitals and use Black Ink)

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

Address: _____ Post Code: _____

Telephone No: _____ Mobile No: _____ Email: _____

If less than 3 years at this address, state your previous address (es)

Address (1) _____ Post code. _____ Dates _____

Address (2) _____ Post code. _____ Dates _____

Address (3) _____ Post code. _____ Dates _____

National Insurance No: _____ Date of Birth: _____

Place & Country 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 license? Provisional Full No

Use of vehicle? Yes No

Any current endorsements?
If so, please give detail(s): _____

Next to kin [Name]: _____ Relationship: _____ Tel No: _____

Address of Next to Kin: _____ Post Code _____

Have you ever been cautioned or convicted of a criminal offence in the UK or any other Country or are there any proceeding pending? Yes No

(Subject to the Rehabilitation of Offenders Act 1974)

If yes, Please give details(Attach extra sheet if required): _____

Date of Offence: _____

Have you ever been subject to bankruptcy proceeding or court judgments for debit. Yes No
Or are there any proceeding pending?

If yes, please give details: _____

Name of introducing Officer (if applicable) _____

Name: _____

EMPLOYMENT RECORD (College / University / Work)

Last 5 years (Start with most recent).

Important- full addresses and contact telephone numbers are required If you are still presently employed, please give the notice period you required. Attach Additional Sheet if required.

No.	Employer/Education details	Start date	Finish date	Company Name and Address	Reason for leaving
1	Contact Person? Title Your job Title:			Tel. Fax:	
2	Contact Person? Title Your job Title			Tel. Fax:	
3	Contact Person? Title Your job Title			Tel. Fax:	
4	Contact Person? Title Your job Title			Tel. Fax:	
5	Contact Person? Title Your job Title			Tel. Fax:	
6	Contact Person? Title Your job Title			Tel. Fax:	

7	Contact Person? Title Your job Title			Tel.	
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PERSONAL REFEREES

Please give the name, address, telephone number and occupation of two persons, not related to you, who have known you for at least 2 years in a personal capacity, whom we may approach for character references (Tutor/Employer).

Referee One

Title _____ Surname _____ Fore Name(s) _____

Address: _____ Post Code: _____

Telephone No: _____ Occupation: _____

In What capacity do you know this person? _____

How long have you known this person? _____

Referee Two

Title _____ Surname _____ Fore Name(s) _____

Address: _____ Post Code: _____

Telephone No: _____ 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, telephone number and occupation of two professional referees who can confirm this (e.g. solicitor, bank manager or accountant).

Referee One

Title _____ Surname _____ Fore Name(s) _____

Address: _____ Post Code: _____

Telephone No: _____ Occupation: _____

In What capacity do you know this person? _____

How long have you known this person? _____

Referee Two

Title _____ Surname _____ Fore Name(s) _____

Address: _____ Post Code: _____

Telephone 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 following certificates?

NVQ/SVQ in security, safety & loss prevention Yes No

C & G Professional/Advanced Security Officer Yes No

SITO Basic Job Training Certificate 2 days course Yes No
Date Completed _____

3 days course Yes No
Date Completed _____

First Aid Yes No
Expiry Date _____

Fire fighting Yes No
Expiry Date _____

Other professional qualifications _____

LICENCE STATUS

Do you hold any of the following SIA Licenses?

Security guarding Yes No Expiry Date _____ Licence No _____

Door Supervision Yes No Expiry Date _____ Licence No _____

Cash & valuables in Transit Yes No Expiry Date _____ Licence No _____

Public space Surveillance Yes No Expiry Date _____ Licence No _____

Vehicle Immobilization Yes No Expiry Date _____ Licence No _____

SERVICE RECORD

Please tick Army Royal Navy Merchant Navy Police

Date From _____ to _____ Conduct Record _____

UNIFORM

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

Education History

If you have attended school / college in the last ten years, please give full details:

Name of school/College: -----

Address: -----

Date you left: -----

Education Details

Qualification	Date Received	Certification Body/Place of Education

MEDICAL DETAILS

“I agree to undergo a medical examination by the Company Doctor, and I authorize *The Company* to contact my own Doctor.”

Name of Doctor: _____ Telephone Number: _____

Address: _____ Post Code: _____

Are you currently under any medication Yes No

If yes please give details _____

Details of major surgery with Dates _____

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

Have you ever been refused a driving license on health grounds, Yes No

Or been banned or prevented from driving?

If Yes, When, for how long and for what reason? _____

Have you ever: (if YES please tick box)

- Received in-patient treatment for any mental condition
- Been refused employment or dismissed for health reason
- Been treated for alcohol or drug abuse
- Suffered from asthma, bronchitis or any other respiratory complaint

Do you: (if YES please tick box)

- | | |
|---|---|
| <input type="checkbox"/> Suffered from joint or back pain | <input type="checkbox"/> Suffer from hearing problems |
| <input type="checkbox"/> Suffered from blood pressure or heart problems | <input type="checkbox"/> Have epilepsy, fits or blackouts |
| <input type="checkbox"/> Suffered from arthritis or rheumatism | <input type="checkbox"/> Have a good sense of smell |
| <input type="checkbox"/> Suffered from diabetes | <input type="checkbox"/> Have colour blindness |

Bank Details

Account Holder's Name:-----	Bank Name:-----
Account Number:-----	Branch Address:-----
Sort Code:-----	Post Code:-----

DECLARATION OF CONSENT

I certify that the information I have provided in this application is correct to the best of my knowledge and belief, I fully understand that it is a criminal offence to make it also 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 hand writing and understand that my employment is subject to satisfactory vetting in compliance with securi- check or as may be amended.

I authorize 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 the companies 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 Judgment/Bankruptcy checks**
- **10 year employment check**
- **Criminality check**

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

2) I hereby authorize *The Company* 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 the documents and/ or information covered by the European Union.

3) Directive 95/46. I authorize *The Company* 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)

4) I understand that if an unsatisfactory reference is received from my current employer after I have accepted a role with *The Company* that *The Company* 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.

Signature: _____

Print Name: _____

Date: _____

REHABILITATION OF OFFENDERS ACT 1974

The following is the summary of *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.

<u>SENTENCE</u>	<u>PERSON 17 OR OVER WHEN SENTENCED</u>	<u>PERSON UNDER 17 WHEN SENTENCED</u>
2.5 years or over	Never	Never
A sentence of imprisonment, direction in a young offender institution, youth custody Or corrective training for a term exceeding 6 months but not exceeding 2.5 years	10 years	5 years
A sentence cashiering, discharge with ignominy or dismissal with disgrace from her Majesty's service	10 years	5 years
A sentence of imprisonment, direction in a young offender institution or youth custody for a term less than 6 months	7 years	3.5 years
A sentence of dismissal from her Majesty's service	7 years	3.5 years
Any sentence of detention in respect of a conviction in service disciplinary proceeding	7 years	3.5 years
A fine, other sentence, community service order or probation	5 years	2.5 years
Order for detention in a detention centre	3 years	3 years
Absolute Discharge	6 months	6 months
Conditional discharge or bind over	1 year or until order expires	
Attendance Centre order	1 year or until order expires	
Hospital Orders	5 years or 2 years after the order	

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*.

Signature _____ Date _____



EAST STOP
LIMITED

WORKING TIME DIRECTIVE-48 HOURS WEEK

- The 48-hours week working time directive has been in force since 1st October 1998
- Under these regulations *The Company* obtains 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 roster may be amended.
- The Directive states that the security industry is not bound to comply with regulations relating to night workers working longer than 8 hours in 24 hours, rest period of 11 hours per day or one day per week or a rest period for every 6 hours worked, provided that you are allowed the same rest at a later time.
- If however you wish to work and to 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.

Please tick one of the following statements and sign below:-

- I do not wish to work more than 48 hours per week.
- I am prepare to work more than 48 hours per week and therefore wish to opt out of the regulation

Print Name _____ Signature _____ Date _____

FOR OFFICE USE ONLY

Tick all appropriate boxes to confirm sight of original documents and to confirm that signed and endorsed copies are on file.

<u>Document</u>	<u>Signature of person taking copy</u>
<input type="checkbox"/> Birth certificate	_____
<input type="checkbox"/> Armed Services	_____
<input type="checkbox"/> Driving Licence	_____
<input type="checkbox"/> Work permit	_____
<input type="checkbox"/> Passport	_____
<input type="checkbox"/> Civilian Services	_____
<input type="checkbox"/> Education and / or Training Certificates	_____
<input type="checkbox"/> Proof of Home Address	_____



FAST STOP
SECURITIES LTD