

Private & Confidential: Application for Employment

Position applied for	
Area / City	

SECTION 1: PERSONAL INFORMATION

Please print all information clearly in block capitals using black ink.

Surname		Forename(s)	
Previous Name(s)		Known as	Title
Date of Birth		National Insurance No.	

Please note that we require 5 years of address history, if you have not lived at the below address for 5 years then please provide the outstanding previous address information on the continuation page at the end of this application form.

Address			
Town		Post Code	
County		Country (if not UK)	
Dates of Residence (MM/YY- MM/YY)		Email	
Mobile		Landline	

Are you a SIA License holder?	YES / NO	SIA License No.	
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Do you hold a valid Driving License?	YES / NO	Driving License No.	
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Do you have your own transport?	YES / NO	Are you eligible to work in the UK?	YES / NO
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SECTION 2: EDUCATION HISTORY

School / University / College			
Address			
Period of Study	From		To
Qualifications Awarded & Grade			

School / University / College			
Address			
Period of Study	From		To
Qualifications Awarded & Grade			

Additional Qualifications *Including CPP, PSP, II Sec examinations, NVQs etc.*

Course Title	MM/YYYY Completed	Duration	Course Provider	Qualification / Award (if none please state)

SECTION 3: EMPLOYMENT HISTORY

Please detail your employment history below starting with the most recent first. We require the last 5 years or back to when you finished your education in order to be able to process your application. Please include any periods of unemployment and detail any other gaps between jobs without this we are unable to process your application. If required please continue under additional information Section 7.

Period of Employment	From		To		Duration	
Company Name						
Address						
Job Title						
Name & Title of Line Manager						
Email:				Tel No:		
Reason for leaving						

Period of Employment	From		To		Duration	
Company Name						
Address						
Job Title						
Name & Title of Line Manager						
Email:				Tel No:		
Reason for leaving						

Period of Employment	From		To		Duration	
Company Name						
Address						
Job Title						
Name & Title of Line Manager						
Email:				Tel No:		
Reason for leaving						

Period of Employment	From		To		Duration	
Company Name						
Address						
Job Title						
Name & Title of Line Manager						
Email:				Tel No:		
Reason for leaving						

Period of Employment	From		To		Duration	
Company Name						
Address						
Job Title						
Name & Title of Line Manager						
Email:				Tel No:		
Reason for leaving						

Vetting and Screening

Any failure to provide relevant and accurate information or if supplied information is unsatisfactory we may have no alternative but to reject your application and/or withdraw any offer of employment. This is in accordance with BS 7858

SECTION 4: TRAINING

Please list any training you have received that is not detailed in the EDUCATION HISTORY section.

Course Title	MM/YYYY Completed	Duration	Course Provider	Accrediting Body

SECTION 5: FURTHER PERSONAL DETAILS

Criminal Record

State any Criminal convictions (subject to Rehabilitation of Offenders Act 1974) If none state none.

Financial History

List any Bankruptcy Orders or County Court Judgements including those pending If none state none.

Leisure Interests

Please list your leisure interests and to what level you pursue them.

Medical History (please fully complete the below ticking Yes / No, where Yes provide details).

Question	YES	NO	Details
Do you suffer from or have history of any muscular or skeletal injuries (inc back pain).			
Are you colour blind in any way.			
Have you or any member of your family any history of heart problems.			
Have you or any member of your family any history of chest, respiratory, asthma type problems.			
Do you have any allergies.			
Are you prone to fitting, seizures, faints etc			
Have you ever suffered from nervous breakdown, panic attacks, mental illness.			
Do you suffer from high blood pressure.			
Do you have any hearing difficulties.			
Are you under any medication at all			
Do you suffer from diabetes			
Do you have a good sense of smell			

Please list any special needs that you require that will enable you to carry out your duties satisfactorily.

Emergency contact details

Name			
Address			
Telephone			
Mobile		Relationship to you	

When can you start?

Availability to start	
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What shifts can you work?

Shift preference	Days / Nights / Roster / No preference
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Pre-booked holidays?

Holiday dates	
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Uniform Sizes

Item	Size
Waist & Leg Length	
Shirt Size (Chest & Collar ")	
High Visibility Jacket	S / M / L / XL / XXL / XXXL
Safety Boots/ Work Shoes	

Bank details (these can be provided later if you prefer)

Account name	Sort Code	Account No	Bank Name	Branch address



SECTION 6: REFEREES

Before we can proceed with your application we require 2 character references- person not related to you and who has known you at least 5 years (friends, neighbours, work colleagues etc are ideal).

Name			
Address			
Telephone			
Email (<i>preferred</i>)			
Telephone		Mobile (<i>if available</i>)	
How do you know this person?		Length of time they have known you?	

Name			
Address			
Telephone			
Email (preferred)			
Telephone		Mobile <i>(if available)</i>	
How do you know this person?		Length of time they have known you?	

SECTION 7: ADDITIONAL INFORMATION

Why do you want to work for Integrity Security Group Ltd?

General continuation space. (Use this box to provide any extra details from other sections of your application, if required. You may also use this space to supply your full 5-year address history if it has not been fully confirmed on page 1.)

SECTION 8: DECLARATION

I agree not to divulge any information however acquired relating to the Company, its Business or its Customers to any other Person, Company or Organisation without written consent from the Company either during or after employment is determined.

I agree to abide by the rules and procedures of the company at all times and I agree to personal searches as and when required.

I agree to attend Training Courses and / or First Aid training appropriate to my employment as identified and mutually agreed by the Company and myself.

During my employment with the Company I consent to a medical examination carried out by a company nominated Doctor if required.

I have detailed my previous 5 years history, and consent to the company contacting such persons, including character references, as necessary to verify those details in accordance with British Standards 7858.

I understand that any offer of employment is subject to the satisfactory 5 years screening process.

I understand that any offer of employment is subject to 16 weeks probationary period.

I understand that if any information I have provided on this form is subsequently found to be false or misleading I will be liable to disciplinary procedures that could result in dismissal without notice.

I understand that it is a criminal offence to make false statements on this application form.

I confirm that if I commence employment with your company and if I am registered as unemployed, I will immediately inform the relevant authorities of my revised employment status.

I **AGREE / DO NOT AGREE (please delete as appropriate)**, to my present employer being contacted BEFORE an offer of employment is made. I understand my present employer will be contacted after any provisional offer of a job, is accepted by myself.

Name: _____ **Signed:** _____ **Date:** / /

Applications sent via email are deemed to have been signed once submitted to Integrity Security Group Ltd for processing.

