

Security Smart Ltd

For Smart Service

REDBOX Leasid Business Centre, Unit-16 (1st Floor), 44 Gillender Street London E14 6RP
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Please affix your
Photo here

Application form

Position applied for:

1. This Application form, when completed, contains the basic information from which a candidate is assessed
2. Please answer all questions in **BLOCK CAPITALS** in your own handwriting and using **black ink**. If a question or section does not apply to you, **LEAVE THE SPACE BLANK**.
3. Please attach **two** recent passport size colour photographs

SCREENING AUTHORISATION

In conjunction with page 8 of this application, I the undersigned authorise **SECURITY SMART LTD**/or its nominated agent/s to approach previous employer's, schools/colleges, personal referees, or Government Agencies to verify that the information I have provided is correct.

I also agree for the company and/or its agent/s to make a consumer information search with a credit reference agency, which will keep a record of that search and may share that information with other credit reference agencies. This search will also include official public record information and as a minimum:

- Postal Address Links
- County Court Judgements (CCJ's)
- Bankruptcy Orders
- Aliases
- Date of Birth
- Electoral Register

Should any concerns appear during the consumer information search, I accept that I will be required to make representation about the concern.

I also accept that should the company and/or its nominated agent/s find any forgeries whilst checking my documentation they will be obliged to report them to the appropriate authorities.

I further understand that employment with '**Security Smart Ltd**' is subject to satisfactory screening in accordance with the current issue of **BS 7858** and I undertake to co-operate with the company and/or its agent/s in providing any additional information required to meet these criteria.

Full Name: _____

Signature: _____

Date : _____

SECTION A: PERSONAL DETAILS

TITLE: Mr/ Mrs/ Miss/ Ms (circle) SURNAME :

FORENAMES :

Former Names/Aliases (If Different):

Date Name Changed and reason :..... / /

1. Present Address:	How long have you lived at your present address?
Post Code:	(if less than 3years please give previous address/es below)

2. Address (Previous): From: To:	3. Address (previous): From: To:
Post Code:	Post Code:

Home Phone No :	Work Phone No:
Mobile Phone No:	Email Address :

Are you permitted to work in the UK? Yes/No	Work Permit Expire Date (If Applicable):
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Residential Status at Present Address: Owner/ Rented/ With Parents/ Lodging/ Other (Circle)

Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National? Yes/No

If you have answered 'No' above, you must answer the following questions:
 Please select the category that related to your current immigration status. This status will be subject to checking before interview.

- Indefinite leave to remain/enter
- Tier 1/ HSMP
- Tier 2/HSMP
- Tier 4 Student
- Dependent/ Spouse Visa
- Tier 5 Temporary worker/Working holiday visa
- Refugee
- Visitor/Other, Please specify:

Date and Place of entry into the UK (If applicable) :

Date and Place of re-entry into the UK (If applicable) :

Does your visa have any condition restricting employment /occupation in the UK? Yes/No

Please supply details of any visa currently you held:

- Visa No :
- Start Date (DD/MM/YY) :
- Expire Date (DD/MM/YY) :
- Details of any restrictions :

(Continue)

National Insurance No : _____	
Distinguishing marks or scars : _____	
Marital Status : Married/Single/Divorced/Separated	
Number of Dependents : _____ Ages: _____	
Do you hold a current SIA Licence :	Yes/No
SIA Licence No:	Expire Date :
Do you hold a CCTV Licence?	YES/NO
CCTV Licence No:	Do you hold a CSCS Card? YES/NO
Expire Date :	CSCS Card No:
	Expire Date :
<p>If you have any other licence or completed any other training or received any certificates within the Security Industry, please mention below and attach the certificates to the application form.</p> 	

SECTION B: DRIVING LICENCE

UK Driving Licence: Full/ Provisional/ None	Licence No: _____	Expire : _____
Own Transport: Yes/ No	Type : Car/Motorcycle	
Make :	Model :	Reg. No: _____
Have you ever been disqualified from driving? Yes/No		
Enter details of any motoring convictions in the last five years:		

SECTION C: NEXT OF KIN (Partner/Wife/Husband Details)

Person to contact in an emergency/ Next of kin		Mr/Mrs/Miss/Ms (or other title):
Relationship of Next of Kin:		Surname :
		Forenames :
Previous name (changed by marriage/deed poll etc.):		
Date Name changed and reason : / /		
Present Address:		Address:
Post Code: From: To:	Post Code:	
<i>(If less than 3 years, please give previous address next)</i>		
Home Phone No:		Work Phone No:
Mobile Phone No:		Email Address:
Are they subject to Immigration Control? Yes/No		
Date of entry (or re-entry) into the UK : / /		
National Insurance No :		
Marital Status : Married/Singled/Divorced/Separated		
Number of Children : Ages:		
Do they live with you? Yes/No		

SECTION D: BANK/ BUILDING SOCIETY DETAILS

Name on Account :	Account No:
Sort Code :	
Bank/ Building Society :	
Branch/Address :	

SECTION E: UNIFORM MEASUREMENT

This information is needed so that uniform can be given to you if your application is successful	
Height :	Waist Size:
Weight :	
Chest Size:	Collar Size:

SECTION F: OFFENCES, CAUTIONS AND CONVICTIONS

Subject to the Rehabilitation of Offenders Act 1974, Please answer the following questions. Failure to disclose an unspent conviction may result in summary dismissal. Please circle the correct answer:

- Have you ever been cautioned by the police? Yes/ No
- Are you aware of any police investigations in which you may be involved? Yes/No
- Have you ever been prosecuted for a criminal offence or are there any prosecutions pending? Yes/No
- Have you ever been prosecuted for a motoring offence or are there any prosecutions pending? Yes/No
- Have you ever been a party to an action in any court or tribunal? Yes/ No
- Have any orders been made against you by a Civil or military Court or Public Authority? Yes/No

If the answer to any of the above questions is 'Yes' give full details below:

SECTION G: FINANCIAL LIABILITIES

- Have you any outstanding debts or attachments of earnings? Yes/No
If Yes, Please give details:
- Have you ever been declared bankrupt/ Insolvent? Yes/No
If Yes, Please give details:
- Are you the subject of any County Court Proceedings? Yes/No
If Yes, Please give details:

SECTION H: SERVICE RECORD

You must have completed this section as fully as possible –even if you were outside the UK for any period in that time you must give us details:

Services : ARMY/ ROYAL NAVY/ RAF/ FIRE/ POLICE/ OTHER (Specify)

Unit or Regiment: Rank: Service No:

From : To :

Date Discharged/retired:

Conduct (Ors only, as shown in Discharge Document):

SECTION I: EMPLOYMENT RECORD (Employment/Unemployment History for Last 5 Years)

For each previous employer please provide the information requested below:

- State **all periods of employment, unemployment and self-employment** for the **last 5 years** or since leaving school.
- For any periods of unemployment, please supply details of the unemployment Benefit Office and dates that dealt with your claim and any reference number you may have.
- Please do not leave gaps in dates – we must have a continuous record for the last FIVE years.
- Any gaps in history will result in a delay in processing your application
- Please include full school & college/university details if attended within the last FIVE years
- Please continue on a separate sheet if necessary.

Start with present situation.

Ref No.	Employers' Full Name, Address & Phone/ Fax numbers/e-mail or Unemployment Office/Job Centre/ DSS Office & Duties	Position Held & Wages/Salary	Start Date	Leaving Date	Reason for Leaving
Most Recent Employment					
2.					
3.					
4.					

Ref No.	Employers' Full Name, Address & Phone/ Fax numbers/e-mail or Unemployment Office/Job Centre/ DSS Office & Duties	Position Held & Wages/Salary	Start Date	Leaving Date	Reason for Leaving
5.					
6.					
7.					

SECTION J: EQUALITY ACT 2010

This section is voluntary and will NOT be used in assessing your application. **We are an equal opportunities employer.** If you choose to complete this section, **it will help us to monitor the effectiveness** of our Equal Opportunities Policy. Please answer the appropriate one which applies to you:

Gender : Male Female I do not wish to disclose this

Marital Status : Married Single Divorced Legally Separated
Civil Partnership I do not wish to disclose this

Ethnic origin : African Asian Caribbean Other (Please Specify):

Religion/Belief : Atheism Buddhism Christianity Hinduism Islam
Judaism Jainism Other: I don't wish to disclose

Do you consider yourself to have a disability? Yes No I don't wish to disclose

Type of Impairment: Physical Impairment Learning Disability Other:

SECTION K: ACADEMIC RECORD (Including Professional Qualifications obtained, e.g. NVQ2, etc)

Schools Attended: (Full Names/Address/Phone & Fax No's	From	To	Standard/Result-Certificate/Reference No
Institute/College/University: (Full Names/Address/Phone & Fax No's	From	To	Standard/Result-Certificate/Reference No
Course Taken:			
Institute/College/University: (Full Names/Address/Phone & Fax No's	From	To	Standard/Result-Certificate/Reference No
Course Taken:			
Institute/College/University: (Full Names/Address/Phone & Fax No's	From	To	Standard/Result-Certificate/Reference No
Course Taken:			
Institute/College/University: (Full Names/Address/Phone & Fax No's	From	To	Standard/Result-Certificate/Reference No
Course Taken:			
Institute/College/University: (Full Names/Address/Phone & Fax No's	From	To	Standard/Result-Certificate/Reference No
Course Taken:			

SECTION L: SELF EMPLOYMENT

If you have been self employed for any period, please give name, nature and address of your business and two business referees Accountant/Solicitor only (not included personal referees) whom we can approach to confirm the periods stated.

Please note the following must be supplied for each period of self-employment please continue on a separate piece of paper if necessary.

<p>Name of Business :</p> <p>Address of Business :</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Postcode :</p> <p>Phone :</p> <p>URL :</p> <p>Nature of Business</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>From:..... To:.....</p>	<p>Referee 1: (e.g. Accountant)</p> <p>Name :</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Postcode :</p> <p>Phone :</p> <p>Email :</p> <p>Profession:</p> <p>Referee 2: (e.g. Advocate)</p> <p>Name :</p> <p>Address :</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Postcode:</p> <p>Phone :</p> <p>Email :</p> <p>Profession:</p>
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SECTION M: ADDITIONAL PERSONAL INFORMATION

Preferred Employment Type	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Flexible Hours
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SECTION N: SUPPLEMENTARY/SUPPORTING INFORMATION

Please give your reasons why you are applying for this post and additional information which shows how you match the person specification for the job. This can include relevant skills, knowledge, experience, voluntary activities and training etc.:

SECTION O: PERSONAL REFEREES

These must be persons who have known you continuously for at least 6 years and can vouch for your good character – they may not be a previous employer or relative.

<u>Referee 1</u>	<u>Referee 2</u>
Name :	Name :
Address:	Address:
Post Code:	Post Code:
Phone No:	Phone No:
Email :	Email :
Profession:	Profession:
How long known:	How long known:

SECTION P: EU WORKING TIME DIRECTIVE DECLARATION

I understand that under the Working Time Regulations my hours of work are restricted to a maximum of 48 hours per week unless I stated otherwise. As part of my application for employment with the company I agree to work in excess of 48hours. Furthermore, I understand there is a specific exemption in the Regulations for the security industry relating to rest breaks after 6 hours continuous work; for working a maximum of 8 hours at night; to rest periods of 11 hours in every 24hours and 24hours rest in every 7 days, provided that compensatory rest is arranged. I therefore consent to waive my entitlement to such compensatory rest. I understand that I may revoke this waiver if I choose by giving written notice of at least 30days.

SIGNATURE :
PRINT NAME:
DATE :

SECTION Q: SCREENING & VETTING DECLARATIONS

DECLARATION OF CONSENT

I certify that to the best of my knowledge, the information that I have given in this application is true and complete and understand that any false statement or omission to the company or its representatives may lead to termination of employment without notice. I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835 confirmation of previous employment or unemployment. I authorise the Company or its agents to approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment/unemployment record. I consent to the Company's reasonable processing of any personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the company. Subject to the access to Medical Reports Act 1988, I consent to the results of such examinations to be given to the Company and authorise the Company or its nominated agent to make a consumer information search with a credit reference agency, which will keep a record of that search and may share the information with other credit reference agencies. I further declare that any documents that I provide as proof my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined under a UV scanner or similar device. I acknowledge that any falsified documents may be reported to the appropriate authority.

DATA PROTECTION ACT 1998

The Company will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers. By returning this form to the Company your consent to our processing personal data about you where this is necessary, for example information about your credit status, ethnic origin or criminal offences. You also consent to the transfer of your information to your current and future potential employers where this is necessary (this may be companies operating abroad if you apply for work outside of the United Kingdom). Your information will be held on our computer database and/or in our paper filing systems. By signing below you agree to this process and confirm that you do not have a criminal record subject to the current Rehabilitation of Offenders Act and any amendments. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

DISCLOSURE

You are applying for a position of trust and in the event of being offered employment by the Company we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from employment. For more information ask us for a copy of the BDS Code of Practice/Disclosure Scotland and/or Company policy statement regarding ex-offenders. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document you allow the Company to see a copy of the Disclosure. By signing below you agree to this process.

SCREENING

Any offer of employment is subject to satisfactory screening, that the applicant consents to being screened and will provide information as required. That the information provided is correct, and the applicant acknowledges that any false statements or omissions could lead to termination of employment.

Signature of Applicant : **Date:** / /

Name (BLOCK CAPITALS) :

Signature of Witness : **Date:** / /

Position within Company/Relationship to Applicant: