

SPECIALIZED SECURITY

Application Form



PLEASE COMPLETE USING BLOCK CAPITALS AND BLACK OR BLUE INK
RETURN TO 3 LINDSAY SQUARE, DEANS, LIVINGSTON EH54 8RL

Section A – Personal Details

| | | | |
|------------------------|---------------------------------------|----------------|-----------------|
| Title | <i>e.g. Mr, Mrs, Ms, etc</i> | Surname | |
| Forename(s) | | | |
| Former Name(s) | <i>e.g. Maiden Name, Aliases, etc</i> | | |
| Current Address | | | Postcode |

Please state **all** previous addresses where you have lived for the **last 5 years**, using separate sheet if required.

| From | To | Address |
|---------|---------|---------|
| ___/___ | ___/___ | |
| ___/___ | ___/___ | |

| | | | |
|---|-------------|-------------------------|-------------|
| Home Phone | | Mobile Phone | |
| Email | | | |
| Date of Birth | ___/___/___ | Town of Birth | |
| | | Country of Birth | |
| National Ins No | | Nationality | |
| | | Passport No | |
| Are you eligible to work in the UK? | YES \ NO | | |
| Do you require a VISA \ Work Permit to work in the UK? | YES \ NO | Expiry Date | ___/___/___ |

Please provide details of all **current** SIA or PSA licences, if any.

| Licence No | Expiry Date |
|------------|-------------|
| | ___/___/___ |
| | ___/___/___ |

Office Use Only

| | | |
|---|-------|------------|
| Start Date _____ Payroll ID _____ Employee ID _____ | Notes | Photograph |
|---|-------|------------|

Section B – Relevant Details**Do you have any knowledge or experience within the Stewarding, Security and Crowd Management Industry?****YES \ NO***Details***Do you have any relevant training (SIA, AUSSE, CSCS, First Aid, H & S etc)?****YES \ NO***Details***Do you have a full UK driving licence?****YES \ NO****Do you have your own transport? - Please attach Copy****YES \ NO \ N\A****Do you have any penalty points on your driving licence?****YES \ NO \ N\A***Details***Section C – Medical Conditions**If you answer "Yes" to this question you **must** provide the appropriate details.**Do you have any medical, visual or auditory conditions that may limit your ability to work in certain security environments? (Diabeties, pregnant etc)****YES \ NO***Details***Section D – Criminal \ Financial Record**If you answer "Yes" to any of these questions you **must** provide the appropriate details.**Have you ever been fined, cautioned, sentenced to imprisonment or placed on probation for a criminal act (subject to the Rehabilitation of Offenders Act)?****YES \ NO****Have you any alleged offences outstanding against you?****YES \ NO****Has an order been made against you by a Civil or Military Court or Public Authority?****YES \ NO****Have you ever been made bankrupt or do you have any Court Judgements against you, whether satisfied or not, within the last 6 years?****YES \ NO***Details*

Section E – 5 Year History

Starting with the latest, please account for **all** periods of **full-time education, employment, self-employment, unemployment** and **career breaks** within the **last 5 years**. For periods of **full-time education** please detail the **education establishment** attended. For periods of **employment** and **self-employment** please detail the **company** information. For periods of **unemployment** please give the address of the **DWP office** to which you reported. For **career breaks** please detail a **person** (not a relative) who can confirm this. Use separate sheet if required.

| Dates | Status | Details |
|--|---|-------------------------------------|
| From: ____ / ____ To: ____ / ____ | <input type="checkbox"/> Full-Time Education <input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Career Break | Name: Address: Tel: Email: |
| From: ____ / ____ To: ____ / ____ | <input type="checkbox"/> Full-Time Education <input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Career Break | Name: Address: Tel: Email: |
| From: ____ / ____ To: ____ / ____ | <input type="checkbox"/> Full-Time Education <input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Career Break | Name: Address: Tel: Email: |
| From: ____ / ____ To: ____ / ____ | <input type="checkbox"/> Full-Time Education <input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Career Break | Name: Address: Tel: Email: |
| From: ____ / ____ To: ____ / ____ | <input type="checkbox"/> Full-Time Education <input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Career Break | Name: Address: Tel: Email: |
| From: ____ / ____ To: ____ / ____ | <input type="checkbox"/> Full-Time Education <input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Career Break | Name: Address: Tel: Email: |

I request that my current employer is **not** contacted until after an offer of employment is made and accepted.

Section F – Character Reference

Please give details of a person who will provide a written reference. This person should have known you for at least **two years** and **not** be a previous employer, relative or resident at the same address as yourself.

| | | | |
|-------------------|--|---|------------|
| Name | | | |
| Address | | | |
| | | Postcode | |
| Phone | | Email | |
| Occupation | | How long have you known this person? | yrs |

Section G – Equality Monitoring

Completion of this section is **optional** and will only be used for equality monitoring.

The company is committed to providing equality of opportunity in terms of employment for all people regardless of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Gender: Male Female

Marital Status: Single Married \ Civil Divorced Widowed

Ethnic Origin: White Black African Black Caribbean Asian

 Chinese Other

Section H – Documentation Required

Please supply with this application form a **copy** of the following documentation:

| | |
|--|-----------------|
| Current SIA or PSA licences | YES \ NO |
| Eligibility to work in the UK <ul style="list-style-type: none"> • Current Passport or Birth Certificate • If applicable, VISA or Work Permit | YES \ NO |
| Proof of Address/Identity <ul style="list-style-type: none"> • Driving Licence, Utility Bill or Bank Statement | YES \ NO |

Please note that you will be requested to provide the **original documentation** during the interview process should you be successful with this application.

Section I – Declaration and Consent

I understand that employment with the Company is subject to satisfactory references and security screening in accordance with BS7858.

I give consent to the company to approach previous places of education, employers, government agencies and character referees to verify that the information I have provided is correct.

I give consent to the company 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.

I give consent to the company's right, under the Data Protection Act 1998 & GDPR Regulations 2018, to process the information provided, including data of a sensitive nature, for processes relating to my application which has been notified to the Information Commissioner's Office (ICO). I understand that some of this information will be held on a computer and some or all will be held in manual records.

I confirm that, to the best of my knowledge, the information provided in this form is correct. I understand that any false information or misrepresentation would result in my application being disqualified or, if appointed, could lead to immediate termination of employment.

| | | | | | |
|------------------|--|-------------------|--|-------------|-----------------|
| Signature | | Print Name | | Date | ___ / ___ / ___ |
|------------------|--|-------------------|--|-------------|-----------------|