

EDUCATION AND TRAINING

If your education dates fall within the last 5 (five) years you are required to enter the dates

SECONDARY SCHOOLS ATTENDED

Name of Secondary School(s) Giving full addresses	Dates (inc months)		Subjects studies / Course details	Qualifications Gained (Grades or results)
	From	To		

UNIVERSITY / COLLEGE ATTENDED

Name of Further Education Centre(s) Giving full addresses	Dates (inc months)		Subjects studies / Course details	Qualifications Gained (Grades or results)
	From	To		

MEMBERSHIP OF PROFESSIONAL INSTITUTION OR BODIES

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TECHNICAL, PROFESSIONAL, OCCUPATIONAL OR COMMERCIAL TRAINING

Name of College, Firm, or Institution Giving full addresses	Dates (inc months)		Subjects studies / Course details	Qualifications Gained (Grades or results)
	From	To		

LANGUAGES (Indicate degree of fluency oral or written)

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RECORD OF EMPLOYMENT / PERSONAL HISTORY

We need the details of your **CONTINUOUS** employment history over the past **FIVE** years in order to carry out our screening processes. Therefore please show **ALL PERIODS OF EMPLOYEMENT** with **FULL POSTAL ADDRESSES** (including any service with Armed Forces). Periods of **UNEMPLOYEMENT** must also be shown giving dates and the **FULL POSTAL ADDRESS** of the Employments Benefits Agency at which you were registered un-employed. If you were unemployed and not registered, please state "unemployed/unregistered" and give dates and details of what you were doing i.e. Job Hunting, traveling. **Start with your present / last employer and work back-wards**

Please notes that all dates must include the months as well as years and are only required for the past **FIVE** years screening period to comply with BS 7858

Name & Address of employer (or unemployment details)	DATES	Position Held	Salary	Reason for leaving	Contact prior to interview
PRESENT / LAST EMPLOYER Address: Postcode Tel No:	Month / Year From To		At Start On Leaving		YES NO
PREVIOUS EMPLOYER Address: Postcode Tel No:	DATES Month / Year From To	Position Held	Salary At Start On Leaving	Reason for leaving	
PREVIOUS EMPLOYER Address: Postcode Tel No:	DATES Month / Year From To	Position Held	Salary At Start On Leaving	Reason for leaving	
PREVIOUS EMPLOYER Address: Postcode Tel No:	DATES Month / Year From To	Position Held	Salary At Start On Leaving	Reason for leaving	
PREVIOUS EMPLOYER Address: Postcode Tel No:	DATES Month / Year From To	Position Held	Salary At Start On Leaving	Reason for leaving	

If necessary, please continue on a separate page and attach it to this application form.

ADDITIONAL INFORMATION

Please give any further information, which you think will help your application (including hobbies and interests). Continue on a separate sheet if necessary.

Please give details of self employment references i.e. accounts, solicitors.

PERSONAL REFERENCES

Please provide two referees who have known you (but have not lived at the same address as yourself) for the last FIVE years (or since you left full time education) and can confirm your employment history. THEY MUST NOT BE EX-EMPLOYERS, NOR RELATED TO YOU, OR TO EACH OTHER. Home addresses (as apposed to work/professional) must be given.

Name: Address: Postcode: Telephone No: Mobile No: Email: Relationship: Period known: From () to ()	Name: Address: Postcode: Telephone No: Mobile No: Email: Relationship: Period known: From () to ()
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PERSONAL IDENTIFICATION

Please provide a copy of one of the following documents to verify your identity, please be aware that all name changes MUST be verified with further identification. If identification provided does not have a photograph, you MUST provide TWO photographs signed as a true likeness of you as the barer (i.e. Doctor, Dentist, Police Officer, Teacher, Solicitor, Bank/Building Society Official)

- A valid current Passport
- Military discharge papers
- An EU photographic drivers licence
(A copy of the card and the paper document is needed)
- Birth Certificate
(Ideally an original issued 6 weeks after birth)
- SIA licence
(If provided as ID further proof may be required to work in the UK)

Please provide a copy of your current address; acceptable forms are utility bills (telephone/Water/Gas) bank statements, wage slips etc. (documents are required to be less than three months old)

SELECTION PROCESS – CRIMINAL RECORDS CHECK

Applicants are selected on a skills and customer requirements basis. We do not discriminate against applicants who have spent convictions however due to the sensitivity or our industry some spent sentences may be considered unacceptable.

A regulation change to the Standard BS 7858:2006 now requires all non licenced personnel to be criminally checked. Due to the nature of our business some customers also require our employees to have further clearance. To do this Security Management South West Ltd, may apply to the Criminal records Bureau to gain access to potential employees data. This can be achieved with your authority to gain disclosure

I agree for my information to be accessed.....

(Please insert hand written signature)

DECLARATION

If I have made any misleading or false statements on this form I understand that it will cause the immediate termination of my contract of employment and render me liable for prosecution.

I understand that should an offer of employment be made then as a Security Company Security Management South West Ltd has to screen ALL employees.

You should be aware that the screening process is likely to include the processing and storing of sensitive data (as defined in the Data Protection Act 1998)

I agree that by signing this form I consent to:

- 1 the Company approaching any Government Agency (including the Department of Work and Pensions (DWP)), former employers, places of Education and personal referees to verify the information given (please note that your present employer will not be approached until we receive your written acceptance of our offer)
- 2 Once my ID and proof of residence have been checked using ultra violet scanner should any concern arise regarding the authenticity they will be reported to the relevant authority
- 3 My ID being passed to the relevant authority for checking should this be necessary
- 4 A financial history check will be carried out by a credit reference bureau the search will include official public record information
- 5 I understand that if I leave the company without working, or giving the required notice 2 Weeks And the company incurs any additional expenses from covering your duties during your notice period because you have failed to work it, then these costs will be deducted from any wages, final payments or other monies due to you and you hereby agree to such deductions as an express term of your contract of employment.
6. I understand that if I leave the company without returning the complete uniform that was Issued to me I am liable to have deducted from my final payment the cost of the uniform or missing items.

Signed (by hand).....Date.....

Personal data consisting of information as to (i) your racial or ethnic origin (ii) your religious beliefs (iii) your mental or physical health or condition (iv) the commission or alleged commission by you of any offences including any related to court proceeding

Medical Questionnaire

Name :

Please complete the questionnaire below. The information is required with your interests in mind and will be retained in strict confidence. If further information is required from your medical practitioner, your written consent will be obtained beforehand. You may be referred to a doctor appointed by the company so that a medical examination can be carried out.

Name and address of your own doctor to whom you permit us to refer for information about your health

Dr: _____

Address: _____

Occupational History:

Has your employment ever been terminated on the grounds of ill health? Yes No

Approximately how many days sickness have you had in the last twelve months?

0 days 1-5 days 6-10 days 10 days pl

How many separate occasions of sickness have you had in the last twelve months?

0 days 1 day 2 days 3 days 4 or more

Have you the following	YES	NO	If yes please give details
1. Recently Undergone any surgical operation	<input type="checkbox"/>	<input type="checkbox"/>	
2. Been seriously injured	<input type="checkbox"/>	<input type="checkbox"/>	
3. Been refused or dismissed employment for health reasons	<input type="checkbox"/>	<input type="checkbox"/>	
4. Received a disability pension	<input type="checkbox"/>	<input type="checkbox"/>	
5. Been registered disabled	<input type="checkbox"/>	<input type="checkbox"/>	
6. Had any permanent/ongoing illness	<input type="checkbox"/>	<input type="checkbox"/>	
7. Been off work continuously for two weeks or more	<input type="checkbox"/>	<input type="checkbox"/>	

Medical History:

What is your height? _____ What is your weight in stones & pounds _____

How many units of alcohol do you consume each week?

0 1-5. 5-10. 10-15. 15+

Do you smoke? Yes No Are you currently taking prescribed medicine Yes No

Are you currently under the care of a doctor or other medical professional? Yes No

When did you last consult your GP? _____

Do you suffer from or have you ever suffered from any of the following:

	Yes	No		Yes	No
Allergies/Eczema/Skin Rash	<input type="checkbox"/>	<input type="checkbox"/>	Fainting or Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety/Depression	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis/Joint problems	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice/Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Back/Neck Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Headaches/Migraines	<input type="checkbox"/>	<input type="checkbox"/>
Chest Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Nerve Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy/Blackouts/Fits	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Bowel Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Hearing/Sight Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>

If you have signed yes to the above please give details _____

CONFIDENTIAL EQUAL OPPORTUNITY MONITORING FORM

This Company is an Equal Opportunities employer. The aim of our Company is to ensure that no applicant or employee receives less favourable treatment on the grounds of sex, disability, marital status, creed, colour, race, ethnic origins, religion, age or sexual orientation or is disadvantaged by conditions or requirements that cannot be shown to be justified.

Selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

In order to maintain the effectiveness of our commitment to equal opportunities, it would be helpful if you could complete this form; you may partially complete this form, if preferred. Completion is not compulsory and will not effect your application for employment. This information will be used for no other purpose than stated in this paragraph.

Full Name:	Date of Birth:	Position applied for :	Region:
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Age range: 18-29 30-39 40-49 50-59 60+

ETHNIC ORIGIN:

What is your ethnic group? Please choose one from A to E, then tick the appropriate box indicate your cultural background.

A White British Irish Other white.....

B Mixed White and Black Caribbean White and Black African White and Asian

C Asian or Asian British Indian Pakistani Bangladeshi Other Asian.....

D Black or Black British Caribbean African Other Black.....

E Chinese or other ethnic Group Chinese Other Ethnic Group.....

DISABILITY

The Disability Discrimination Act (1995) defines a disability as any physical or mental impairment, which has a substantial and long-term (more than 12 months) adverse effect on a person's ability to carry out normal day to day activities.

Please indicate if you believe you have a disability as defined above: YES NO

If YES, please specify, from the list below which category your disability may fall under:

Dyslexia <input type="checkbox"/>	Blind / Partially Sighted <input type="checkbox"/>
Deaf / Hearing Impairment <input type="checkbox"/>	Wheelchair user / Mobility Impaired <input type="checkbox"/>
Mental Health Difficulties <input type="checkbox"/>	Multiple Disabilities <input type="checkbox"/>
Unseen Disability (e.g. Asthma) <input type="checkbox"/>	Other Disability <input type="checkbox"/>

RELIGION

Please specify which category of faith you belong to:

Baha'i Judaism Buddhism Parsi Christianity Sikhism Hinduism Jainism
 Islam Other Please specify None

Data Protection Act

I agree that the information given on this form may be processed by Security Management South West Ltd, in accordance with the Data Protection Act, in particular, for the purpose of equal opportunities monitoring. I agree to the storage of this information on manual and computerised files.

Signature.....

Date.....

Do you currently suffer from any illness / disability ? If YES, please give details.....	YES	NO
Do you take prescribed medicine regularly (including inhalers) If YES, please give details.....		
Are you currently prescribed spectacles for any purpose		
Are you currently prescribed spectacles for VDU use		
Are you colour blind		
When did you last have an eye test :		
Have you ever claimed compensation for an injury sustained at work? If YES give details.....		
Have you ever had a hearing test? If YES give details of any findings.....		
Have you ever previously worked in a protective hearing environment? If YES give details.....		

Name and address of your own Doctor Dr..... Address.....	Please state your Height..... Weight..... Has your weight varied in the last 6 months? If yes, why and by how much:.....
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The Information requested above is required to ensure we can provide for your safety and make any reasonable adjustments your particular circumstances may require.

I confirm that the information I have given is complete and accurate and I understand that I cannot hold the Company responsible for any problems arising if I fail to reveal any relevant information now or during the course of employment.

Signed (by hand)..... **Date**.....