

CITY SECURITY SERVICES LTD.



PLEASE ATTACH
PHOTOGRAPH

APPLICATION FOR EMPLOYMENT

SURNAME: Mr* Mrs* Miss* Ms*	Please return to: City Security Services Ltd Astra House 23-25 Arklow Road London SE14 6BY. Fax: 020 8694 1166 careers@city-security-services.co.uk
FIRST NAMES:	
ADDRESS:	
POSTCODE:	

PLEASE READ THE FOLLOWING CAREFULLY:

1. All questions must be answered (in ink using capital letters); if any question is not applicable insert 'No' or 'Nil' or 'N/A'. Where there is an * please circle the appropriate section.
2. References, records of service, military service/discharge documents should be presented at the time of interview, together with First Aid and / or Fire Training Certificates, Birth Certificates, Passport and Driving Licence if any.
3. Exercise great care in completing the section on former employment, giving full addresses (including postcodes) and dates of employment. Also give particulars of any part time work undertaken. Current or past manager's names should be included where possible. Unemployment periods must be shown.
4. A personal reference is required from one individual who has known you for a minimum of two years within the past five year period. This cannot be a relative, person living at your address or anyone who have held a supervisory position above you with a previous employer.
5. After completing this Application Form, sign the declaration. This is essential in order to meet compliance and vetting regulations.
6. City Security Services are an equal opportunity employer complying with all relevant Acts of Parliament. Any details disclosed in this document will not be used for discriminatory purposes.

APPLICATION FOR FULL-TIME* / PART-TIME* EMPLOYMENT AS:
HOW DID YOU HEAR ABOUT THIS VACANCY?
JOB REFERENCE:
HAVE YOU WORKED FOR CITY SECURITY SERVICES BEFORE? YES* NO* (IF YES, PLEASE GIVE DETAILS)

SECTION A - PERSONAL DETAILS (BLOCK LETTERS PLEASE)

NATIONAL INSURANCE NO:	L	L	N	N	N	N	N	N	L	DATE OF BIRTH	/	/
PLACE OF BIRTH:										NATIONALITY:		
RELIGION:										MARRIED* SINGLE* SEPARATED* DIVORCED* WIDOWED* CO-HABITATING*		
NAME AT BIRTH (if different):										DATE OF MARRIAGE:		
NO. OF DEPENDENTS:										AGE (if under 18):		
HOME TELEPHONE NO.										MOBILE OR OTHER:		
EMAIL ADDRESS:												
PREVIOUS ADDRESS (if less than 3 years at current address):												
POSTCODE:												
HOW LONG IN RESIDENCE?										OWNER* TENANT*		

RIGHT TO WORK (for applicants born outside of the EEA)	
<p>Persons born outside of the UK will be required to supply a copy of their passport to meet current compliance and immigration legislation. If Born outside of the European Economic Area (EEA) you will also be required to supply evidence of your right to work and residency status.</p>	
WORK PERMIT / VISA TYPE:	EXPIRY DATE: / /
RESIDENCY STATUS:	
VISA RESTRICTIONS (i.e. number of hours or type of work):	

NEXT OF KIN	
FULL NAME:	ADDRESS:
RELATIONSHIP:	
TELEPHONE NO:	POSTCODE:

SECURITY INDUSTRY AUTHORITY	
LICENSE NO:	EXPIRY DATE: / /
LICENSE NO:	EXPIRY DATE: / /

OTHER QUALIFICATIONS	
FIRST AID: Emergency 1st Aid (1 day course) <input type="checkbox"/> Appointed Persons (3 day course) <input type="checkbox"/>	EXPIRY DATE: / /
CSCS:	EXPIRY DATE: / /

DRIVING LICENCE	
DO YOU HOLD A CURRENT DRIVING LICENCE?	PROVISIONAL <input type="checkbox"/> FULL <input type="checkbox"/> NO <input type="checkbox"/>
DRIVING LICENCE NO:	
DETAILS OF ANY CURRENT ENDORSEMENTS:	

BANK/BUILDING SOCIETY DETAILS	
ACCOUNT HOLDERS NAME: ACCOUNT NO: SORT CODE: ROLL NO:	BANK NAME: ADDRESS: POSTCODE:

PHYSICAL DETAILS				
HEIGHT:	WEIGHT:	COLLAR SIZE:	(inch)	SHOE SIZE:
CHEST SIZE: (inch)	ARM LENGTH: SHORT <input type="checkbox"/>	REGULAR <input type="checkbox"/>	LONG <input type="checkbox"/>	EXTRA LONG <input type="checkbox"/>
WAIST SIZE: (inch)	INSIDE LEG: SHORT <input type="checkbox"/>	REGULAR <input type="checkbox"/>	LONG <input type="checkbox"/>	EXTRA LONG <input type="checkbox"/>
DISTINGUISHING MARKS:				

SECTION B - EDUCATION

Please give details of education, stating whether full-time, evening or correspondence

FROM	TO	NAME & ADDRESS OF SCHOOL	TYPE OF SCHOOL	EXAMINATION RESULTS
/	/			
/	/			
/	/			

DATE OF LEAVING EDUCATION /...../.....

SECTION C - EMPLOYMENT HISTORY

Please complete this section as fully as possible showing your previous employment dating back either to your last Secondary School or covering the last 5 years, whichever is the shorter. Be as accurate as possible with names and addresses, including postcodes, of the companies that have employed you, as written references have to be made. **BEGIN WITH LAST EMPLOYMENT.**

FROM Month/Year	TO Month/Year	DETAILS OF EMPLOYERS	DETAILS OF EMPLOYMENT
/	/	NAME:	POSITION HELD:
		ADDRESS:	REPORTING TO:
		POST CODE:	FINAL WAGE / SALARY:
		TEL NO:	REASON FOR LEAVING:
		FAX NO:	
/	/	NAME:	POSITION HELD:
		ADDRESS:	REPORTING TO:
		POST CODE:	FINAL WAGE / SALARY:
		TEL NO:	REASON FOR LEAVING:
		FAX NO:	
/	/	NAME:	POSITION HELD:
		ADDRESS:	REPORTING TO:
		POST CODE:	FINAL WAGE / SALARY:
		TEL NO:	REASON FOR LEAVING:
		FAX NO:	
/	/	NAME:	POSITION HELD:
		ADDRESS:	REPORTING TO:
		POST CODE:	FINAL WAGE / SALARY:
		TEL NO:	REASON FOR LEAVING:
		FAX NO:	
/	/	NAME:	POSITION HELD:
		ADDRESS:	REPORTING TO:
		POST CODE:	FINAL WAGE / SALARY:
		TEL NO:	REASON FOR LEAVING:
		FAX NO:	

SECTION G - UNEMPLOYMENT HISTORY

If you have ever been unemployed and have claimed benefits even for short periods, between jobs, please complete this section.

FROM	TO	UNEMPLOYMENT BENEFIT OFFICE ADDRESS	FROM	TO	UNEMPLOYMENT BENEFIT OFFICE ADDRESS
/	/		/	/	
/	/		/	/	
/	/		/	/	

SECTION H - SELF EMPLOYMENT

In the case of self-employment, please give bankers, accountants, solicitors, trade or client references as appropriate.

NAME:	NAME:
OCCUPATION:	OCCUPATION:
ADDRESS:	ADDRESS:
POST CODE:	POST CODE:
TEL NO:	TEL NO:

SECTION F - MILITARY OR OTHER NATIONAL SERVICE / POLICE / FIRE BRIGADE

FROM:	TO:	REGIMENT, CORPS FORCE or BRIGADE:
RANK:	SERVICE NO:	
CONDUCT ASSESSMENT:	ARE YOU LIABLE FOR RECALL?	
REASON FOR LEAVING:	ARE YOU A MEMBER OF ANY RESERVE: YES NO *	

SECTION G - PERSONAL/CHARACTER REFERENCES

Please give the name, address and occupation of one person, other than family and/or persons who live at the same address as yourself and not connected with your employment, who have known you for at least 2 years within the last 5 years prior to your application, from whom references can be sought.

NAME:	
OCCUPATION:	
ADDRESS:	
POST CODE:	TEL NO:
TIME KNOWN:	

SECTION H - GENERAL

WHAT NOTICE DO YOU HAVE TO GIVE YOUR PRESENT EMPLOYER?		
DO YOU HAVE ANY RESTRICTIONS THAT AFFECT YOUR WORKING PATTERN?	YES* NO*	If 'YES' to either question, please give details:
DO YOU HAVE A PART TIME JOB?	YES* NO*	
ARE YOU A CERTIFIED FIRE FIGHTER?	YES* NO*	
ARE YOU PREPARED TO WORK MORE THAN 48 HOURS PER WEEK? YES* NO*		

SECTION I - OFFENCES (Including motor offences). Answer Yes or No to every question.

HAVE YOU EVER HAD A CIVIL OR CRIMINAL PROCEEDING INITIATED AGAINST YOU?	YES* NO*	If 'YES' and not spent within the confines of the REHABILITATION OF OFFENDERS ACT, please give details:
HAVE YOU ANY ALLEGED OFFENCES OUTSTANDING AGAINST YOU?	YES* NO*	If 'YES' please give details:
HAVE YOU BEEN THE SUBJECT OF A CRIMINAL CONVICTION, A POLICE CAUTION OR POLICE BAIL?	YES* NO*	If 'YES' please give details:
HAVE YOU EVER BEEN DISMISSED FOR MISCONDUCT BY AN EMPLOYER?	YES* NO*	If 'YES' please give details:
HAVE YOU FILED FOR BANKRUPTCY OR HAVE ANY OUTSTANDING COURT JUDGEMENTS?	YES* NO*	If 'YES' please give details:

Please continue on the blank page at the rear of this form if necessary.

SECTION J - DECLARATIONS

Please read this carefully before signing this application form.

- a. I understand that employment with the Company is subject to satisfactory references and security screening in accordance with BS7858.
- b. I understand that my employment is provisional until the completion of the full vetting process and a satisfactory twelve week probationary period.
- c. I undertake to co-operate with the Company in providing any additional information required to meet these criteria.
- d. I authorise the Company and/or its nominated agent to approach previous employers, school/colleges, character references or Government Agencies to verify that the information I have provided is correct.
- e. I authorise the Company to make a consumer information search with a credit reference agency, for insurance purposes, which will keep a record of that search and may share that information with other credit reference agencies.
- f. I understand that the information I supply in this application will be held on a computer and some or all will be held in manual records.
- g. I believe myself to be fit for this work and do not suffer from any condition likely to make my employment dangerous to myself or others. I consent to the Company's reasonable processing of any sensitive 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 of Medical Records Act 1988, I consent to the results of such examinations to be given to the Company. 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, in confirmation of previous employment or unemployment.
- h. I agree to observe the Health & Safety Regulations and to use approved safety equipment and clothing (PPE), as required by the Company, Client and/or current legislation.
- i. I accept that my employment may involve regular night/day/weekend shift working and that the hours and/or location of duty may change at short notice to meet the needs of the business. Bank Holiday working is essential.
- j. I agree to notify the Company immediately should any change occur in the material facts in this application whilst this is being considered or during any subsequent employment period.
- k. I hereby certify that, to the best of my knowledge, the details I have given in this application form are complete and correct. I understand that any false statement or omission to the Company or its representatives may render me liable to dismissal without notice.

SIGNED:	DATED: / /
PRINT NAME:	

FOR OFFICE USE ONLY	
INTERVIEWED BY:	
DATE:	
COMMENTS:	

