

EMERGENCY (UK) SECURITY LIMITED

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Application Form

ENSURE YOU READ THIS ADVICE THOROUGHLY BEFORE COMPLETING THIS FORM

Completing this Application Form accurately is extremely important. Missing information or inaccurate addresses/telephone numbers wastes a great deal of time. Unfortunately due to the vast number of applications we receive, any Application Form that is not completed properly will be rejected prior to interview.

1. PERSONAL INFORMATION

SURNAME:

FIRST NAME:

CURRENT ADDRESS:

From (Date): _____

TELEPHONE:

MOBILE NO:

DRIVERS LICENCE: YES NO (CIRCLE)

CAR OWNER: YES NO (CIRCLE)

Post Code:

NATIONAL INSURANCE:

2. LIST PREVIOUS ADDRESSES FOR LAST 6 YEARS (Attach separate sheet, if necessary)

2. PERSONAL DETAILS (Tick appropriate field)

(a)

MARITAL STATUS: Single Married Divorced

(b)

DATE OF BIRTH: (D/M/Y) _____

(c)

WHERE WERE YOU BORN: - If born in U.K. you are not required to complete question (d)

(d) IF BORN OUT SIDE UK.

DATE YOU

ENTERED U .K.

Date: _____

Port of Entry:

ELIGIBILITY TO WORK IN U.K. (IF BORN OUT SIDE U .K.) ENTERED U .K.

IMPORTANT! YOU MUST ATTACH COPY OF PASSPORT, TOGETHER WITH COPY OF VISA OR WORK PERMIT OR OTHER PROOF OF ELIGIBILITY TO WORK IN U.K.

4. NEXT OF KIN TO BE CONTACTED IN ANY EMERGENCY:

Full Name:

Relationship:

Telephone on Emergency :

5. SIA LICENSING DETAILS

LINCENCE NUMBER:

6. CRIMINAL OR CIVIL OFFENCES

HAVE YOU EVER APPEARED BEFORE A COURT CHARGED WITH A CRIMINAL, CIVIL OR MILITARY OFFENCE AND BEEN CONVICTED. YES / NO if answer YES please specify:

DO YOU HAVE ANY MOTORING OFFENCES? YES / NO if answer YES please specify:

Details:

7. PERSONAL REFEREES

PLEASE GIVE DETAILS OF TWO PEOPLE, OTHER THAN FAMILY WHO HAVE KNOWN YOU FOR A MINIMUM OF 2 YEARS WITHIN THE PAST 5 YEARS WHO WE CAN APPROACH FOR A REFERENCE (can be an ex-employer).

Name:

Name:

Address:

Address:

Post Code:

Post Code:

Telephone:

Telephone:

8. MEDICAL INFORMATION

DO YOU SUFFER FROM ANY ILLNESS OR DISABILITY

IF SO, PLEASE SPECIFY (use separate sheet, if necessary)

YES NO

9. BANK DETAILS

Bank Name: _____

Sort Code: _____

Account No.: _____

Roll No. _____

Account Name: _____

10. UNIFORM DETAILS

SHIRT / BLOUSE / JACKET

Neck Size: _____ Chest Size: _____

TROUSERS

Neck Size: _____ Chest Size: _____

11. LAST 5 YEARS ONLY OF EMPLOYMENT & UN-EMPLOYMENT HISTORY (Attach separate sheet, if necessary)

EMPLOYERS FULL NAME, ADDRESS (INC, POSTCODE) AND TELEPHONE NO.	DESCRIBE YOUR JOB	DATE STARTED	DATE FINISHED	REASON FOR LEAVING

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THIS STATEMENT

12. DURING THE PROBATIONARY PERIOD YOUR EMPLOYMENT MAY BE TERMINATED BY THE “COMPANY ” GIVING NO LESS THAN 24 HOURS.

STATEMENT TO BE SIGNED BY THE APPLICANT

I (Print name)..... CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE GIVEN IS COMPLETE AND CORRECT AND I UNDERSTAND THAT MISREPRESENTATION OF FACTS IS GROUNDS FOR IMMEDIATE DISMISSAL AND RENDERS ME LIABLE FOR PROSECUTION. I AUTHORISE THE COMPANY TO APPROACH ANY GOVERNMENT AGENCIES, FORMER EMPLOYERS AND PERSONAL REFEREES TO VERIFY THE INFORMATION GIVEN AND WILL SUPPLY A STATUTORY DECLARATION IF REQUIRED (I GIVE PERMISSION FOR MY PRESENT EMPLOYER TO BE APPROACHED). YES / NO BY SIGNING THIS DOCUMENT THE APPLICANT AGREES THAT THE COMPANY CAN CARRY OUT RELEVANT CHECKS TO CONFIRM WHETHER THE APPLICANT HAS BEEN MADE BANKRUPT OR HAS ANY COUNTY COURT JUDGEMENTS.

CONFIDENTIALITY AGREEMENT

I AGREE NOT TO DISCLOSE ANY CONFIDENTIAL INFORMATION GAINED DURING OR AFTER EMPLOYMENT WITH EMERGENCY (UK) SECURITY LTD ABOUT THE CLIENTS OR ARENA TO ANY 3rd PARTY . EMERGENCY (UK) SECURITY LTD SHALL BE ENTITLED TO APPLY FOR AN INJUNCTION TO PREVENT SUCH DISCLOSURES OR USE TO SEEK ANY OTHER REMEDY INCLUDING, WITHOUT LIMITATIONS, THE RECOVERY OF DAMAGES IN CASE OF SUCH DISCLOSURES OR USE.

APPLICANT'S SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

13. ASSESSMENT OF THE APPLICANT (Assessment by the person carrying out the interview)

	Excellent	Good	Poor
A. Physical ability to carry out the services required			
B. Aptitude & demeanour			
C. Literacy and verbal communication abilities			

14. INDUCTION TRAINING (To be provided by the persons carrying out the interview)

Company Profile	Uniform	Non Attendance	Payroll Questions
Management Structure	Site Instructions	Booking Time Off	Code of Conduct
Staff Feedback	Customer Care	Payment for Holiday	
Working Time Directive	Wage Queries	Pay	

Applicant to sign confirming receipt of _____ Date: _____

15. SENSE TESTS

COLOUR BLINDNESS	PASS	FAIL
HEARING	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
SMELL	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>

16. START DATE