

APPLICATION FORM

ALLIED SECURITY CONTRACTS (UK) LTD

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Essex, IG1 1BA
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1. When fully completed this Application Form ensures compliance with British Standard 7858:2006 – Security Screening of Individuals Employed in a Security Environment – Code of Practice.
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, insert 'NO' or 'N/A'.
3. Your Security Screening cannot begin if you fail to fully complete this Application Form.

Position applied for:

Employment start date (*if known*):

Title: Mr / Mrs / Miss / Ms		Surname:	
Surname at Birth:(if different from above)		Forenames:	
Date of Name Change:			
Address:		Tel No:	
Post Code:		Mobile No.	
		Email add:	
Date of Birth:	Place of Birth:	Nationality:	
National Insurance No:		Passport No:	
Place of entry into the UK: (<i>if applicable</i>)		Date of entry: (<i>if applicable</i>)	
Are you permitted to work in the UK?	YES / NO	Visa expiry date: (<i>if applicable</i>)	
Person to contact in an emergency			
Name:		Relationship:	
Address:		Their telephone no. (work):	
		Their telephone no. (home):	
Post Code:		Their mobile no.:	
EQUAL OPPORTUNITIES			
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.			
My ethnic origin is (please circle) African, Asian, Caribbean, Caucasian, Other (please specify)			
DRIVING LICENCE (please circle)			
Full / Provisional / None	Car / Motorcycle	Own Transport?	YES / NO
Licence No:	Have you ever been disqualified from driving?		YES / NO
Detail motoring convictions or endorsements in the last 5 years			
Number of points currently on your licence:			

OFFENCES, CAUTIONS AND CONVICTIONS

Have the Police ever cautioned you? YES / NO

Have you ever been convicted, fined or had any order made against you? YES / NO

Are you aware of any Police investigation in which you may be involved? YES / NO

If the answer to any of the above questions is YES, please give details:

NB. Disclosure is not required where there is a conviction to which the provisions of the Rehabilitation of Offenders Act 1974 applies. Failure to disclose an unspent conviction may result in summary dismissal. **If you are unclear about any of these questions ask the interviewer.**

FINANCIAL LIABILITIES BS7858:2006 requires that we conduct a Consumer Information Check with a credit reference agency

Have you ever been declared bankrupt or insolvent? YES / NO

Are you the subject of any County Court Judgment or proceedings? YES / NO

If the answer to any of the above questions is YES, please give details:

CHARACTER REFEREES

Details of four people who are willing to act as Character Referees (**not former employers or family / relatives or a person living at your address**) who have known you for at **least 5 years**. Towards the end of the screening process we **may** approach your Character Referees to assist us in verifying your career/work history.

Name: Address: Post Code: Tel No.: Years Known		Name: Address: Post Code: Tel No.: Years Known	
Name: Address: Post Code: Tel No.: Years Known		Name: Address: Post Code: Tel No.: Years Known	

EDUCATION RECORD (only complete if applicable within the last 10 years)

School Name:	Qualifications:	From MM/YY	To MM/YY
Address:			
Post Code:			
Tel No.:			

FURTHER EDUCATION RECORD (only complete if applicable within the last 10 years)

College / University Name:	Course	Qualifications:	From MM/YY	To MM/YY
Address				
Post Code:				
Tel No.:				

SERVICE RECORD (only complete if applicable within the last 10 years)

ARMY / ROYAL NAVY / RAF / FIRE / POLICE (please circle)	From MM/YY	To MM/YY
OTHER (please specify)		
Unit or Regiment:	Service No.:	
Rank:	Conduct Assessment on discharge:	
Are you a member of any reserve that will require annual training or service?		YES / NO
If YES give details		

SELF EMPLOYMENT / DIRECTOR REFERENCES (if applicable)

If you have been self-employed or a company director during the last 10 years, give names of people who can confirm the details:

TRADE

Name:
Address:

Post Code:
Tel No.:

ACCOUNTANT

Name:
Address:

Post Code:
Tel No.:

EMPLOYMENT RECORDState **all periods** of **employment, self-employment** for the **last 10 years or since leaving school**.**START WITH PRESENT POSITION.****If you need another page for your work history please ask interviewer.**

Employers/Education Details	Employment/Education Details		
Name: Address: Tel No.:	Position Held: Staff No.: Reporting To Reason for Leaving:	From MM/YY	To MM/YY
Name: Address: Tel No.:	Position Held: Staff No.: Reporting To: Reason for Leaving:	From MM/YY	To MM/YY
Name: Address: Tel No.:	Position Held: Staff No.: Reporting To: Reason for Leaving:	From MM/YY	To MM/YY
Name: Address: Tel No.:	Position Held: Staff No.: Reporting To: Reason for Leaving:	From MM/YY	To MM/YY
Name: Address: Tel No.:	Position Held: Staff No.: Reporting To: Reason for Leaving:	From MM/YY	To MM/YY
Name: Address: Tel No.:	Position Held: Staff No.: Reporting To: Reason for Leaving:	From MM/YY	To MM/YY

UNEMPLOYMENT RECORD

For any periods of **unemployment** in the last 10 years or since leaving school state the **address of the Unemployment Benefit Office** at which you reported and the type of benefit claimed, Job Seekers Allowance, Incapacity Benefit, etc.

Job Centre Details (BLOCK CAPITALS)	Registered with Job Centre?		
Name: Address: Tel No.:		From MM/YY	To MM/YY
Name: Address: Tel No.:		From MM/YY	To MM/YY
Name: Address: Tel No.:		From MM/YY	To MM/YY
Name: Address: Tel No.:		From MM/YY	To MM/YY
Name: Address: Tel No.:		From MM/YY	To MM/YY
Name: Address: Tel No.:		From MM/YY	To MM/YY
Name: Address: Tel No.:		From MM/YY	To MM/YY

PREVIOUS SECURITY QUALIFICATIONS

Do you hold any of the following certificates?

NVQ/SVQ in Security, Safety & Loss

Prevention	YES/NO	Level?	
C&G Professional/Advanced Security Officer	YES/NO	Date completed:	Please attach copy certificate
SITO Basic Job Training Certificate 2 day course (NOCN)	YES/NO	Date completed:	Please attach copy certificate
SITO Basic Job Training Certificate 3 day course (NOCN)	YES/NO	Date completed:	Please attach copy certificate
SITO Communication Skills and Conflict Managment (NOCN)	YES/NO	Date completed:	Please attach copy certificate
SITO Manual Handling (NOCN)	YES/NO	Date completed:	Please attach copy certificate
Aviation Security Training Cargo Awareness	YES/NO	Date completed:	Please attach copy certificate
First Aid	YES/NO	Expiry Date:	Please attach copy certificate
Fire Fighting	YES/NO	Expiry Date:	Please attach copy certificate

LICENCE STATUS

Do you hold any of the following SIA Licences? (Please ✓ which licences you hold)

Security Guarding	Expiry date	Licence No.:
Door Supervision	Expiry date	Licence No.:
Cash & Valuables in Transit	Expiry date	Licence No.:
Vehicle Immobilisation	Expiry date	Licence No.:
Public Space Surveillance	Expiry date	Licence No.:

UNIFORM SIZE

Neck	Chest	Waist	Inside Leg	Shoes
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MEDICAL QUESTIONNAIRE

The following information is retained in strictest confidence and will assist us in protecting, as far as is reasonably practicable, your health, safety and welfare. Should any additional information be required from your medical practitioner, the law requires us to inform you of our intention and to obtain your written consent beforehand.

Please read the following questions carefully and answer as accurately as possible.

Are you currently suffering or have you ever suffered from any of the following conditions? (circle)

Fainting, blackouts, epilepsy or fits	YES / NO	Claustrophobia or Vertigo	YES / NO
Diabetes	YES / NO	Back pain	YES / NO
Typhoid, paratyphoid or cholera	YES / NO	Difficulty in standing for long periods	YES / NO
Dysentery or recurring diarrhoea	YES / NO	Difficulty in climbing stairs	YES / NO
Tuberculosis (TB)	YES / NO	Difficulty in bending to lift weights	YES / NO
Eczema or skin trouble	YES / NO	Serious injury or fracture	YES / NO
Asthmatic attacks or chest problems	YES / NO	Mental / emotional illness	YES / NO
Heart trouble or high blood pressure	YES / NO	Recurrent infections or illness	YES / NO
Arthritis, rheumatism or gout	YES / NO	Any major operations	YES / NO
Joint, ligaments or tendon trouble	YES / NO	Difficulty in writing	YES / NO
Rupture of hernia	YES / NO	Colour blindness	YES / NO
Currently taking prescribed medication	YES / NO		
Defective vision (not corrected by glasses or contact lens)			YES / NO
Deafness or difficulty hearing speech (not corrected by hearing aid)			YES / NO
Any medical condition that may affect your suitability for employment?			YES / NO
Are you currently or do you expect to receive medical treatment in the near future?			YES / NO
Have you received hospital treatment during the last 3 years?			YES / NO
Have you been absent from work, school or full time education for more than two successive weeks in the last 3 years (other than holidays)?			YES / NO
Are you or have you been registered disabled?			YES / NO
Having been explained the details of the job requirements do you feel that you will have any problems in carrying out the work required?			YES / NO

If you answered YES to any of the above questions please give details:

WORKING TIME DIRECTIVE – 48 HOUR WEEK

The **48 hour week** Working Time Directive has been in force since 1 October 1998.

Under these regulations Allied Security Contracts (UK) Limited must obtain your written permission if you wish to work for more than 48 hours per week.

If **you do wish** to work more than 48 hours per week, you need to sign the agreement below. If you change your mind about this later, you will need to inform the Operations Manager in writing giving three months notice, so that your rosters may be amended.

You will receive twenty days annual leave per year accrued at 1.67 days per month.

If you have any queries or need further explanation, please do not hesitate to contact the Operations Manager.

Please tick one of the following statements and sign below:-

- I do not wish to work more than 48 hours per week.
- I am prepared to work more than 48 hours per week and therefore wish to “opt out” of the regulation.

SIGNATURE:

PRINT NAME:

DATE:

DECLARATION

Please read this carefully before signing this application

I hereby certify that to the best of my knowledge, the details I have given in this application are complete and correct.

I understand that to make a false statement to the Company or its representatives will give my employer the right to terminate my employment immediately and without notice.

I authorise the Company to make a consumer information search with a credit agency, which will keep a record of that search and may share that information with other credit reference agencies.

I understand that employment with the Company is subject to satisfactory vetting in accordance with BS 7858 and I undertake to co-operate with the Company in providing any additional information required to meet this criteria. I authorise the Company and/or (it's nominated agent) to approach previous employers, schools/colleges, character referees or Government Agencies to verify that the information I have provided.

I understand that some of the information I have provided in this application will be held on a computer and some or all will be held in manual records.

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 to Medical Records Act 1988, I consent to the results of such examinations to be given to the Company.

SIGNATURE:

PRINT NAME:

DATE:

Please supply with this application form:

- | | | |
|---|---|--------------------------|
| 1. Proof of Address
<i>(One only);</i> | Utility bill or Bank Statement or Photographic EU Driving Licence <i>(please circle)</i> .
Please tick if enclosed. | <input type="checkbox"/> |
| 2. Identification
<i>(One only);</i> | Current Passport or Photographic EU Driving Licence or Services Discharge documents or Birth Certificate <i>(please circle)</i> . Please tick if enclosed. | <input type="checkbox"/> |
| 3. Also, if applicable
<i>(One only).</i> | Immigration and Nationality Directorate (IND) documents or Work Permit or Visa <i>(please circle)</i> . Please tick if enclosed. | <input type="checkbox"/> |