



APPLICATION FOR EMPLOYMENT

Position Applied For	Location/Site/Venue	Notice Period Required
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PERSONAL DETAILS Please write in BLOCK CAPITALS

Surname	Forenames	Title (Mr/Mrs/Miss/Ms)
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Address Home Tel No: Mobile Tel No: E-Mail Address:	Name & Address Of Next Of Kin Telephone No: (To Be Contacted In an Emergency) Relationship To You
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Marital Status	Nationality	Date Of Birth	Age Now	National Insurance No:	No. of Children
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HEALTH

Time Off Work Through Ill Health In Last 2 Years & Reasons If you have suffered any of the following, Please tick the relevant box Leg/Foot Problems Which Restrict Standing For Long Periods <input type="checkbox"/> Back Problems/Hernias/Muscle Problems <input type="checkbox"/> Skin Disorders, Contagious Diseases or Infections <input type="checkbox"/> Alcohol or Drug Related Illness <input type="checkbox"/> Typhoid, Para Typhoid, Tuberculosis <input type="checkbox"/> Eye Defects/Fainting/Epilepsy <input type="checkbox"/>	ARE YOU REGISTERED DISABLED YES/NO (Registered Disabled No: If Applicable)
	Height & Weight
	Are You Suffering From Any Condition That May Affect Your Employment Yes/No (Give Details If Yes)

CONVICTIONS

Have you ever been Convicted of or Cautioned for a Criminal Offence (including Driving Offences) Have you ever been made a Bankrupt or have any Outstanding Court Judgements or Proceedings for Debt, If Yes, Please Give FULL Details (Including Date, Offence & Conviction)	Yes/No Yes/No
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ISO Doc: 100 Rev 2

EDUCATION

Dates From/To	Name and Address of Schools College, Universities	Examinations Taken (Give Details & Results)

Details Of Specialist Courses, Training Undertaken And Professional Qualifications Gained

EMPLOYMENT HISTORY Please Give Details For The Last 10 Years, Including Any Period of Unemploy-

Dates From/To		Name and Full Address	Position Held	Salary	Reason For Leaving
From	To	Name: Address: Type of Business: Contact Name Telephone No:			
From	To	Name; Address: Type of Business: Contact Name Telephone No:			
From	To	Name; Address: Type of Business: Contact Name Telephone No:			

REFERENCES

Please Give Us Details Of Two People (**Not Relatives**) One Of Which Must Be Your Most Recent Employer, Who We Could Approach For References.

Name:	Name:
Occupation:	Occupation:
Address:	Address:
Telephone Number:	Telephone Number:

DECLARATION

I Declare that the information I have Given is to the best of my knowledge complete and correct. I hereby give authority for Global to contact Educational Authorities, past and present employers as part of the screening process. I agree that any misrepresentation will result in cancellation of my application and termination of any employment with the Company.

Signature

Print Name

Dated

OFFICE USE ONLY

Interviewed By	Date Interviewed
Position Offered	Proposed Start Date (if Applicable)

Additional Notes, Check List & Information

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|---|---|
| <input type="checkbox"/> Application Form Fully Completed inc. Previous Employment/References/Contact Names & Telephone Numbers | <input type="checkbox"/> SIA Stage 1 Certificate seen (photocopy attached Yes/No) |
| <input type="checkbox"/> Proof of ID seen – e.g. Passport/Drivers Licence – Photocopy attached Yes/No | <input type="checkbox"/> SIA Stage 2 Certificate seen (photocopy attached Yes/No) |
| Type of ID: | <input type="checkbox"/> SIA Licence Seen – (photocopy attached Yes/No) |
| Details: | P45 Attached YES/NO |
| | P46 Completed YES/NO |
| <input type="checkbox"/> Position/Duties Discussed, Company Structure, Staff Training Pay & Conditions | SIA Licence Details YES/NO |
| | Bank Details Processed YES/NO |

Notes

Please Return Completed Application Forms To:
Global Security Services, 32 Frodsham Street, Chester, Cheshire, CH1 3JL