

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) Are You Suffering From Any Condition That May Affect Your Employment Yes/No (Give Details If Yes)
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CONVICTIONS

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

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:

YOUR RIGHT TO WORK - TOWN & COUNTRY OF BIRTH

Do you have the right to take up employment in the UK ? YES/NO (Delete as applicable)

Do you require a work permit? YES/NO (delete as applicable) - If yes, please attach a photocopy of your permit.

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THIS STATEMENT.

If successful in obtaining employment with us, the information contained in this document will be used in the security screening process. Your continued employment will be conditional upon satisfactory security screening and medical examination as determined by the Company. This document will be retained in conjunction with your personal file.

DECLARATION STATEMENT TO BE SIGNED BY APPLICANT.

I 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 to prosecution. I authorise the Company to approach any Government Agencies, former employers and personal referees to verify the information given, and I will supply a Statutory Declaration if required. I further authorise the Company to conduct a pre-employment check with a credit reference agency and authorise such checks to be repeated as necessary during my period of employment. I acknowledge that the Company will process data about me and retain it in a secure manner as described above and I hereby consent to this. I further declare I have the right to take up employment in the UK and have provided the required documents as proof of identification as indicated above.

Signature
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Print Name Dated

OFFICE USE ONLY

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

ID DOCUMENTS PROVIDED:

BIRTH CERTIFICATE Dated..... MARRIAGE CERTIFICATE Dated..... UTILITY BILL Dated.....
 DRIVERS LICENSE Dated..... PASSPORT Dated.....
 WORK PERMIT Dated..... SERVICE RECORD Dated.....

Notes

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