



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 (please circle)		Surname:	
Surname at Birth: (if different from above)		Forenames:	
Date of Name Change:			
Address:		Telephone No.:	
Post Code:		Mobile No.:	
Date of Birth:	Place of Birth:	Nationality:	
National Insurance No.:		Passport No.:	
Place of entry into the UK: (if applicable)		Date of entry: (if applicable)	
Are you permitted to work in the UK?	YES / NO	Visa expiry date: (if applicable)	
SIA Licence (if applicable, please circle)	YES / NO / N/A	Type:	No.:
Expire Date: (if applicable)			
Person to contact in an emergency			
Name:		Relationship:	
Address:		Their work telephone No.:	
		Their home telephone No.:	
Post Code:		Their Mobile telephone 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			
Full / Provisional / None (please circle)	Car / Motorcycle (please circle)	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 (BS 7858:2006 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:	Name:
Address:	Address:
Post Code:	Post Code:
Tel No.:	Tel No.:
Years known:	Years known:
How known:	How known:

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Tel No.:	Tel No.:
Years known:	Years known:
How known:	How known:

EDUCATION RECORD (Main Stream and/or College/University - only complete if applicable within the last 10 years)

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

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

ARMY / ROYAL NAVY / RAF / FIRE / POLICE (circle) OTHER (specify)	From MM/YY	To MM/YY
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.:
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EMPLOYMENT RECORD

1. State **all periods** of **employment, unemployment and self-employment** for the **last 10 years**
2. For any periods of **unemployment**, state the **address of the Unemployment Benefit Office** at which you reported and the type of benefit claimed, i.e. Job Seekers Allowance, Incapacity Benefit, etc.

START WITH YOUR PRESENT POSITION.

Employers Details (BLOCK CAPITALS)	Employment Details		
Name: Address: Tel No.:	Position Held: Staff No.: Reporting To: Salary or Wage Per Week: Reason for Leaving:	From MM/YY	To MM/YY
Name: Address: Tel No.:	Position Held: Staff No.: Reporting To: Salary or Wage Per Week: Reason for Leaving:	From MM/YY	To MM/YY
Name: Address: Tel No.:	Position Held: Staff No.: Reporting To: Salary or Wage Per Week: Reason for Leaving:	From MM/YY	To MM/YY
Name: Address: Tel No.:	Position Held: Staff No.: Reporting To: Salary or Wage Per Week: Reason for Leaving:	From MM/YY	To MM/YY
Name: Address: Tel No.:	Position Held: Staff No.: Reporting To: Salary or Wage Per Week: Reason for Leaving:	From MM/YY	To MM/YY
Name: Address: Tel No.:	Position Held: Staff No.: Reporting To: Salary or Wage Per Week: Reason for Leaving:	From MM/YY	To MM/YY

EMPLOYMENT RECORD (continued)			
Employers Details (BLOCK CAPITALS)		Employment Details	
Name:	Position Held:	From	To
Address:	Staff No.:	MM/YY	MM/YY
Tel No.:	Reporting To:		
	Salary or Wage Per Week:		
	Reason for Leaving:		
Name:	Position Held:	From	To
Address:	Staff No.:	MM/YY	MM/YY
Tel No.:	Reporting To:		
	Salary or Wage Per Week:		
	Reason for Leaving:		
Name:	Position Held:	From	To
Address:	Staff No.:	MM/YY	MM/YY
Tel No.:	Reporting To:		
	Salary or Wage Per Week:		
	Reason for Leaving:		
Name:	Position Held:	From	To
Address:	Staff No.:	MM/YY	MM/YY
Tel No.:	Reporting To:		
	Salary or Wage Per Week:		
	Reason for Leaving:		
Name:	Position Held:	From	To
Address:	Staff No.:	MM/YY	MM/YY
Tel No.:	Reporting To:		
	Salary or Wage Per Week:		
	Reason for Leaving:		
Name:	Position Held:	From	To
Address:	Staff No.:	MM/YY	MM/YY
Tel No.:	Reporting To:		
	Salary or Wage Per Week:		
	Reason for Leaving:		

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	Difficult 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 give details:

DECLARATION

Please read this carefully before signing this application

I understand that employment with the Company is subject to satisfactory references and security screening in accordance with BS 7858:2006.

I undertake to co-operate with the Company in providing any additional information required to meet these criteria.

I authorize the Company and/or its nominated agent, Nova Risk Management Ltd. to approach previous employers, schools/colleges, character referees or Government Agencies to verify that the information I have provided is correct.

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

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.

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.

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.

INTERVIEWEE SIGNATURE:

PRINT NAME:

DATE:

INTERVIEWER SIGNATURE:

DATE:

VACANCY:

COMMENTS:

Please supply with this application form a COPY of:

- | | | |
|--|---|--------------------------|
| 1. Proof of Address
(One only); | Utility bill or Bank Statement or Photographic EU Driving Licence (<i>please circle</i>). Tick if enclosed. | <input type="checkbox"/> |
| 2. Identification
(One only); | Current Passport or Photographic EU Driving Licence or Services Discharge documents or Birth Certificate or SIA Licence (<i>please circle</i>). Tick if enclosed. | <input type="checkbox"/> |
| 3. Also, if applicable
(One only). <small>QMF 33 Issue 2
01.01.08</small> | Immigration and Nationality Directorate (IND) documents or Work Permit or Visa or Accession State Worker Registration Scheme Registration Card (<i>please circle</i>). Tick if enclosed. | <input type="checkbox"/> |