

# APPLICATION FOR EMPLOYMENT

securicall guarding



Please complete this form answering all questions in full, using BLOCK CAPITALS and in black or blue ink.  
Return to: Securicall UK Ltd. Llanelli Gate Business Park. Dafen. Llanelli SA14 8LQ

## PERSONAL DETAILS

Surname:		Forename(s):	
Current Address:			
Postcode:			
How long have you lived at this address?    Years:                      Months:			
Residential Status:    Owner <input type="checkbox"/> Renting <input type="checkbox"/> Living with Parents <input type="checkbox"/> Lodging <input type="checkbox"/> Other <input type="checkbox"/>			
Home Telephone:		Mobile Telephone:	E-Mail Address:
Previous Address:			
How long did you live at this address?    Years:                      Months:			
We require your address details for the past <u>10 years</u> . Please list additional addresses on a separate sheet if necessary.			
Date of Birth: dd/mm/yyyy		Age:	Dependents:
Nationality:		Country of Birth:	
Ethnic Origin:		Religion:	
Height:		Weight:	
Do you require a Home Office Work Permit to work in the UK?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have a workers registration number?    Yes <input type="checkbox"/> No <input type="checkbox"/>		Number:	
National Insurance Number:			
Describe any Distinguishing Marks (scars,tattoos,piercings etc):			

## BACKGROUND INFORMATION

Have you ever been fined, imprisoned, placed on probation, discharged on payment of costs or had any order made against you by a criminal, civil, military or public authority (excluding motoring offences) or been subject of an industrial tribunal? If YES please detail on a separate sheet.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you any current or pending offences outstanding against you ? If YES please detail separately.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you hold a valid SIA Licence ?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Licence Number:		
Do you hold a Full UK Driving Licence?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Licence Number:		
Detail all endorsements in the last 5 years:	Do you have your own transport?    Yes <input type="checkbox"/> No <input type="checkbox"/>		

## COUNTY COURT JUDGEMENTS & BANKRUPTCY

Have you been the subject to a Count Court Judgement or Bankruptcy within the last 10 years? Yes  No

If YES please detail:

## EMERGENCY CONTACT

Name of person to be contacted in an emergency:

Relationship to you:

Their Address:

Their Home Telephone:

Their Mobile Telephone:

## EDUCATION & QUALIFICATIONS

Secondary School:

Date From:

Date To:

College / University:

Date From:

Date To:

Qualifications: CCTV Licence  First Aid  CSCS Card  Fire Fighting

Spoken Languages:

Any other skills or qualifications relevant to the position applied for:

## REFERENCES

Please give details of two people, other than family, and not connected with your school/college/university or past employment, who have known you for at least five years, whom we may approach for a character reference.

Name:

Name:

Address:

Address:

Telephone:

Telephone:

Time Known:

Time Known:

## EMPLOYMENT RECORD

Starting with your MOST RECENT period of employment, self employment or unemployment please provide details covering the last TEN YEARS. Include all dates, showing months and years. Where there are gaps, explain what you were doing and give a personal reference for the time in question. Give complete addresses including postcodes.

<b>Employer:</b>	<b>Date From:</b>	<b>Date To:</b>
<b>Address:</b>		
<b>Postcode:</b>	<b>Telephone:</b>	<b>Fax:</b>
<b>Manager:</b>	<b>Reason for leaving:</b>	
<b>Duties and Responsibilities:</b>		

<b>Employer:</b>	<b>Date From:</b>	<b>Date To:</b>
<b>Address:</b>		
<b>Postcode:</b>	<b>Telephone:</b>	<b>Fax:</b>
<b>Manager:</b>	<b>Reason for leaving:</b>	
<b>Duties and Responsibilities:</b>		

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<b>Manager:</b>		<b>Reason for leaving:</b>	
<b>Duties and Responsibilities:</b>			

## SELF EMPLOYMENT

If you have stated any periods of Self Employment above please give two trade references we can contact to verify your details.

<b>Name:</b>	<b>Name:</b>
<b>Company:</b>	<b>Company:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone:</b>	<b>Telephone:</b>
<b>Time Known:</b>	<b>Time Known:</b>

When are you available to start work? (dd/mm/yyyy)

**Statement to be signed by the applicant.**

**PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING**

1. If I am offered employment, I understand I will be appointed on a probationary period of sixteen weeks.
2. During the probationary period my employment may be terminated by me giving not less than one week's notice, or by Securicall UK Ltd by giving one day's notice during this period and one week thereafter.
3. I understand that continued employment is conditional upon satisfactory vetting, suitability for the role and medical fitness.
4. I authorise the company to approach my former employers and their clients, personal referees, Government agencies and trade referees in order to verify the information I have given.
5. I authorise the Company to contact my present employer and their clients as part of the vetting process.
6. Should I leave during or subsequent to the probationary period, the Company reserves the right to reclaim from any wages or holiday pay that is accrued any monies outstanding, paid in respect of training and unreturned uniform.
7. I will notify the Company of any change to my personal circumstances, within 72 hours of such change occurring.
8. I agree to have my wages credited to my UK bank account.
9. I authorise Securicall UK Ltd to carry out a Criminal Records Bureau (CRB) check before or at any time during my employment.
10. **I have not withheld or failed to disclose any information which may be relevant to this application.**

After you have read and understood the above section please complete and sign the following statement:

I \_\_\_\_\_ ( Full name in CAPITALS ) certify that, to the best of my knowledge, the information that I have given is true and complete, and have never been convicted of any civil or criminal offence or dismissed from employment for misconduct, and I fully understand the consequence which may arise as a result of knowingly making a false declaration to gain employment or pecuniary advantage.

I accept that I may be required to undergo a medical examination when requested by Securicall UK Ltd, and I consent to the results of such an examination being given to a Company Director or Manager.

The information given to Securicall UK Ltd in this form will be processed only by Securicall UK Ltd for the purpose of considering your application for employment. If you are successful in your application this form and the information in it will be transferred to your staff file for such a time you are an employee of Securicall UK Ltd.

<b>Applicant Signature:</b>	
<b>Full Name:</b>	<b>Date:</b>

**Please return this application to:**

**Securicall UK Ltd  
Llanelli Gate Business Park  
Dafen  
Llanelli  
SA14 8LQ**

**VOLUNTARY OPT-OUT AGREEMENT – WORKING TIME REGULATIONS 1998**

I agree that I may work for more than an average of 48 hours a week. If I change my mind, I will give my employer, Securicall UK Ltd three months notice in writing to end this agreement.

<b>Applicant Signature:</b>	
<b>Full Name:</b>	<b>Date:</b>

## BANK DETAILS

Wages are paid weekly in arrears directly into your bank or building society account each Tuesday.

The pay week is Monday to Sunday.

Pay slips detailing the amount being credited to your account are sent by Royal Mail on the Friday following the week worked.

Any pay queries should be addressed to the Operations Manager in the first instance in writing.

<b>Bank Name:</b>	
<b>Branch Address:</b>	
<b>Account Holder Name:</b>	
<b>Account Number:</b>	<b>Sort Code:</b>

**UNIFORM REQUEST**

<b>Height:</b>	<b>Weight:</b>
<b>Waist:</b>	<b>Inside Leg:</b>
<b>Chest:</b>	<b>Collar:</b>
<b>Fleece:</b> Medium <input type="checkbox"/> Large <input type="checkbox"/> X Large <input type="checkbox"/> XX Large <input type="checkbox"/>	