



SECURE RIGHT SECURITY
15 Neptune Court
Vanguard Way
Cardiff
CF24 5PJ
TEL: 029 2169 0234

APPLICATION FOR EMPLOYMENT

Please answer all questions using block capitals. If an entry is inapplicable, insert 'NO' or 'N/A'

Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Surname	Forenames
Surname at Birth if Different		Date of Birth

Nationality	City or Town of Birth									
Country of Birth	National Insurance Number		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
If born outside the United Kingdom, state date and place of entry										
Position applied for – Please tick Days <input type="checkbox"/> Nights <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			Do you have a valid work permit? Yes <input type="checkbox"/> No <input type="checkbox"/> Visa expiry date if app							

Current Address House No and Street Town/City County Postcode	(Recruiter 5 years <input)="" type="checkbox"/> Lived here since:	Person to contact in case of emergency/next of kin Name Relationship Telephone Number House No and Street Town/City County Postcode
--	--	---

Do you have any recurring health problems? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give details	Do you have any sight or hearing problems? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give details:
State any physical limitations:	
Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do you hold a current UK driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/> Please tick: <input type="checkbox"/> Provisional <input type="checkbox"/> Full <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <input type="checkbox"/>									
---	--	--	--	--	--	--	--	--	--

Do you have any current endorsements or bans? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give details:	Do you have your own transport? Yes <input type="checkbox"/> No <input type="checkbox"/> In which areas are you able to work?
---	---

Have you completed any health & safety courses or cleaning courses? If Yes, Please state:	How did you find out about this vacancy? Newspaper <input type="checkbox"/> Jobcentre <input type="checkbox"/> Internet <input type="checkbox"/> Friend <input type="checkbox"/> List any other relevant training certificates you hold:
--	--

Employment History

We must be able to verify your employment history for at least the last **five** years. Please provide details of previous employment/ self employment/ unemployment with the most recent first. Give as much detail as possible, there should be no gaps between dates. Enter details of school/colleges/universities attended if you do not have a work history of five years or more.

Company name	FROM		TO		Job Title				
No/street/Road	mm	yy	mm	yy	Tick: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>				
Town/City					Payroll No				
County					Name of Manager/Supervisor				
Postcode									Reason for leaving
Telephone No									

Company name	FROM		TO		Job Title				
No/street/Road	mm	yy	mm	yy	Tick: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>				
Town/City					Payroll No				
County					Name of Manager/Supervisor				
Postcode									Reason for leaving
Telephone No									

Company name	FROM		TO		Job Title				
No/street/Road	mm	yy	mm	yy	Tick: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>				
Town/City					Payroll No				
County					Name of Manager/Supervisor				
Postcode									Reason for leaving
Telephone No									

Company name	FROM		TO		Job Title				
No/street/Road	mm	yy	mm	yy	Tick: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>				
Town/City					Payroll No				
County					Name of Manager/Supervisor				
Postcode									Reason for leaving
Telephone No									

Company name	FROM		TO		Job Title				
No/street/Road	mm	yy	mm	yy	Tick: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>				
Town/City					Payroll No				
County					Name of Manager/Supervisor				
Postcode									Reason for leaving
Telephone No									

Company name	FROM		TO		Job Title				
No/street/Road	mm	yy	mm	yy	Tick: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>				
Town/City					Payroll No				
County					Name of Manager/Supervisor				
Postcode									Reason for leaving
Telephone No									

Please ask for a supplementary history form if you need to provide more previous employer details.

Self-employment

If you have been self employed during the last 5 years, please give details of two trade/business references, i.e. of companies with whom you traded or persons who can confirm details of your business activities e.g. your accountant, book keeper, solicitor.

Name	
No/Street/Road	
Town/City	
County	
Postcode	
Telephone No	
Occupation	
mm yy	mm yy
Dates: From	To

Name	
No/Street/Road	
Town/City	
County	
Postcode	
Telephone No	
Occupation	
mm yy	mm yy
Dates: From	To

Education

State name and address of schools/colleges etc attended if you have not provided 5 years of employment history.

Secondary School	FROM	TO	Qualifications gained
No/Street/Road	mm	yy	
Town/City			
County			
Postcode			

College/University	FROM	TO	Courses attended
No/Street/Road	mm	yy	
Town/City			
County			
Postcode			

Background Information (tick where applicable)

Have you <u>ever</u> appeared at a court and been convicted for a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details of dates, convictions, fines etc. (Consideration will be given to the rehabilitation of offenders act 1974)
a military offence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
a civil matter? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been cautioned by the Police for any offence within the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details of dates and what you were cautioned for

Have you ever been declared insolvent or bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details
Has a county court judgement (CCJ) ever been awarded against you? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details

Personal References

Please provide details of two people who have known you well for a minimum of two years and who we may approach for references. **These MUST NOT be relatives, former employers or live at the same address as you.**

Name
No/Street/Road
Town/City
County
Postcode
Telephone No
Occupation
Time known? Years Relationship?

Name
No/Street/Road
Town/City
County
Postcode
Telephone No
Occupation
Time known? Years Relationship?

Measurements

If your application is successful, it will be necessary to know your measurements for uniform issue

Height	Waist	Chest size	Collar size
Polo shirt: S/M/L/XL/XXL/XXXL	Trouser Length	Jacket / Fleece: S/M/L/XL/XXL/XXXL	Shoe size

Bank Details

Name of Bank Name of Account Holder Sort Code Account Number	Do you have any holidays booked? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give date(s)
---	---

Statement *To be signed by the applicant*

I certify to the best of my knowledge, the information that I have given on this form is correct and understand that misrepresentation of the facts is grounds for summary dismissal, and renders me liable for prosecution.

I authorise the Company to approach any Government Agencies, former employers and personal referees to verify the information I have given, and will supply a statutory declaration if required.

Applicant's signature..... Date.....

Interviewer Use Only	
Name of interviewer	Interviewers' comments:
Date of interview	
Place of interview	Interviewer: Signed Date