



For office only
Start Date



APPLICATION FOR EMPLOYMENT

Please answer all questions using **BLOCK CAPITALS**. If any entry is inapplicable insert **“NO”** or **“N/A”**
Please Tick (✓) appropriate boxes: A Complete 5 Year History Is Required by BS 7858:2006

Position Applied For Please state

1. PERSONAL INFORMATION Please bring Birth/Naturalisation Cert./Work Permit to interview [copy taken]

Surname: Mr Mrs Miss Ms : All Forenames:

SIA Licence Number Name Changed deed poll: Yes No

Previous Forename / Surname (including Maiden name):

Address:

..... Postcode: How long have you lived at this address:

Telephone Nos. Home: Mobile:

Date of Birth: Place of Birth: ... Nationality:

If not born in UK, state where:

Date & Place of Entry: Work Permit: Yes No

Marital Status: Married Single Divorced Separated Widowed

Name and Address of Next Of Kin:

..... Relationship: Tel no:

Do you require full time or part time work? Full time Part Time Either

2. BACKGROUND INFORMATION Please bring Driving Licence to your interview

National Insurance No:

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Do you hold a full UK Car Driving Licence: Yes No Licence No: [copy taken]

Do you own your own transport: Yes No Do you have any motoring offences: Yes No

If yes please give details:

Please continue on separate sheet if necessary.

3. SECURITY TRAINING Please bring certificates to your interview [copy taken]

SIA approved training: Yes No If yes, Cert. No: Where trained

Do you hold a First Aid Certificate under the Health & Safety at Work Act? Yes No Expiry Date:

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Interviewed by(Sig/Init):	Interview Date/Time:	Place:
Interview Notes & Recommendation:		

4. PHYSICAL RECORD

Name: _____

Sex: Male Female Weight:.....Height:..... Colour of Hair: Colour of Eyes:.....Have you normal vision in both eyes Without Glasses: Yes No With Glasses: Yes No Have you a normal Sense of Smell: Yes No

Name & Address of GP:

.....

May we request information from him/her if necessary Yes No

Please tick against any of the following illnesses from which you have suffered:

Asthma <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Fits <input type="checkbox"/>	Heart Trouble <input type="checkbox"/>	Rheumatic Complaints <input type="checkbox"/>
Back Trouble <input type="checkbox"/>	Hernia <input type="checkbox"/>	Bronchitis <input type="checkbox"/>	Fainting <input type="checkbox"/>	Migraine <input type="checkbox"/>
Tuberculosis <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Hay Fever <input type="checkbox"/>	Nervous Disorder <input type="checkbox"/>	Serious Skin Disorders <input type="checkbox"/>

Are you currently receiving any medical treatment Yes No If yes please give details:

.....

Are you registered under the current Disabled Persons (Employment) Act Yes No

If so please give Certificate No: Expiry Date:..... Disability:

How many days (approx.) have you been absent due to illness in the past two years:....

5. EDUCATIONPlease bring certificates to your interview copy taken

Name of School/College etc.	Address	From	To	Examinations Passed

Are you a student at present Yes No

6. SERVICE RECORDPlease bring certificates to your interview copy takenDid you serve in: Royal Navy Army R.A.F. Police Fire Service Merchant Navy

Dates From:To: Rank Attained: Conduct Rating:

Reason for Leaving..... Are you liable for recall: Yes No Are you a member of any RESERVE involving Annual Training: Yes No

7. EMPLOYMENT RECORD

Name: _____

(Your application will not be considered if this section is not fully completed)

Please show **ALL** periods of **employment** and **unemployment** covering the last **TEN YEARS** give reasons for gaps between employment periods. (Please show current/most recent employment first)

Dates (Month & Year)	Name & Address of Employer or Unemployment Office (including Postcode)	Telephone No. & Contact	Job Title and Reason for Leaving	Office Use Only		
				date & contact	from/to	init
1 From			Job			
To			Reason			
	Postcode					
2 From			Job			
To			Reason			
	Postcode					
3 From			Job			
To			Reason			
	Postcode					
4 From			Job			
To			Reason			
	Postcode					
5 From			Job			
To			Reason			
	Postcode					

Continue on separate sheet if required Yes []

8. PERSONAL REFERENCES

Please give the names, addresses and occupations of two persons who have known you for **10 years** and who are not related to you to whom reference may be made:

Name:		Name:	
Address:		Address:	
Postcode:	Tel no:	Postcode:	Tel No:
Occupation:		Occupation:	
How long known:		How long known:	

9. BUSINESS & TRADE REFERENCES

Name: _____

If you have been self employed, give the names and addresses of two persons, not relatives or referees above, who can confirm this (e.g. Accountant, Solicitor, Customer Companies with whom traded).

Name:		Name:	
Address:		Address:	
Postcode:	Tel no:	Postcode:	Tel No:
Occupation:		Occupation:	
How long known:		How long known:	

10. CRIMINAL/DISMISSAL RECORD

Have you ever been convicted or cautioned for any criminal offence and are there any pending prosecutions or summonses?

Yes [] No [] If yes, please give details below.

Have you ever been declared bankrupt and do you have any outstanding court judgements for debt? Yes [] No [] If yes, please give details below.

Date	Offence (indicate Conviction/Caution/Pending/Bankrupt/Debt)	Sentence

Please continue on separate sheet if necessary.

Have you ever been dismissed for misconduct by an employer? Yes [] No [] If yes give details & dates:

.....

11. DECLARATION

I understand that my employment is subject to satisfactory vetting and references in accordance with BS 7858:2006.

I undertake to co-operate with ISEC FM in providing additional information required to meet these criteria I authorise *ISEC FM* and/or its nominated agent to approach previous employers, schools/colleges, character references or government agencies to verify that the information I have provided is correct.

I authorise 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 that some of the information I have provided in this application will be held on computer and some or all will be held in manual records in accordance with the Data Protection Act 1998. I am aware that the Company is registered with the Information Commissioners Office for Data Protection purposes. I am aware of the following eight Data Protection Principles

1. Personal data shall be processed fairly and lawfully and in particular, shall not be processed unless
 - (a) At least one of the conditions in schedule 2 of the Act is met and
 - (b) In the case of sensitive personal data, at least one of the conditions in schedule 3 is also met.
2. Personal data shall be obtained for only one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
3. Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
4. Personal data shall be accurate and, where necessary, kept up to date.
5. Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.
6. Personal data shall be processed in accordance with the rights of data subjects under this Act.
7. Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.
8. Personal data shall not be transferred to a country or territory outside the European Economic area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

I consent to the Company's reasonable processing of any sensitive personal information obtained for the purposes required 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 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 hereby declare that the information I have provided is current and truthful and that any false statements on this Application Form shall be considered cause for dismissal.

I hereby certify that I have completed this Application Form myself and that I have read and understood and agree to abide by the above declaration.

Signature of applicant: Date:

May we approach your present employer for references immediately Yes [] No []

(Note: your present employer will not be approached without your permission.)

EMPLOYMENT RECORD Continued

Name:

Dates (Month & Year)	Name & Address of Employer or Unemployment Office (including Postcode)	Telephone No. & Contact	Job Title and Reason for Leaving	Office Use Only		
				date & contact	from/to	init
6 From			Job			
To			Reason			
	Postcode					
7 From			Job			
To			Reason			
	Postcode					
8 From			Job			
To			Reason			
	Postcode					
9 From			Job			
To			Reason			
	Postcode					
9 From			Job			
To			Reason			
	Postcode					
10 From			Job			
To			Reason			
	Postcode					
11 From			Job			
To			Reason			
	Postcode					

Continue on further sheet if required Yes []