

COMPANY NAME ALL AREAS SECURITY LIMITED 438 EWELL ROAD, TOLWORTH SURREY KT6 7EL TEL: 020 8 288 9902 FAX: 020 8 288 9903	VETTING FROM: / / VETTED BY: (16 weeks from the above date) / /
--	---

PLEASE AFFIX PHOTOGRAPH	APPLICATION FOR EMPLOYMENT AS:	DOOR SUPERVISOR
	HOW DID YOU GET TO KNOW ABOUT COMPANY NAME?	ADVERTISEMENT/FRIEND/JOB CENTRE

PLEASE ANSWER ALL QUESTIONS USING BLOCK CAPITALS

1. PERSONAL INFORMATION

SURNAME:	<input type="text"/>	FIRST NAME:	<input type="text"/>
CURRENT ADDRESS:	<input type="text"/>	TELEPHONE:	<input type="text"/>
		MOBILE NO:	<input type="text"/>
		CURRENT DRIVING LICENCE:	YES NO (delete)
		CAR OWNER:	YES NO (delete)
		NATIONAL INSURANCE No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. BANK DETAILS

BANK ACCOUNT NUMBER.....	SORT CODE.....
NAME OF BANK.....	NAME OF ACCOUNT HOLDER.....

IF BORN OUTSIDE THE UNITED KINGDOM STATE WHERE:

MARITAL STATUS:	<input type="text" value="MARRIED"/>	<input type="text" value="DIVORCED"/>	<input type="text" value="SINGLE"/>	DATE OF BIRTH:	<input type="text"/>	AGE	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>

3. PERSON/NEXT OF KIN TO BE CONTACTED IN ANY EMERGENCY:

NAME:	RELATIONSHIP: PARENT/WIFE/PARTNER
Telephone number:	

--

HAVE YOU EVER APPEARED BEFORE A COURT CHARGED WITH A CRIMINAL, CIVIL OR MILITARY OFFENCE AND BEEN CONVICTED INCLUDING ANY MOTORING OFFENCES HAVE YOU ANY ALLEGED OFFENCES OUTSTANDING?

<p>YES</p> <p style="text-align: center;">NO</p>	<p>IF YES, GIVE DETAILS:</p>
--	------------------------------

5. PERSONAL REFEREES

PLEASE GIVE DETAILS OF TWO PEOPLE, OTHER THAN FAMILY WHO HAVE KNOWN YOU WELL WHO WE CAN APPROACH FOR A REFERENCE:

<p>Name:</p> <p>Address:</p>	<p>Name:</p> <p>Address:</p>
<p>TEL NO:</p>	<p>TEL NO:</p>

6. PERSONAL HISTORY (PART A)

THE SECURITY SCREENING PROCESS REQUIRES THAT WE ARE ABLE TO VERIFY YOUR PERSONAL HISTORY FOR A PERIOD OF FIVE (5) YEARS OR TO DATE OF LEAVING SCHOOL. PLEASE GIVE DETAILS OF YOUR PERSONAL HISTORY, IDENTIFY IN THE SPACE PROVIDED ALL PERIODS OF EMPLOYMENT, SELF EMPLOYMENT, REGISTERED OR UNREGISTERED UNEMPLOYMENT, MILITARY SERVICE. BE SURE TO GIVE FULL ADDRESSES INCLUDING, TELEPHONE NUMBERS AND DATES.

EMPLOYMENT DATES MONTH/YEAR	DETAILS OF EMPLOYMENT, SELF EMPLOYMENT, UNEMPLOYMENT, MILITARY SERVICE	POSITION HELD, REPORTING TO	Reference Number
From: Year Month To: Year Month	Name:	Position Held:	1
	Address:	Reporting to:	
From: Year Month To: Year Month	Name:	Position Held:	2
	Address:	Reporting to:	
From: Year Month To: Year month	Name:	Position Held:	3
	Address:	Reporting to:	
From: Year	Name:	Position Held:	

Month To: Year Month	Address:	Reporting to:	4
From: Year Month	Name:	Position Held:	5
To: Year Month	Address:	Reporting to:	
From: Year Month	Name:	Position Held:	6
To: Year Month	Address:	Reporting to:	
From: Year Month	Name:	Position Held:	7
To: Year Month	Address:	Reporting to:	
From: Year Month	Name:	Position Held:	8
To: Year Month	Address:	Reporting to:	

7. PERSONAL HISTORY (PART B)

IN THE CASE OF PERIODS OF SELF EMPLOYMENT PLEASE GIVE NAMES AND ADDRESSES OF SOMEONE WHO CAN CONFIRM YOUR DETAILS (IE; BOOK KEEPER, ACCOUNTANT, OR SOLICITOR..)

HEIGHT:		WEIGHT:		COLOUR OF EYES:	
HAVE YOU BEEN MADE BANKRUPT? YES/NO DO YOU HAVE ANY COUNTY COURT JUDGEMENTS? YES/NO (please specify)					

8. DETAILS OF WHEN YOU LEFT SCHOOL & IF YOU ATTENDED COLLEGE IN THE LAST 5 YEARS

SCHOOL NAME: (secondary only)	TOWN/CITY:	DATE YOU LEFT SCHOOL:	COLLEGE & DATES:

9. MEDICAL INFORMATION

DO YOU SUFFER FROM ANY ILLNESS OR DISABILITY? YES NO (delete)	IF YES PLEASE SPECIFY
--	-----------------------

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE STATEMENT

1. IF OFFERED EMPLOYMENT IT WILL BE INITIALLY FOR A PROBATIONARY PERIOD OF 16 WEEKS.
2. DURING THE PROBATIONARY PERIOD YOUR CONTRACT OF EMPLOYMENT MAY BE TERMINABLE BY THE "COMPANY" BY NO LESS THAN 24 HOURS NOTICE IN WRITING.
3. CONTINUED EMPLOYMENT IS CONDITIONAL UPON SATISFACTORY VETTING, MEDICAL AND GENERAL PERFORMANCE.

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 FOR PROSECUTION.

I AUTHORISE THE COMPANY TO APPROACH ANY GOVERNMENT AGENCIES, FORMER EMPLOYERS AND PERSONAL REFEREES TO VERIFY THE INFORMATION GIVEN, AND WILL SUPPLY A STATUTORY DECLARATION IF REQUIRED (YOUR PRESENT EMPLOYER WILL NOT BE APPROACHED WITHOUT YOUR PERMISSION).

APPLICANTS SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

<u>ASSOCIATED DOCUMENTS:</u>	<u>SEEN:</u>		<u>DATE:</u>	<u>COPY RETAINED:</u>
	Yes	No		
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> (✓)
Passport	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Service Record	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Utility Bill/Bank Statement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

N.B. PHOTOCOPIES OF ONE THE ABOVE DOCUMENTS ARE TO BE INCLUDED WITHIN VETTING PAPERS WHERE APPLICABLE

INTERVIEWERS ASSESSMENT (office use only)

1. Very presentable/average/scruffy 2. Physical fitness: good/average/poor
3. Aptitude & Demeanour: good/average/poor 4. Literacy and verbal communication ability: good/average/poor
5. Colour blind Yes/No 6. Hearing good/poor 7. Sense of smell good/poor 8. Vision good/average/poor

Any other comments:

INTERVIEWERS SIGNATURE: _____ DATE: _____

I HAVE CHECKED THE DETAILS OF THIS APPLICATION FORM AND CONFIRM THAT ALL INFORMATION IS CORRECT.

PRINT NAME..... SIGN.....
(INTERVIEWER)