

COMPANY NAME ALL AREAS SECURITY LIMITED 438 EWELL ROAD, TOLWORTH, SURREY KT6 7EL TEL: 020 8288 9902 FAX: 020 8288 9903		VETTING FROM: / / VETTED BY: (16 weeks from the above date) / /
PLEASE AFFIX PHOTOGRAPH	APPLICATION FOR EMPLOYMENT AS: SECURITY OFFICER HOW DID YOU GET TO KNOW ABOUT US: ADVERTISEMENT/FRIEND/JOB CENTRE	

1. PERSONAL INFORMATION

SURNAME:	<input type="text"/>	FIRST NAMES	<input type="text"/>
CURRENT ADDRESS:	Post Code	TELEPHONE:	<input type="text"/>
		MOBILE NO:	<input type="text"/>
		CURRENT DRIVING LICENCE:	<input type="checkbox"/> YES <input type="checkbox"/> NO (delete)
		CAR OWNER:	<input type="checkbox"/> YES <input type="checkbox"/> 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. PERSONAL DETAILS

WHERE WERE YOU BORN:	PLACE	
MARITAL STATUS:	<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE	DATE OF BIRTH: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> DATE OF BIRTH <input type="text"/> AGE

HEIGHT:	<input type="text"/>	WEIGHT:	<input type="text"/>	COLOUR OF EYES:	<input type="text"/>
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3. PERSON/NEXT OF KIN TO BE CONTACTED IN ANY EMERGENCY:

NAME:	<input type="text"/>	RELATIONSHIP: PARENT WIFE PARTNER
		Telephone number: <input type="text"/>

4. TRAINING/QUALIFICATIONS

SPECIFY IF YOU HAVE RECEIVED ANY CLASSROOM TRAINING AND DATES IN SECURITY DUTIES EG. S.I.T.O etc.

<input type="text"/>

5. CRIMINAL OR CIVIL OFFENCES

HAVE YOU EVER APPEARED BEFORE A COURT CHARGED WITH A CRIMINAL, CIVIL OR MILITARY OFFENCE AND BEEN CONVICTED. YES/NO if answer YES please specify

DO YOU HAVE ANY MOTORING OFFENCES YES/NO if answer YES please specify

Details

6. PERSONAL REFEREES

PLEASE GIVE DETAILS OF TWO PEOPLE, OTHER THAN FAMILY WHO HAVE KNOWN YOU FOR A MINIMUM OF 2 YEARS WITHIN THE PAST 5 YEARS WHO WE CAN APPROACH FOR A REFERENCE (can be ex-employer):

Name:	
Address:	
Post Code	
TEL NO:	

Name:	
Address:	
Post Code	
TEL NO:	

7. PERSONAL HISTORY (PART A)

THE SECURITY SCREENING PROCESS REQUIRES THAT WE ARE ABLE TO VERIFY YOUR PERSONAL HISTORY FOR A PERIOD OF TEN (10) YEARS OR TO BACK TO THE DATE YOU LEFT SCHOOL. PLEASE GIVE DETAILS OF YOUR PERSONAL HISTORY, IDENTIFY IN THE SPACE PROVIDED ALL PERIODS OF EMPLOYMENT, SELF EMPLOYMENT, REGISTERED OR UNREGISTERED UNEMPLOYMENT (STATE THE UNEMPLOYMENT OFFICE WHICH YOU REPORTED TO), MILITARY SERVICE BE SURE TO GIVE FULL ADDRESSES INCLUDING, TELEPHONE NUMBERS AND DATES.

EMPLOYERS NAME, ADDRESS	NAME OF THE PERSON YOU REPORTED TO.	POSITION YOU HELD	EMPLOYMENT DATES INCLUDE MONTH & YEAR	REASON FOR LEAVING	
TELE No:			FROM / TO /	Own accord Dismissed Closed Redundant	1
TELE No:			FROM / TO /	Own accord Dismissed Closed Redundant	2
TELE No:			FROM / TO /	Own accord Dismissed Closed Redundant	3
TELE No:			FROM / TO /	Own accord Dismissed Closed Redundant	4
TELE No:			FROM / TO /	Own accord Dismissed Closed Redundant	5

EMPLOYERS FULL NAME, ADDRESS	NAME OF THE PERSON YOU REPORTED TO.	POSITION YOU HELD	EMPLOYMENT DATES INCLUDE MONTH & YEAR	REASON FOR LEAVING	
TELE No:			FROM / TO /	Own accord Dismissed Closed Redundant	6
TELE No:			FROM / TO /	Own accord Dismissed Closed Redundant	7
TELE No:			FROM / TO /	Own accord Dismissed Closed Redundant	8
TELE No:			FROM / TO /	Own accord Dismissed Closed Redundant	9
TELE No:			FROM / TO /	Own accord Dismissed Closed Redundant	10
TELE No:			FROM / TO /	Own accord Dismissed Closed Redundant	11
TELE No:			FROM / TO /	Own accord Dismissed Closed Redundant	12
TELE No:			FROM / TO /	Own accord Dismissed Closed Redundant	13
TELE No:			FROM / TO /	Own accord Dismissed Closed Redundant	14

8. SELF-EMPLOYED PERIODS

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).

9. BANKRUPT/COUNTY COURT JUDGEMENTS

HAVE YOU BEEN MADE BANKRUPT? YES/NO DO YOU HAVE ANY COUNTY COURT JUDGEMENTS? YES/NO (please specify). Do you have any motoring offences YES/NO (please specify)

10. DETAILS OF WHEN YOU LEFT SCHOOL & IF YOU ATTENDED COLLEGE IN THE LAST 10 YEARS

SCHOOL NAME: (secondary only)	ADDRESS:	DATE YOU LEFT SCHOOL:	COLLEGE & DATES:
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11. MEDICAL INFORMATION

DO YOU SUFFER FROM ANY ILLNESS OR DISABILITY? YES NO (delete)	IF YES PLEASE SPECIFY
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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, AN 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 (I GIVE PERMISSION FOR MY PRESENT EMPLOYER TO BE APPROACHED). YES/NO

APPLICANTS SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

INTERVIEWERS ASSESSMENT (office use only)

Sense Tests a) colour blindness OK/FAILED b) Hearing OK/FAILED c) Smell OK/FAILED

INTERVIEWERS SIGNATURE: _____ DATE: _____

I HAVE CHECKED THE DETAILS OF THIS APPLICATION FORM AND CONFIRM THAT ALL INFORMATION IS CORRECT TO ENABLE THE APPLICANT TO BE 10 YEAR VETTED

PRINT NAME..... SIGN.....

(INTERVIEWER)