

EMPLOYMENT APPLICATION FORM



Position Date applied

Surname

Forenames

Address

Postcode Telephone no.

National Insurance no. Mobile no.

Personal Details

1 Date of birth

2 Place of birth **Nationality**

3 If not born in the UK, state where

Place of entry **Date of entry**

Work permit **Yes** **No** **If Yes, date of expiry**

4 Marital status Single Married Separated Divorced Co-habiting

5 Previous addresses (5 years)

a

b

c

d

e

6 Are you currently receiving medical attention? **Yes / No**

If yes, please state

7 Name & address of GP

Name

Address **Postcode**

8 If your application is successful are you willing to undergo a medical examination at the expense of SCAMP Security? **Yes / No**

If no, please state reason

9 Next of kin

Name

Address Postcode

Telephone no.

Relationship

10 Are you related to or do you know anyone working within the security industry? **Yes / No**

If yes, please state your relationship and the company involved

11 Have you ever been cautioned for or convicted of any criminal or civil offence? **Yes / No**

If yes, please specify

| Court/Police station | Offence | Penalty |
|----------------------|---------|---------|
| | | |
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| | | |
| | | |
| | | |

12 Have you ever had any proceedings taken against you in a civil or criminal court?

Yes / No

If yes, please specify

Court

Offence

| | |
|-------|-------|
| | |
| | |
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| | |

13 Do you have any proceedings pending against you in a civil or criminal court?

Yes / No

If yes, please specify

Court

Offence

| | |
|-------|-------|
| | |
| | |
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14 Have you ever been declared bankrupt or made a deed of arrangement or composition with your creditors?

Yes / No

If yes, please specify

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.....

.....

.....

15 Bank details

Name of bank/building society

Branch address

Post code

Account number

Sort Code

.....

.....

16 Do you have any qualifications for the security industry?

Yes / No

If yes, please specify

.....

.....

17 Do you hold a valid SIA Licence?

Yes / No

If yes, please state licence no.

Sector qualified for

Expiry date

a Do you have a valid 1st aid certificate?

Yes / No

Expiry date

b Have you ever been 1st aid trained?

Yes / No

c Do you have a fire-fighting certificate?

Yes / No

Expiry date

d Have you ever been fire-fighting trained?

Yes / No

e Do you smoke?

Yes / No

Driver Declaration

18 Do you possess a current driving licence?

Yes / No

If yes, please state type of licence held plus groups or classification

.....

All questions are to be fully completed – ticks, dashes or blank spaces are not sufficient

a Date passed driving test

b Motor convictions in last 10 years or pending

Date

Offence code

Penalty

| Date | Offence code | Penalty |
|-------|--------------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |

c Accidents or losses in last 5 years

Date

Circumstances

| Date | Circumstances |
|-------|---------------|
| | |
| | |
| | |
| | |
| | |

d Disqualified drivers

Date of offence

Date of conviction

Blood, breath, urine reading

Reason for disqualification – drink, drugs, etc.

I warrant that the above information is true to the best of my knowledge and that I have not withheld or concealed any relevant details.

Signed

Date

Previous Employment / References

19 Education (schools, colleges & universities)

| Name/address | Start date | Finish date |
|--------------|------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |

20 Military experience (including TAVR)

Date enrolled

Date of discharge

Rank on leaving

Regiment or corp

Regimental no.

Military conduct

Decorations and medals

Are you a reservist? **Yes / No**

Have you ever been convicted at a court martial? **Yes / No**

If yes, please specify

21 Personal References

Personal references must have known the applicant 2 years within the last 5 years.
Personal references should not be obtained from relatives of and/or persons residing at the same address as the applicant.

Personal reference No. 1

Name in full

Address

Postcode Telephone no.

Occupation

Personal reference No. 2

Name in full

Address

Postcode Telephone no.

Occupation

Personal reference No. 3

Name in full

Address

Postcode Telephone no.

Occupation

22 Employment (Employment record over the past ten years or to date of completing full-time education, which ever is longer in date order, commencing with the latest. Please indicate periods of unemployment.)

Employer No. 1

Name

Address

Postcode Telephone no.

Position held Start date Finish date

Reason for leaving

Employer No. 2

Name

Address

Postcode Telephone no.

Position held Start date Finish date

Reason for leaving

Employer No. 3

Name

Address

Postcode Telephone no.

Position held Start date Finish date

Reason for leaving

Employer No. 4

Name

Address

Postcode Telephone no.

Position held Start date Finish date

Reason for leaving

Employer No. 5

Name

Address

Postcode Telephone no.

Position held Start date Finish date

Reason for leaving

Employer No. 6

Name

Address

Postcode Telephone no.

Position held Start date Finish date

Reason for leaving

Employer No. 7

Name
Address
Postcode Telephone no.
Position held Start date Finish date
Reason for leaving

Employer No. 8

Name
Address
Postcode Telephone no.
Position held Start date Finish date
Reason for leaving

23 Have you ever been dismissed from any employment?

Yes / No

| Employer | Date | Reason |
|----------|-------|--------|
| | | |
| | | |

24 Self Employment

Have you ever been self-employed?

Yes / No

Name of business
Address of business
Nature of business
Start date Finish date

Business reference No. 1

Name in full
Address
Postcode Telephone no.
Occupation

Business reference No. 2

Name in full
Address
Postcode Telephone no.
Occupation

Business reference No. 3

Name in full
Address
Postcode Telephone no.
Occupation

Declaration (To be completed by all applicants)

I understand that employment with S.C.A.M.P. Security is subject to satisfactory references and security screening in accordance with BS7858 and after checking my references in advance for the past five years, I may be offered a position on a provisional basis whilst vetting is continued.

I undertake to cooperate with S.C.A.M.P. Security in providing any additional information required to meet these criteria; and I am required to assist in the continuation of my vetting during this period. If, after three (3) months my security screening is not complete due to non co-operation on my part then the position will be reviewed with regard to terminating my employment.

I authorise S.C.A.M.P. Security and/or its nominated agent to approach previous employers, schools/colleges, character referees or Government Agencies to verify that the information I have provided is correct;

I authorise S.C.A.M.P. Security 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 consent to the company's reasonable processing of any sensitive personal information obtained for the purposes 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. Subject to the Access to Medical Records Act 1988, I consent to the results of such examinations to be given to S.C.A.M.P. Security. 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 certify that, to the best of my knowledge, the details I have given in this application form are complete and correct.

I understand that any false statement or omission to the company or its representatives may render me liable to dismissal without notice.

I understand all official documents produced as ID from me may be examined under UV light/lamp to confirm its authenticity. Any suspicious documents will be reported to the appropriate authority.

I further certify that, unless otherwise stated:

- a) I have never been convicted of an offence
- b) I have never been dismissed from my employment for misconduct
- c) No family member or near relative has been convicted of an offence

I acknowledge that the completion of this form in no way binds the company to offer me employment and that no contractual relations will exist between us until such time as I have signed a form of Contract or accepted in writing the terms of a letter of employment.

I understand that any contract hereafter signed by me or a letter of appointment issued by S.C.A.M.P. Security and accepted by myself shall be construed to mean that I am appointed on probation for a period not exceeding six months.

I understand that during my probation period, any contract written or implied shall be terminated by me or by the company by not less than one week's notice expiring at any time.

I accept that my employment may involve irregular shift and weekend working and in an emergency my assignment may change and I may be requested to work overtime at short notice.

I HAVE READ THE ABOVE STATEMENT AND FULLY UNDERSTAND AND ACCEPT THE CONDITIONS DESCRIBED IN THIS DOCUMENT

Signed

Date

| FOR OFFICE USE ONLY | |
|-----------------------------|--|
| Date of interview | |
| Interviewed by | |
| Application returned | |

Form of Authority

Ref
Name
Address
Date of birth
National Insurance No.

I do hereby authorise S.C.A.M.P. Security to approach Government Agencies, former employers and those individuals providing character references for verification of my employment / unemployment record and other information pertinent to my employment during the security screening process.

I understand that this information will only be used for the purposes of my application for the post of:

.....

Signed Date



Wassand Street
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HU3 4AL
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Fax: 01482 219350