



SECURITY GUARD APPLICATION FORM

Please answer all questions using BLOCK CAPITALS in your own handwriting using black ink. If a questions or section does not apply to you, do not cross through but insert NO or N/A

Position Applied for: _____

Where did you hear about this vacancy ? _____

PERSONAL DETAILS

TITLE: Mr/Mrs/Miss/Ms (Circle)

SURNAME: _____ FIRST NAMES: _____

Have you ever been known by any other name ? YES / NO (Circle) If yes – give details

ADDRESS: _____

POST CODE: _____ TELEPHONE: _____

MOBILE: _____ EMAIL ADDRESS: _____

ARE YOU PERMITTED TO WORK IN THE UK ? YES/NO (Circle)

PLACE OF BIRTH _____ NATIONALITY _____

NATIONAL INSURANCE NUMBER _____

DO YOU HAVE A FULL UK DRIVER'S LICENSE ? YES/NO (Circle)

HAVE YOU ANY PENALTY POINTS ON YOUR LICENSE YES/NO (Circle)

IF YES, GIVE DETAILS _____

QUALIFICATIONS (BLOCK CAPITALS)	DETAILS	DATES
DO YOU HOLD A VALID SIA LICENSE YES/NO (Circle)	LICENSE NO TYPE (i.e Security, Door Supervisor,CCTV)	Expiry Date: <div style="display: flex; justify-content: space-around; width: 100px;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> D M Y
ANY OTHER ACCREDITATION / QUALIFICATION RELEVANT TO THE ROLE YOU ARE APPLYING FOR ?	QUALIFICATIONS (i.e Airside pass, CSCS Card)	Expiry Date: <div style="display: flex; justify-content: space-around; width: 100px;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> D M Y

EMPLOYMENT & EDUCATION HISTORY RECORD (BLOCK CAPITALS) State ALL periods of employment, unemployment, self employment and / or education for the LAST 5 YEARS, unless otherwise informed. For periods of unemployment give the address of the Benefit Office in the "Employer" column. There must be no gaps of more than 14 days - you must explain how you are going to account for any time not covered. Most recent or current first.

EMPLOYER	DETAILS	DATES
Name Address E.Mail address Tel/Fax No's	Your Job Reporting to Reason for leaving	From: <input type="text"/> <input type="text"/> <input type="text"/> D M Y To: <input type="text"/> <input type="text"/> <input type="text"/> D M Y
Name Address E.Mail address Tel/Fax No's	Your Job Reporting to Reason for leaving	From: <input type="text"/> <input type="text"/> <input type="text"/> D M Y To: <input type="text"/> <input type="text"/> <input type="text"/> D M Y
Name Address E.Mail address Tel/Fax No's	Your Job Reporting to Reason for leaving	From: <input type="text"/> <input type="text"/> <input type="text"/> D M Y To: <input type="text"/> <input type="text"/> <input type="text"/> D M Y
Name Address E.Mail address Tel/Fax No's	Your Job Reporting to Reason for leaving	From: <input type="text"/> <input type="text"/> <input type="text"/> D M Y To: <input type="text"/> <input type="text"/> <input type="text"/> D M Y

Name Address E.Mail address Tel/Fax No's	Your Job Reporting to Reason for leaving	From: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D M Y To: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D M Y
Name Address E.Mail address Tel/Fax No's	Your Job Reporting to Reason for leaving	From: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D M Y To: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D M Y
Name Address E.Mail address Tel/Fax No's	Your Job Reporting to Reason for leaving	From: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D M Y To: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D M Y

TWO PERSONAL CHARACTER REFERENCES

Give the name, address and telephone number of TWO people who have known you for
AT LEAST 2 YEARS IMMEDIATELY PRIOR TO YOUR APPLICATION.

Neither Character Referee can be related to you, living with you or living with one of your relations.

Name Occupation Address Postcode Telephone Number How long known ?	Name Occupation Address Postcode Telephone Number How long known ?
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SELF EMPLOYMENT REFERENCES

If you have been self employed, please give the name and address of two people, other than those given as personal references, who can confirm the details. One should be your Accountant

Name	Name
Occupation	Occupation
Address	Address
Postcode	Postcode
Telephone Number	Telephone Number
How long known ?	How long known ?

CRIMINAL OFFENCES, CAUTIONS, CONVICTIONS ETC.

Have you ever been fined, received a caution, sentenced to imprisonment placed on probation, discharged on payment of costs, or had any order made against you by a criminal, civil or military court or public authority ?

YES/NO (Circle)

Have you ever been convicted, fined or had any order made against you by a criminal, civil or military court outside the United Kingdom ?

YES/NO (Circle)

Are there any alleged offences outstanding against you ?

YES/NO (Circle)

If you have answered YES to any of the questions above, please give details

Disclosure is not required when there is a sentence to which the Rehabilitation of Offenders Act 1974 applies. Failure to disclose an unspent sentence may result in summary dismissal.

NOTE: All applicants are subject to vetting / screening and may also be required to obtain records of any convictions from the police under the Subject Access provisions of the Data Protection Act or Disclosure from The Criminal Records Bureau.

FINANCIAL HISTORY

Have you any outstanding attachment to earnings ?

YES/NO (Circle)

Do you have a bankruptcy order or any voluntary arrangements ?

YES/NO (Circle)

Are you the subject of any County Court Proceedings (CCJs) ?

YES/NO (Circle)

If you have answered YES to any of the questions above, please give details

DECLARATION

Please read carefully before signing this application.

I certify that to the best of my knowledge, the details and information given in this form are complete and correct.

I understand that to make a false statement to the Company or its representatives will give the Company the right to terminate my employment immediately and without notice.

I understand that referencing will only take place if I have received a written offer of employment and that if an unsatisfactory reference is received or referencing is unable to be completed within the given time then the Company may terminate my offer of employment.

Understand that employment or other work with the Company is subject to satisfactory vetting in accordance with the Code of Practice for BS 7858 and I undertake to co-operate with the Company in providing any information required to meet this criteria. I authorise the Company and / or its nominated agent to approach previous employers, education bodies, referees or government agencies to verify that the information I have provided is correct and complete.

I give the company permission to collect, retain and process information about me in connection with my employment and in accordance with the Data Protection Act and I understand that this will be held on a computer and some or all will be held in manual records. You may occasionally provide information about me to a third party.

I agree that I will, when required by the Company, apply for Enforced Subject Access for information (if any) relating to me on nationally held police computers and provide the results of that enquiry to the company in confidence, or alternatively obtain disclosure from The Criminal Records Bureau.

I agree to any regulated industry requirements appropriate to the role applied for e.g. ISA (Independent Safeguarding Authority).

I understand that the Company reserves the right to require me to undergo a medical examination or a health assessment at the Company's expense.

I understand that if I wish to take a second job whilst working for BMSL, I am required to contact the office for authorisation.

I authorise the Company to make a consumer information search with a credit reference and to keep a record of that search and may share that information with other credit reference agencies.

SIGNATURE

DATE

PRINT FULL NAME

ADDITIONAL INFORMATION

Please include below any additional information that the Company should be aware of :-

IF YOU REQUIRE MORE SPACE TO PROVIDE ADDITIONAL INFORMATION PLEASE USE A SEPARATE SHEET

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