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**Unit A7 Redham Works**

**Redham Lane, Pilning**

**Bristol BS35 4HQ**

**Tel. 01454 631 621**

**Fax. 0117 950 6611**

**Employment Application Form**

**For the provision of Security Officers**

**All information contained within this document is strictly**

**Private and Confidential**

This application form must be completed in full and returned to RelyOn Guarding and Security Services Ltd either via post to the address above or email.

Should you require assistance with completing any section please telephone the main office on the above number where a member of our team will be happy to provide assistance.

Any section that is not complete may result in your application being returned to you or rejected.

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| RelyOn Guarding and Security Services Limited  **Application for Employment**  Private and Confidential |

# Statement to Prospective Employees

So that your application for employment can be properly considered it is essential that

**All sections** of this application form are fully completed.   
The omission of any requested information will delay the screening process and may result your application being returned to you or rejected.

**(For explanatory notes see page 3)**

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| **Title:** | | |  | | | | | | | | | |
| **Forename(s):** | | |  | | | | | | | | | |
| **Surname:** | | |  | | | | | | | | | |
| **Any Previous Surname(s):** (see note 1) | | |  | | | | | | | | | |
| **Current Address:** (see note 2) | | | | | **Home Telephone Number:** | | | |  | | | |
|  | | | | | **Mobile Telephone Number:** | | | |  | | | |
|  | | | | | **Email Address:** | | | |  | | | |
|  | | | | | **Place of Birth:** | | | |  | | | |
|  | | | | | **National Insurance Number:** | | | |  | | | |
|  | | | | | **Nationality:** | | | |  | | | |
| **Post Code:** |  | | | | **Passport Number:** | | | |  | | | |
| **To:** | Present | **From:** |  | | **Visa** (if applicable): | | | |  | | | |
| **Previous Address:** (see note 3) | | | | | | **Previous Address:** (see note 3) | | | | | | |
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| **Post Code:** |  | | | | | **Post Code:** | |  | | | | |
| **To:** |  | | **From:** |  | | **To:** | |  | | **From:** |  | |
| **Do you hold a current SIA Licence?**  If YES, please state following: | | | |  | | | | | | | | |
| **Category:** | | | |  | | | | | | | | |
| **SIA Licence Number:** | | | |  | | | | | | | | |
| **Expiry date:** | | | |  | | | | | | | | |
|  | | | | | | | | | | | | **YES/NO** |
| **Do you have your own transport?** | | | | | | | | | | | |  |
| **Do you hold a current clean full Driving Licence?** (see note 4) | | | | | | | | | | | |  |
| **If YES to above, please provide your Driving Licence Number:** | | | | | | |  | | | | | |
| **Have you ever been declared bankrupt?** (see note 5) | | | | | | | | | | | |  |
| **Do you consent to us carrying out a check of your financial history using a registered credit agency?** | | | | | | | | | | | |  |
| **Is your hearing, eye sight & sense of smell normal?** (See note 6) | | | | | | | | | | | |  |
| **Are you a Registered Disabled person?** (see note 8) | | | | | | | | | | | |  |
| **Do you, or have you ever, suffered from mental illness?** (see note 7) | | | | | | | | | | | |  |
| **Are you currently taking any prescribed medication?** (see note 7) | | | | | | | | | | | |  |
| **Do you have any Criminal Convictions that are not classed as spent under the Rehabilitation of Offenders Act 1974?** See note 5) | | | | | | | | | | | |  |
| **Have you been in hospital for more than 1 week in the last 5 years?** (see note 7) | | | | | | | | | | | |  |
| **Do you have any mobility or other health problems which might affect your employment?** (see note 7) | | | | | | | | | | | |  |
| **Have you been absent from work for more than a total of four weeks, in the last two years due to illness or injury?** (see note 7) | | | | | | | | | | | |  |
| **Do you consent to a medical examination if required?** | | | | | | | | | | | |  |
| **If you are not a European Community citizen, do you have permission to live & work in the UK?** | | | | | | | | | | | |  |

**Explanatory Notes:**

Give details in the box on the next page to your answers to the above questions.

1. You will have to provide evidence of your identity (e.g. Birth certificate, passport).
2. You will have to provide evidence that this is your present address (e.g. Driving licence, telephone, electricity or gas bill).
3. If you have lived at your current address for less than 3 years you must provide all addresses that you have lived at covering the last 3 years.
4. If the job that you are applying for involves driving a vehicle owned by the Company, you must produce your driving licence.
5. **If you have any criminal or bankruptcy proceedings pending, your answer must be ‘Yes’. Many positions require a satisfactory DBS (formally CRB) check to take place.**
6. If your answer to this question is ‘No’ give details in the box below.
7. If your answer to any of these Questions is ‘Yes’ give details in the box on below.
8. If your answer to this Question is ‘Yes’ state your RDP No. and give details of your disability in the box below.

**IMPORTANT:** You must produce original documents; **photocopies are not acceptable.** The Company will take photocopies of all documents which you produce; these will be kept in your confidential personal file.

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| **Further details for answers to the previous questions:** | | | |
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| **EDUCATION and TRAINING** | | | |
| **Name of School or College:** | **From:** | **To:** | **Qualifications Gained:** |
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REFERENCES: Please give the names and contact details of at least two referees (not members of your family), one of which must be your present or most recent employer. If you do not have a recent employer, please provide 2 personal referees. We will not contact your present employer until the appropriate time and we will ask you for your permission to do so.

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| --- | --- | --- | --- |
| **(EH1) PRESENT/RECENT EMPLOYER** | | **(C1) PERSONAL (not employer or family)** | |
| **Name:** |  | **Name:** |  |
| **Company:** |  | **Relationship:** |  |
| **Job Title:** |  | **Telephone:** |  |
| **Telephone:** |  | **Email:** |  |
| **Email:** |  | **Dates known to you:** |  |
| **Dates known to you:** |  | **Address:** |  |
| **Address:** |  |
| **(EH2) PRESENT/RECENT EMPLOYER** | | **(C2) PERSONAL (not employer or family)** | |
| **Name:** |  | **Name:** |  |
| **Company:** |  | **Relationship:** |  |
| **Job Title:** |  | **Telephone:** |  |
| **Telephone:** |  | **Email:** |  |
| **Email:** |  | **Dates known to you:** |  |
| **Dates known to you:** |  | **Address:** |  |
| **Address:** |  |

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| **NEXT OF KIN:**  (Please give the name and details of a primary and secondary person that you would like us to contact in case of emergency) | | | |
| **Primary Contact:** | | **Secondary Contact:** | |
| **Name:** |  | **Name:** |  |
| **Mobile Number:** |  | **Mobile Number:** |  |
| **Home Telephone:** |  | **Home Telephone:** |  |
| **Work Number:** |  | **Work Number:** |  |
| **Relationship:** |  | **Relationship:** |  |
| **Email:** |  | **Email:** |  |
| **Address:** |  | **Address:** |  |

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| **DOCTOR**  Please give details of the Doctor you are registered with: | | |
| **Name:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **NB: Any Employee over the age of 65-years will be asked to complete a full medical examination on an annual basis.** | |
| **MEDICAL CONDITIONS:**  Please provide details of any medical problems that may affect your work as a Security Officer. Please be assured that when offering employment, we do not discriminate on grounds of Health or Disability. This information is required to ensure that, should you become employed by the Company, you are assigned only to duties which you are capable of carrying out. | |
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**EMPLOYMENT HISTORY:**   
Below please provide full details of your employment over the last five years minimum, starting with your most recent job and working backwards. If you left school within the last five years give the name and address of the last school you attended, and the date you left.

You must include details of Military Service, Self-Employment and any periods of Unemployment as applicable. For any periods of unemployment please provide full details of the Benefit Office where you were registered.

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| --- | --- | --- | --- |
| **Employer’s Name:** |  | | |
| **Company Address:** |  | | |
| **Direct Line Manager/ Supervisor’s Name:** |  | | |
| **Start Date:** |  | **Finish Date:** |  |
| **Reason for Leaving:** |  | | |

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| --- | --- | --- | --- |
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| **Start Date:** |  | **Finish Date:** |  |
| **Reason for Leaving:** |  | | |

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| --- | --- | --- | --- |
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| **Start Date:** |  | **Finish Date:** |  |
| **Reason for Leaving:** |  | | |

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| --- | --- | --- | --- |
| **Employer’s Name:** |  | | |
| **Company Address:** |  | | |
| **Direct Line Manager/ Supervisor’s Name:** |  | | |
| **Start Date:** |  | **Finish Date:** |  |
| **Reason for Leaving:** |  | | |

**TRAINING:**

Please provide details of any special skills you have, or training you have received which you think may be relevant to the job you are applying for (e.g. first aid). Please produce all supporting Certificates.

|  |  |  |  |
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|  | **DATES** | |  |
| **COURSE:** | **FROM:** | **TO:** | **QUALIFICATIONS GAINED:** |
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**Bank Details:**

Please give details of the Bank or Building Society account you would like your wage paid into.

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| --- | --- |
| **Name of Bank or Building Society:** |  |
| **Full address of the Bank or Building Society:** |  |
| **Bank Sort Code:** |  |
| **Account Number:** |  |
| **Account Holder’s Name:** |  |
| **Roll Number** (if applicable): |  |

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| **UNIFORM SIZES:**  Please provide the sizes of uniform required, if your application to join the Company is successful.  All sizes must be entered accurately. | | | |
| **Shirt/Blouse (Collar):** |  | **Jumper (Chest):** |  |
| **Trousers/Skirt (Waist):** |  | **Trousers/Skirt (Length):** |  |
| **Coat:** | Small/medium/large/extra large | | |

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| **PRE-BOOKED HOLIDAYS:**  Please provide details below of any future holidays that you currently have booked. | | | |
| **Start Date:** |  | **Return Date:** |  |
| **Start Date:** |  | **Return Date:** |  |
| **Start Date:** |  | **Return Date:** |  |

**Declaration & Consent**

**Please read this carefully before signing this Application for Employment**

I understand that employment with RelyOn Guarding and Security Services Limited (“the Company”) is subject to satisfactory references and screening in accordance with BS 7858. I undertake to cooperate with the Company in providing any additional information required to meet these criteria.

I confirm that the information which I have provided within this application form is correct to the best of my knowledge.

I understand that any false statements or omissions may result in rejection of my application or instant dismissal from employment if appropriate.

I authorise the Company and /or its nominated agent to approach Government Agencies, former employers, schools and colleges and personal referees to verify that the information I have given is correct.

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

I understand that some of the information I have provided in this application will be held on a computer and that some or all will be held as paper records

I authorise RelyOn Guarding and Security Services Ltd to approach my Doctor to verify my medical history, or undertake an examination by a Doctor appointed by the Company. 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 when requested by the Company. Subject to the Access to Medical Records Act, 1988 I consent to the results of such examinations being 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 have read and agree that the information I have provided is true and correct. I understand that by electronically completing my details below (either full name or initials in the signed section) is equivalent to signing a paper version of this employment application form and agree to be bound the terms and conditions.

|  |  |
| --- | --- |
| **SIGNED:** |  |
| **PRINT FULL NAME:** |  |
| **DATE:** |  |

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| RelyOn Security & Guarding Services LtdInterview Record**For Office use only** | | | | | | | | | |
| **Date of Interview:** | | |  | | | | | | |
| **Name of Interviewer:** | | |  | | | | | | |
| ***DOCUMENTS CHECKED & SATISFACTORY:*** *(answer YES/NO to all)* | | | | | | | | | |
| **Full Birth Certificate** | |  | | **Printed to Paper File?** | |  | **Saved to Electronic File?** | |  |
| **Passport** | |  | | **Printed to Paper File?** | |  | **Saved to Electronic File?** | |  |
| **Service Record** | |  | | **Printed to Paper File?** | |  | **Saved to Electronic File?** | |  |
| **Driving Licence** | |  | | **Printed to Paper File?** | |  | **Saved to Electronic File?** | |  |
| **SIA Licence** | |  | | **Printed to Paper File?** | |  | **Saved to Electronic File?** | |  |
| **Proof of Address** | |  | | **Printed to Paper File?** | |  | **Saved to Electronic File?** | |  |
| **Qualifications** | |  | | **Printed to Paper File?** | |  | **Saved to Electronic File?** | |  |
| **Other** (give details)  1.  2.  3. | |  | | **Printed to Paper File?** | |  | **Saved to Electronic File?** | |  |
| ***TESTS CARRIED OUT?*** | | | | | | ***RESULTS:*** | | | |
| **Written English Language** | | | |  | | **Satisfactory?** | |  | |
| **Reading English Language** | | | |  | | **Satisfactory?** | |  | |
| **Eyesight** | | | |  | | **Satisfactory?** | |  | |
| **Sense of Smell** | | | |  | | **Satisfactory?** | |  | |
| **Mobility** | | | |  | | **Satisfactory?** | |  | |
| ***COMMENTS:*** | | | | | | | | | |
|  | | | | | | | | | |
| **Provisional Employment Offered?** | | | | |  | | | | |
| **Position Offered:** | | | | |  | | | | |
| **Start Date:** |  | | | | | **Finish Date:** | |  | |
| **Signature of Interviewer:** |  | | | | | **Date:** | |  | |
| **Position of Interviewer:** |  | | | | | **Date:** | |  | |