

SIA LIC NO;

EXPIRY DATE:.....

COMPANY ID;.....



APPLICATION FOR EMPLOYMENT

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This document must be completed in full as part of the selection process, please ensure that you provide as much as details as possible.

Please tick the box

- Would you like to work as: FULL TIME PART TIME
- Position applied for: SECURITY OFFICER BUSINESS SUPPORT
- How did you find about the Everest Security?
COMPANY WEBSITE NEWS PAPER JOB CENTRE OTHER

Please fill your details:

- Surname: _____
- Forename: _____
- Present address: _____
_____ Postcode: _____
- Home tel: _____ Work tel: _____
- Mobile: _____ e-mail: _____
- Date of birth: _____
- Place of birth: _____
- Nationality: _____
- National insurance no: _____
- Passport no: _____

For non EC and EA Nationals:

- Are you legally eligible for employment in the UK? Yes No
- Place of entry into the UK: _____ Date: _____
- Types of visa: Work permit ILR ILE
 - Date of expiry date: _____

DRIVING LICENCE

- CAR FULL PROVISIONAL UK/OTHER
- LGV FULL PROVISIONAL UK/OTHER
- MOTORCYCLE FULL PROVISIONAL UK/OTHER
- MINI BUS FULL PROVISIONAL UK/OTHER

Own Trans port: **Yes / No**

Have you been disqualified from driving in the last 5 years: Yes / NO

Enter details of any motoring convictions in the last 5 years: _____

SERVICE RECORD (IF APPLICABLE)Services: ARMY ROYAL NAVY RAF POLICE

Service No: _____ Rank: _____

Regiment or Branch: _____ From: _____ To _____

EDUCATION record:

Please give the full address of School / College / University you have attended:

Name of Secondary/ College/university address:	Date: From.....	Subjects: Grade:
	To.....	

EMPLOYMENT RECORD

You must provide all details of your employment history over the 5 years. You must account for any gaps in employment during this period and state the year and month you joined and left each company. Please give your manager's name so we can contact them to obtain reference. List most recent job first. For any periods of unemployment, state the address of the unemployment Benefit Office at which you reported (if applicable)

Date	Employer details	Employment details	Office use only
From Month: Year: to	Company name: Address:	Position held: Responsibilities: Salary: Reason for leaving:	

Month: Year:	Tel: Fax: E-mail: Nature of business:		
Date	Employer details	Employment details	Office use only
From Month: Year: to Month: Year:	Company name: Address: Tel: Fax: E-mail: Nature of business:	Position held: Responsibilities: Salary: Reason for leaving:	
From Month: Year: to Month: Year:	Company name: Address: Tel: Fax: E-mail: Nature of business:	Position held: Responsibilities: Salary: Reason for leaving:	
From Month: Year: to Month: Year:	Company name: Address: Tel: Fax: E-mail: Nature of business:	Position held: Responsibilities: Salary: Reason for leaving:	
From Month: Year:	Company name: Address:	Position held: Responsibilities:	

to			
Month:	Tel:	Salary:	
Year:	Fax:	Reason for leaving:	
	E-mail:		
	Nature of business:		

SELF-EMPLOYMENT

If you have been self-employed, please give references of individuals who can confirm details.

Trade:	Accountant/ solicitor
Name:	Name;
Address:	Address:
Tel:	Tel:
Fax:	Fax:

OFFENCE, CAUTION AND CONVICTION

Do you have any unspent criminal convictions? **Yes / No**

If yes, please list your unspent criminal convictions and date below :

FINANCIAL LIABILITIES

Are you currently, or have you ever been in arrears or difficult with any loan or repayment ? **Yes/No**

Have you ever been declared bankrupted? **Yes / No**

If yes to either question, please give details:

CHARACTER REFERENCES

Give the name and address of two persons (not former employer or relatives/ or persons residing at the same address) who have known you personally (not your GP or dentist) for preferably at least **5 years** and who can vouch for your character and background. We may ask the named individuals for confirmation of your whereabouts on specific date to cover any gaps in history.

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Tel:	Tel:
Occupation:	Occupation:
Relationship:	Relationship:
How long known	How long known:

MEDICAL QUESTIONNAIRE

The following information is of strictest confidence and assists us in protecting, as far as is reasonably practicable, your health, safety and welfare. Should any additional information be required from your medical practitioner, the law requires us to inform you of our intention and to obtain your written consent beforehand.

Please read the following questions carefully and answer as accurately as possible.

***Are you currently suffering or have you ever suffered from any of the following conditions?
(Please circle)***

<ul style="list-style-type: none"> • Fainting / Blackout • Epilepsy or Fits • Diabetes • Typhoid, Paratyphoid or Cholera • Dysentery or Recurring Diarrhoea • Tuberculosis (TB) • Eczema or Skin trouble • Asthmatic attacks or Chest problems • Heart trouble or High blood pressure • Arthritis, Rheumatism or Gout • Joint, Ligaments or Tendon trouble • Rupture of hernia 	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>	<ul style="list-style-type: none"> • Claustrophobia or Vertigo • Back pain • Difficulty in standing for long periods • Difficulty in climbing stairs • Difficulty in bending to lift weights • Serious injury or fracture • Mental / Emotional illness • Recurrent infection or illness • Any major operations • Colour blindness 	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<ul style="list-style-type: none"> • Do you suffer from headache/ migraine? • Defective vision (not corrected by glasses or contact lens)? • Do you have any deafness or difficulty in hearing (not corrected by hearing aid)? • Are you currently or do you expect to receive medical treatment in the near future? • Have you received Hospital treatment during the last 3 years? • Are you currently taking prescribed medication? • Have you been absent from work, school or full time education for more than two successive weeks in the last 3 years (other than holiday)? <p><i>If you answered Yes to any of the above questions or if you have any condition which you believe may effect your ability to perform the position applied for and the way in which company make adjustments to assist you please give details below :-</i></p> <p><i>Please give details of any special arrangements that would assist you in attending any prospective interviews.</i></p>		<p>Yes/ No</p> <p>Yes/ No</p> <p>Yes/ No</p> <p>Yes/ No</p> <p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p>	

Next Of Kin Details (please complete your NOK details that the company should contact in case of emergency:

Name:	Relationship:
Address:	Contact t: f:

DECLARATION

Please read this carefully before signing this application.

I confirm that to the best of my knowledge, the details I have given in this application are complete and correct. If I accept an offer of employment from the Everest Security Limited, I understand that to make a false statement to the company or its representative will give my employer the right to terminate my employment immediately.

I understand that employment with the Company is subject to satisfactory screening in accordance with BS 7858 and I undertake to co-operate with the company in providing any additional information required to meet this criteria. I authorise the company and /or its nominated agent to approach previous employers, School / Colleges, personal referees references or government agencies to verify that the information I have provided is correct.

I understand that some of the information I have provided in this application will be held on a computer database and some or all will be held in manual records, and I consent to the company to retain and process the information in accordance with the Data Protection Act (1998) and for the purpose of finding suitable employment.

I declare that I have disclosed all relevant information that could affect the position applied for:

Signature:	Date:
Print Name:	

EQUAL OPPORTUNITIES

We are an equal opportunities employer. If you choose to complete this section, it will help us to monitor the effectiveness of our equal opportunities policy and will not be used in assessing your application.

My ethnic origin is: (please circle)

WHITE / BLACK AFRICAN / ASIAN / EUROPEAN / OTHER / DECLINE IF OTHER (please specify)

FOR OFFICE USE ONLY:

5 year screening- Completed By

Date:

5 Year screening – authorised By

Date:

Sent for 10 year screening

Date: