

ALL SECTIONS OF THIS FORM NEED TO BE COMPLETED IN FULL

STRICTLY CONFIDENTIAL				
Attached documents:	Signed application form Proof of ID Proof of Address Right to work	[] (tick when com [] [] []	plete)	
PLEASE COMPLETE IN BLOC	CK CAPITALS USING BLACK INK			
Title: INIT/INITS/INIS/Other	First Name			
Surname:				
Maiden/Former name (list all pre	evious first names and surnames):			
Current Address:				
Please state ALL previous address	sses where you have lived in the past six year	rs, continue on a separate she	et if necessary:	
	Postcode	Date From	To	
			_	
	Postcode	Date From	То	
	Postcode	Date From	To	
Position applied for:				
Home Tel:	Work Tel:	Mobile:		
Email:		Date of Birth:		
Nationality:	Marital Status:	National Insurance	National Insurance No:	
Do you hold a current/full provision State any driving conviction in the	onal* driving licence? Yes [] No [] (* Delete a	as appropriate)		
Do you hold a current SIA licence	e? Yes [] No []			
SIA Licence Number:	Licence Number:		Expiry Date:	
Are you subject to Immigration Colf yes, do you have an unrestricte	ontrol? Yes [] No [] d entitlement to take up employment in the U	K? Yes[]No[]		
Have you ever been fined, cautio Rehabilitation of Offenders Act)?	ned, sentenced to imprisonment or placed on Yes [] No []	probation for a criminal act (si	ubject to the	
Are there any alleged offences ou If yes to either question, give deta	utstanding against you? Yes [] No []			
Have you ever been made bankrillast 6 years? Yes [] No []	upt, hold an IVA or have any Court Judgemer	nts against you, whether satisfi	ed or not, within the	
Has any order been made agains	st you by a Civil or Military Court or Public Aut	hority? Yes [] No []		



EMPLOYMENT RECORD

Starting with your last or present employer, give details of your employment history for the last 5 years, including details of full time education if it falls within that period. Include periods of self-employment and military service. For any periods of unemployment give the address of the DWP Office to which you reported or the name of a person (not a relative) who can confirm your whereabouts.

IF YOU DO NOT WISH US TO CONTACT YOUR CURRENT EMPLOYER PLEASE TICK HERE [] Name and full address of current **Details Unemployment/Employment Dates** employer or name of Job Centre/ **DWP Office** Name: Position held: Month/Year Address: Reporting to: From Tel: Reason for leaving: Tο Fax: Name and full address of previous **Unemployment/Employment Dates Details** employer or name of Job Centre/ **DWP Office** Position held: Month/Year Name: From Address: Reporting to: Tel: Reason for leaving: То Fax: Name and full address of previous **Details Unemployment/Employment Dates** employer or name of Job Centre/ **DWP Office** Position held: Month/Year Name: Address: Reporting to: From Tel: То Reason for leaving: Fax: Name and full address of previous **Unemployment/Employment Dates Details** employer or name of Job Centre/ **DWP Office** Name: Position held: Month/Year Address: Reporting to: From Tel: Reason for leaving: То Fax:



PERSONAL REFERENCE

contact with you and who will provide a written reference. This person should have known you for at least two years and not be a previous employer, relative or resident at the same address as yourself.				
Name:				
Address:				
Postcode:	Telephone Number:			
Occupation:				
How long known:				

Give the name and address of at least one person, who has known you well for at least two years, is still in



DECLARATIONS

I certify that to the best of my knowledge, the information that I have given in my application for employment is true and complete and understand that any false statement or omission to the Company or its representatives may render lead to termination of employment without notice. 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 authorise the Company or its agents to approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment/unemployment record. I consent to the Company's reasonable processing of any 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 by the Company. Subject to the Access to Medical Reports Act 1988, I consent to the results of such examinations to be given to the Company and 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 information with other credit reference agencies. I further declare that any documents that I provide as proof of my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined under a UV scanner or similar device. I acknowledge that any falsified documents may be reported to the appropriate authority.

DATA PROTECTION ACT 1998

The Company will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers.

By returning this form to the Company you consent to our processing personal data about you where this is necessary, for example information about your credit status, ethnic origin or criminal offences. You also consent to the transfer of your information to your current and future potential employers where this is necessary (this may be companies operating abroad if you apply for work outside of the United Kingdom).

Your information will be held on our computer database and/or in our paper filing systems. By signing below you agree to this process and confirm that you do not have a criminal record subject to the current Rehabilitation of Offenders Act and any amendments. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

DISCLOSURE

You are applying for a position of trust and in the event of being offered employment by the Company we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from employment. For more information ask a member of staff for a copy of the CRB Code of Practice/Disclosure Scotland and/or the Company our policy statement regarding ex-offenders. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document you allow the Company to see a copy of the Disclosure. The Disclosure information is not retained i.e. it is disposed of within the timescales recommended in the CRB Code of Practice. By signing below you agree to this process.

SCREENING

Any offer of employment is subject to satisfactory screening, that the applicant consents to being screened and
will provide information as required. That the information provided is correct, and the applicant acknowledges
that any false statements or omissions could lead to termination of employment.

Applicant name:	NI Number:
Applicant signature:	Date: