

Application for Employment



Position Applied For:

Date that you could start work:

Personal Details

Surname	Forenames
Address	
Home Phone	Mobile Phone
E-mail Address	
Date of Birth	Nationality
Place of Birth	Country of Birth
Marital Status	Ethnic Origin
National Insurance Number	

SIA Licence Details

Licence Type	Expiry Date
Licence Number	
Licence Type	Expiry Date
Licence Number	
Licence Type	Expiry Date
Licence Number	
Licence Types: DS - Door supervisor licence / CP - Close protection licence / CVIT - Cash & valuables in transit licence / CCTV - Public space surveillance / SG - Security licence / VI - Vehicle immobiliser licence / KH - Key holder licence	

Other Information

Have you previously worked for or applied for a job with this company? If YES, state when and what position

Do you have a Full Driving Licence?

If YES when did you pass your test?

Driving Licence Number

What classes of vehicles are you entitled to drive?

Give details of any endorsements in the last 5 years

Do you have any alleged offences outstanding against you? State YES or NO

(In accordance with BS7858 and BS7499, you are required to declare any current or pending county court judgement against you)

If YES give details

Health

Please give details of any health / disability problems which may be relevant to the position applied for

Emergency Contact

Name of person to contact in an emergency

Relationship

Address

Home Phone Number

Mobile Phone Number

Doctors Name

Phone Number

Address

References

Please provide details of two people, other than family, and not connected with your school/college or your employment, who have known you for at least 3 years whom we may approach for a character reference.

Name

Name

Address

Address

Telephone Number

Telephone Number

Occupation

Occupation

Period Known

Period Known

Education

Secondary School Attended	Dates (Month and Year)
College/University Attended	Dates (Month and Year)
Course Title	

Additional Skills

Please list any skills and qualifications to support your application (e.g. First Aid)

Employment History

Employer's Full Name, Address and Telephone Number	Name or Person you reported to	Position Held	Wage	Employment Dates (Month and Year)	Reason for Leaving

May we approach your present employer now? YES/NO

PLEASE ENSURE THAT YOU FULLY READ AND UNDERSTAND THE FOLLOWING PRIOR TO SIGNING AND RETURNING THIS DOCUMENT

If offered employment you will be on probation for a period of 16 weeks. Please note that employment is subject to security licensing (where applicable).

I authorize Wright Guards Security Ltd to obtain all details on employment and unemployment period from previous employers. I understand that any appointment made will be subject to satisfactory references being received by the company.

I certify that, to the best of my knowledge, the information that I have given is true and complete. I certify that I have never been convicted of any criminal offence (other than a conviction that is "spent" under the Rehabilitation of Offenders Act 1974), declared bankrupt or been dismissed from any previous employment for dishonesty or misconduct. I am not the subject of any Police enquiry that could result in my being charged with a criminal offence.

I understand that any false statement or omission may render me liable to dismissal without notice. I accept that I may be required to undergo a medical examination where requested by the Company and I consent to the results of such examinations be given to a Company Director.

Signed

Date