

### APPLICATION FORM

- A. Please answer ALL questions. Write N/A if a question does not apply to you.  
 B. Please write in black ink using BLOCK CAPITALS.  
 C. Please be sure to read and sign the declaration on page four.

APPLICATION FOR FULL-TIME/PART-TIME EMPLOYMENT AS: \_\_\_\_\_

NAME OF MEDIA OR CONTACT FROM WHICH YOU HEARD OF VACANCY:

NEWSPAPER/JOURNAL..... AGENCY..... FRIEND..... JOBCENTREPLUS..... INTERNET..... OTHER.....

<p>1. SURNAME _____</p> <p>2. FORENAMES _____</p> <p>3. FORMER SURNAMES _____</p> <p>4. FORMER FORENAMES _____</p> <p>5. DATE OF BIRTH</p> <p>6. AGE</p> <p>7. PLACE OF BIRTH</p> <p>8. NATIONALITY</p> <p>9. HEIGHT</p> <p>10. WEIGHT</p> <p>11. COLOUR OF EYES</p> <p>12. COLOUR OF HAIR</p> <p>13. RELIGION</p> <p>14. EMAIL ADDRESS</p>	<p>15. PRESENT ADDRESS house/flat owner, tenant, lodger, with parents/friends</p> <p>_____</p> <p>_____</p> <p>HOW LONG AT YOUR PRESENT ADDRESS?:</p> <p>_____</p> <p>16. PREVIOUS ADDRESS: (if under 5 years at above)</p> <p>_____</p> <p>_____</p> <p>17. PHONE NO: HOME : MOBILE:</p>
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18. In accordance with the Commission for Racial Equality's Code of Practice, please describe your ethnic origins:

AFRICAN ... AFRO-CARIBBEAN... ASIAN... CAUCASIAN... OTHER... (please specify) .....

19. MARRIED..... CO-HABITING..... DIVORCED..... SINGLE..... SEPARATED..... WIDOW/ER.....

20. No. OF CHILDREN: ..... AGES: ..... 21. NATIONAL INSURANCE No:

<p>22. PERSON TO BE CONTACTED IN EMERGENCY:</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>_____</p>	<p>RELATIONSHIP: _____</p> <p>TELEPHONE No. AT WORK: _____</p> <p>TELEPHONE No. AT HOME: _____</p> <p>IS THE ABOVE NEXT OF KIN? YES / NO</p> <p>IF NOT, GIVE THE NAME &amp; TELEPHONE No. OF THE NEXT OF KIN</p>
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23. Have you ever been fined, imprisoned, 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? (excluding minor motoring offences).....YES / NO

Have you ever been declared bankrupt or insolvent or been refused Fidelity Insurance?.....YES / NO

Have you any alleged offences outstanding against you?.....YES / NO

If answered yes to either questions, give details: .....

24. Have you any relatives working for the company?....YES /NO Have you previously applied for or obtained a position with this company?....YES / NO

If the answer to either question is YES, please give details including dates:

25. Do you own a car ..... motor cycle.....

Do you possess a FULL, current U.K. Driving Licence? .....YES / NO.....State groups: .....

How long have you held a full driving licence? ..... Issue date: .....

Driving Licence No: ..... Date of expiry: .....

Give details of any endorsements or other motoring convictions during the last 5 years: .....

26. HEALTH DECLARATION (Answer YES or NO to the following – If appropriate, give further details in 26.22.)

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|---|--|
| <p>26.1 Are you physically fit? .....</p> <p>26.3 Is your speech defective? .....</p> <p>26.5 Is your hearing normal in both ears, including telephone use?.....</p> <p>26.7 Are you taking a course of injections, pills or drugs?.....</p> <p>26.9 Have you ever suffered mental ill health, nervous breakdown or debility?.....</p> <p>26.11 Have you ever had kidney disease, bladder trouble (inc. stone or gravel)?.....</p> <p>26.13 Have you ever had diabetes?.....</p> <p>26.15 Have you ever had varicose veins?.....</p> <p>26.17 Have you ever had any other illness, allergy or disease?.....</p> <p>26.19 Have you ever had any back or joint problems, prolapsed disc, fractures, skeletal trouble?.....</p> <p>26.20 Are you registered disabled? (If yes. Give green card no. here) .....</p> <p>26.21 Is your eyesight satisfactory for all normal purposes (with glasses if necessary) .....</p> <p>26.22 Give details of any declared illness or incapacity shown above, including any periods off work in the last three years of more than fourteen days.....</p> <p>26.23 The name and address of my doctor is:      Name: _____ Tel: _____<br/>Address: _____</p> <p>26.24 I hereby authorise Citywatch Security Services Limited to contact my doctor to verify the above information.<br/>SIGNATURE: _____</p> | <p>26.2 Are you generally in good health .....</p> <p>26.4 Have you ever had an operation?.....</p> <p>26.6 Have you ever been in hospital for more than 2 weeks in the last ten years?.....</p> <p>26.8 Have you ever had fainting attacks blackouts or epilepsy?.....</p> <p>26.10 Have you ever had heart trouble rheumatic fever, high blood pressure?.....</p> <p>26.12 Have you ever had arthritis, rheumatism or gout?.....</p> <p>26.14 Have you ever suffered a rupture?.....</p> <p>26.16 Have you ever had any ear disease (inc. discharge from ears)?.....</p> <p>26.18 Do you suffer from any medical condition that may affect your suitability for employment?.....</p> |
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27. EDUCATION & QUALIFICATIONS (State name and address of last school/college attended)

Secondary School/College/University attended	Dates	Exams taken, qualifications gained

First Aid/CSCS card/Traffic Marshall/SIA Training certificates or other relevant:.....YES / NO    If YES, give date of expiry: .....

Foreign languages (specify fluency)

**Disclosure and Barring Service (DBS) check**  
**Date Issued:**

**SIA License Number:**  
**Renewal Date:**

28. Hobbies and interests:

29. Please give details of two people, not family, not from your school / college and not your present employer, who have known you for at least five years, whom we may approach for character references.

NAME:	NAME:
ADDRESS:	ADDRESS:
POST CODE:	POST CODE:
CONTACT NUMBER:	CONTACT NUMBER:
OCCUPATION:	OCCUPATION:
PERIOD KNOWN:	PERIOD KNOWN:

30. Record your total employment history. Include details of any self-employment, unemployment, military service and part-time work. Be sure to give full addresses and dates (month and year), service / payroll numbers, branch, trade or regiment.

If there are any periods of unemployment, give the address of the Unemployment Benefit Office to which you reported.

Give details of your present or most recent employment first, then your preceding employment and so on, finishing with your earliest job. (Going back 5 years or to school leaving age). If need be, use an A4 sheet of paper for further employment details.

	EMPLOYERS FULL NAME ADDRESS AND TELEPHONE NUMBER	NAME & JOB TITLE OF THE PERSON TO WHOM YOU REPORTED	THE POSITION YOU HELD	RATE OF PAY	EMPLOYMENT DATES MONTH / YEAR	REASON FOR LEAVING
1.	..... ..... ..... ..... Post Code: Tel: Fax No:	NAME   POSITION			FROM:  ..... TO:	
2.	..... ..... ..... ..... Post Code Tel: Fax No:	NAME   POSITION			FROM:  ..... TO:	
3.	..... ..... ..... ..... Post Code Tel: Fax No:	NAME   POSITION			FROM:  ..... TO:	
4.	..... ..... ..... ..... Post Code Tel: Fax No:	NAME   POSITION			FROM:  ..... TO:	
5.	..... ..... ..... ..... Post Code Tel: Fax No:	NAME   POSITION			FROM:  ..... TO:	

31. MAY WE APPROACH YOUR PRESENT EMPLOYER FOR A REFERENCE NOW YES / NO
32. I understand that any appointment made will be subject to satisfactory completion of security screening, in accordance with the company's vetting Code of Practice and that my employment may be terminated if this cannot be completed.
- 32.1 I authorise the company to obtain all details of employment from previous employers and also to verify unemployment periods and for the latter I understand that I will be asked to sign the relevant authorisation. I further agree for any government department to be approached for the verification of relevant facts.
- 32.2 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, unemployment or other activities.
- 32.3 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 being given to a company director.
- 32.4 I understand that if employment is offered to me, such employment will be terminable by either side without notice during the first 13 weeks and thereafter by one week's notice for each complete year of service to a maximum of 12 weeks.
- 32.5 I certify that the information which I have given on this application form is true and complete and that I have never been dismissed from employment for any misconduct. I understand that any false statement, misrepresentation or omission may render me liable to dismissal without notice.

**Signature** ..... **Date** .....

**Name and Initials (BLOCK CAPITALS)** .....

**FOR OFFICE USE ONLY**

DATE OF INTERVIEW: ..... INTERVIEWED FOR THE POSITION OF: .....

INTERVIEWER: .....

INTERVIEWER'S ASSESSMENT:  
[COMMUNICATION SKILLS, APPEARANCE, PERSONALITY ETC.]

NOT QUALIFIED  QUALIFIED

OFFER LETTER DATE: ..... APPROVED BY: .....

INDUCTION DATE: ..... AVAILABILITY: .....

THIS APPLICATION FORM REMAINS THE PROPERTY OF CITYWATCH SECURITY SERVICES LIMITED.