APPLICATION / ENROLEMENT FORM

We would like to thank you for applying for a position of employment with Guard-A-Force UK Ltd.

Please find below some notes and advise on completing this application form: -

SECTION 1— please complete ALL relevant sections including contact numbers etc where possible.

SECTION 2— please complete this section and include your licence number. Please bring licence with you to interview as we will require a copy of your licence for your personnel file. If you have a licence, go straight to section 4.

SECTION 3 - this is only to be completed if you do NOT have an SIA licence.

SECTION 4 & 4a— please complete this section and sign it.

SECTION 5 - please complete this section.

SECTION 6 - please complete this section and sign it.

SECTION 7 - please complete this section.

SECTION 8 & 8a-this needs to be completed in detail. Please ensure you provide full details of ALL employers for the past 5 years, including any periods of unemployment. It is vital that we have the correct information, so we can confirm your employment history, in accordance with BS7858:2006.

SECTION 9— Please give details of two parties who are not related to you, whom you have known for a considerable period and whom we may approach for a personal character reference. In addition, we also require one professional reference, preferably from your last employer, but this may be someone you have worked for or with during the last 2 years. Under BS7858 screening and vetting, we must be able to gather sufficient references to secure your employment. Please note References from relatives or people residing at the same address as you are unacceptable.

DATA PROTECTION AND DECLARATION-please read, sign and print your name and date these sections accordingly.

**CHECKLIST**

|  |  |  |
| --- | --- | --- |
| **Have you completed the following?** – Please highlight accordingly. |  |  |
| Included your licence number- | YES | NO |
| Signed all sections- | YES | NO |
| Provided 1 household bill for identification purposes- | YES | NO |
| Provided photocopy of driving licence or passport- | YES | NO |
| Provided photocopy of SIA license- | YES | NO |

Company Contact Details

Guard-A-Force UK LTD Tel: 01228 658 530

Alga House Email: GAF211@outlook.com

Brunel Way www.guardaforce.co.uk

CA1 3NQ Managing Director: Alan Johns

SECTION 1 – PERSONAL DETAILS

Position applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How did you hear of this vacancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: Surname at birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Forename(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N.I Number:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if less than 5 years) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ y

Town/Country of birth: Date of Birth: Age:

*(Please highlight accordingly)*

**Sex:** Male / Female – **Marital Status:** Married / Single – **Driving License:** Yes / No – **Transport:** Yes / No

**Person to be contacted in case of emergency / next of kin**

Name: Relationship: Contact No.

Address:

 Postcode:

SECTION 2 – BADGE INFORMATION

Do you have a current SIA Registered license? *(Please highlight)* – Yes / No

License Type: License No.

Expiry Date:

SECTION 3 – BACKGROUND INFORMATION

Have you appeared in court charged with: *(please highlight accordingly)*

**Criminal Offence?** Yes / No – **Civil Matter?** Yes / No – **Military Offence?** Yes / No

**Have you ever been cautioned by the police for any offence?** Yes / No

If **YES,** please give details below: -

 **DATE OFFENCE SENTANCE**

SECTION 4

**The purpose of this questionnaire is to ensure that you are suited to work at night. All the information you provide will be kept confidential.**

**Do you suffer from any of the following health conditions?** *(Please highlight accordingly)*

* Diabetes (type 1) or (type 2). Yes / No
* Heart or Circulatory Disorders. Yes / No
* Stomach or Circulatory Disorders. Yes / No
* Any condition which causes difficulty sleeping. Yes / No
* Chronic chest disorders, especially if night-time symptoms are troublesome. Yes / No
* Any medical condition requiring medication to a strict timetable. Yes / No
* Any other health factors that might affect fitness at work. Yes / No

If you have answered **YES** to any of the above questions, you may be asked to see a doctor or nurse for further assessment.

**Please give any details if you have answered YES to any of the above questions.**

SECTION 4a

I, the undersigned, confirm that the above is correct to the best of my knowledge.

Signed: Date:

SECTION 5 – ASSESSMENT

**This gives an indication of whether the worker is fit to work nights or should see a doctor or nurse for a medical examination.**

Signed: Date:

SECTION 6

Height: Ft. Ins. Weight: St. Lbs.

Have you suffered any prolonged illness which has affected your ability to perform your job?

*(Please highlight accordingly) –* Yes / No

If **YES,** please give details below: -

Do you suffer any mental or physical illness or disability?

*(Please highlight accordingly) –* Yes / No

If **YES,** please give details below: -

How many days have you been absent through illness in the last 12 months?

We aim to be an equal opportunity employer and we select staff on merit, irrespective of colour, sex, religion, race, nationality, or ethnic origin. To monitor the effectiveness of our policy, we request all applicants to provide the following information: -

Ethnic Origin *(Please highlight accordingly)*

WHITE – BLACK AFRICAN – BLACK CARIBBEAN – CHINESE – INDIAN – PAKISTANI

OTHER – *(Please specify)*

SECTION 7 – AGREEMENT TO EXLUDE THE MAXIMUM WEEKLY WORKING TIME LIMIT UNDER THE WORKING TIME REGULATION

I hereby agree that I may work for more than an average of 48 hours/week. If I change my mind, I will give my employer a minimum of 3 months’ notice in writing to end this agreement.

For calculating my average hours, the reference period will be over a 17-week period.

Signed: Date:

SECTION 8 – The preferred method of payment by the company is BACS transfer.

ALL information supplied is strictly confidential

Bank Name:

Sort Code:

Account No.

Account Name:

Previous Employment History

Please ensure you provide full details of ALL employers for the past 5 years, including any periods of unemployment. It is vital that we have the correct information so we can confirm your employment history in accordance with BS7858:2012 standard. **Note:** Put an **X** in the box If you are in employment and don’t want us to contact your current employer

 **From To Employers Name Person to contact Phone Number Reason for leaving**

SECTION 8a – EMPLOYMENT AVAILABILITY

**Available for work -** *(Please highlight accordingly)*

**MONDAY – TUESDAY – WEDNESDAY – THURSDAY – FRIDAY – SATURDAY – SUNDAY**

SECTION 9 – CHARACTER REFERENCES

Please give details of two parties that are not related to you, whom you have known for a considerable period and whom we may approach for a personal character reference. In addition, we also require one professional reference, preferably from your last employer but this may be someone you have worked for or with during the last 2 years. Under BS7858 screening and vetting. We must be able to gather sufficient references to secure your employment.

**TO NOTE –** References from relatives or people residing at the same address as you are unacceptable.

 Reference 1 – Personal Reference 2 - Personal

 Name: Name:

 Address: Address:

 Postcode: Postcode:

 Telephone: Telephone:

Occupation: Occupation:

 Reference 3 – Professional

 Name: Company Address:

 Company:

 Position:

 Telephone:

 Mobile: Postcode:

**Declaration**

I understand that employment with the company is subject to satisfactory references & security screening in accordance with BS7858.

I undertake to co-operate with the company in providing additional information required to meet these criteria.

I authorise the company and/or it’s nominated agent to approach previous employers, schools/colleges, character referees or government agencies to verify that the information I have provided is correct.

I authorise the company to make a consumer information search with a credit reference agency which we make keep a record of that search within my personal file.

I understand that some of the information I have provided will be held on a computer and some or all will be held on manual records.

I consent to the company’s reasonable processing of any sensitive data personal information obtained for the purpose of establishing my medical position and future fitness to perform my duties. I accept that I may be required to undertake a medical examination when requested by the company, subject to the Access of Medical Records Act 1988. I consent to the results of such examinations to be 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 hereby certify that, to the best of my knowledge, the details I have given in this application for are complete and correct.

I understand that any false statement or omission to the company or its representatives may render me liable for dismissal without notice.

**I have read and understood the terms and conditions of contract and agree to abide by them.**

Signed: Print Name: Date:

**FOR OFFICE USE ONLY**

**Completion Checklist:**

**ABM to Complete:**

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* License viewed and details noted (section 2)
* Health questionnaire completed and signed (section 4)
* Working Time Regulation signed (section 6)
* Five years’ work history provided (section 8)
* Three reference details provided (section 9)
* Data protection declaration signed (last page)
* Copy of ID provided (passport/driving license)
* Proof of address provided (passport/driving license)
* For non-Nationals proof of right to work provided.
* All details checked and form completed correctly.
* Knowledge assessment completed.

**ABM signed:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Poor | Fair | Satisfactory | Good | Excellent |
| Knowledge of specific job skills |  |  |  |  |  |
|  |  |  |  |  |  |
| Related job experience |  |  |  |  |  |
|  |  |  |  |  |  |
| Deportment and Attitude |  |  |  |  |  |
|  |  |  |  |  |  |
| Communication and listening skills |  |  |  |  |  |
|  |  |  |  |  |  |
| **Additional Comments** |  |  |  |  |  |
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**Notes**