



**APPLICATION FOR EMPLOYMENT FORM**

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Reg No: 5413020

Thank you for applying to Proficient Security Ltd. This application form, when completed, contains the basic information from which a candidate is assessed. Please ensure you complete all applicable sections in BLOCK CAPITALS, in your own handwriting and in black ink. We will contact you within 10 working days to inform you of the progress of your application.

**Personal Details**

**Position applied for (please state full or part time):** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**First Name(s):** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Former names:** \_\_\_\_\_

**Current address:** \_\_\_\_\_  
\_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Date you moved to this address** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**If less than five years please supply your previous addresses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide dates with these addresses:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Place of birth:** \_\_\_\_\_

**Nationality** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**National Insurance number:** \_\_\_\_\_

**Next of kin:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

**Telephone number for next of kin:** \_\_\_\_\_

**Do you have a current driving license**  **Yes**  **No**  **Provisional**

**Please give details of any endorsements:** \_\_\_\_\_

**Please attach  
a recent  
passport size  
photograph**

## Background Information

Have you ever been cautioned, charged or summoned to court for a Criminal Offence?

Yes  No

If yes, please provide further details: \_\_\_\_\_

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

Do you have any criminal allegations outstanding against you?

Yes  No

Are you currently declared bankrupt / insolvent?

Yes  No

If you have answered yes to any of the above please provide details below:

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

How much time have you taken off sick over the last 2 years? \_\_\_\_\_

## Industry Qualifications

City & Guilds: \_\_\_\_\_ Level / Grade: \_\_\_\_\_ Pass Date \_\_\_\_\_

NVQ / SQV: \_\_\_\_\_ Level / Grade: \_\_\_\_\_ Pass Date \_\_\_\_\_

SIA Licence Number \_\_\_\_\_ Licence Type \_\_\_\_\_

Licence Expiry Date \_\_\_\_\_

Do you hold a certificate for First AID?  Yes  No

If so, what is the certificate number? \_\_\_\_\_ Expiry Date \_\_\_\_\_

## Education

Secondary School Attended:	From	To	Subject Taken	Level	Grade

## Education Continued...

Secondary School Attended:	From	To	Subject Taken	Level	Grade

College / University Attended:	From	To	Subject Taken	Level	Grade

## Employment History

Please list all periods of employment for the last 10 years, starting with the most recent.

<b>From:</b>	<b>Name:</b> <b>Address:</b>	<b>Position held:</b>
		<b>Reported to:</b>
		<b>Last salary / Wages pm:</b>
		<b>Telephone number:</b>
<b>To:</b>	<b>Postcode:</b>	
<b>From:</b>	<b>Name:</b> <b>Address:</b>	<b>Position held:</b>
		<b>Reported to:</b>
		<b>Last salary / Wages pm:</b>
		<b>Telephone number:</b>
<b>To:</b>	<b>Postcode:</b>	



## Unemployment Record

Please confirm details for any unemployment:

From	To	Benefit Office

## References

Please give details of two professional referees (past employers) and one person, not related to you, who has known you for at least five years and is willing to provide a character reference.

<b>Full Name:</b>	<b>Full Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Postcode:</b>	<b>Postcode:</b>
<b>Name of Company / Position:</b>	<b>Name of Company/Position:</b>
<b>Period Known for:</b>	<b>Period Known for:</b>
<b>Telephone Number:</b>	<b>Telephone Number:</b>

**Character Reference:**

<b>Full Name:</b>
<b>Address:</b>
<b>Postcode:</b>
<b>Occupation:</b>
<b>Period Known for:</b>
<b>Telephone Number:</b>

**Other Information**

**Uniform Details:**

Chest \_\_\_\_\_ Leg \_\_\_\_\_

Collar \_\_\_\_\_ Waist \_\_\_\_\_

**Bank Details:**

Name \_\_\_\_\_

Sort Code \_\_\_\_\_

Acc No \_\_\_\_\_

**Declaration**

I confirm that the information I have provided on this form is, to the best of my knowledge, true and without omission. Any false information may be sufficient cause for rejection or, if employed, dismissal. I understand that my employment is subject to satisfactory vetting. I hereby authorize Proficient Security Ltd to obtain references and carry out a credit check through Equifax to support this application once an offer has been made and release the company and references from any liability caused by giving and receiving information.

May we approach your present employer for a reference now:  Yes  No

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Interview Notes**

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## Pre-Employment Medical Questionnaire

**Position Applied for:** \_\_\_\_\_

The following information will be treated in the strictest confidence and is required for reasons of health & safety in the workplace.

**Personal Details (Please complete this section in BLOCK CAPITALS)**

**Full Name:** \_\_\_\_\_

**Name of Doctor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address of Doctor:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Private Tel No:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Please answer the following questions. If the answer is yes then please provide full details. Have you at any time suffered from any of the following conditions:**

Allergies	Yes	No
Asthma	Yes	No
Hay Fever	Yes	No
Chest Pain	Yes	No
Heart Disorder	Yes	No
High Blood Pressure	Yes	No
Low Blood Pressure	Yes	No
Papitations	Yes	No
Rheumatic Fever	Yes	No
Hernia	Yes	No
Rectal Bleeding	Yes	No
Kidney Stones	Yes	No
Anaemia	Yes	No
Fainting Spells	Yes	No
Severe Headaches	Yes	No
Chronic Cough	Yes	No
Colour Blindness	Yes	No

Anxiety	Yes	No
Blood Disorder	Yes	No
Cancer	Yes	No
Depression	Yes	No
Diabetes	Yes	No
General Debility	Yes	No
Insomnia	Yes	No
Skin Disorder	Yes	No
Arthritis	Yes	No
Backache	Yes	No
Back Injury	Yes	No
Disc disorder	Yes	No
Dizzy Spells	Yes	No
Epilepsy	Yes	No
Ear disorder	Yes	No
Eye disorder	Yes	No
Nose disorder	Yes	No

**If you have answered “yes” to any of the above, please confirm if this would affect your role as a Security Guard: Yes / No (please circle appropriate one)**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_