



APPLICATION FOR EMPLOYMENT FORM

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.

Personal Details

Location of site applied for: _____

Title of job applied for: _____

Title: Mr/ Mrs/ Ms/ Miss

First Name(s):

Surname:

Former names:

Current address:

**Please attach a
recent
Passport size
photograph**

Postcode:

Date moved in:

Telephone:

Mobile:

Email address:

If less than five years please supply your previous addresses and dates:

Date of birth:

Place of birth:

Nationality:

Marital Status:

NI number:

Ethnic background:

Next of kin name:

Relationship:

Telephone number for next of kin:

Mother's Maiden Name:

Background Information

Do you have a current driving licence?

Please give details of any endorsements:

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

If yes, please provide further details:

Do you have any criminal allegations outstanding against you?

Are you currently declared bankrupt / insolvent?

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:

NVQ / SQV:

SIA Licence Number 1:

Licence Type 1:

Licence Expiry Date:

SIA Licence Number 2:

Licence Type 2:

Licence Expiry Date:

SIA Licence Number 3:

Licence Type 3:

Licence Expiry Date:

Have you taken a CSCS Test?

If yes, please state your CSCS card registration number:

Expiry Date:

Have you been Person and Besc trained?

If yes, please state your EUSR number:

Do you hold a certificate for First AID? **Yes** **No**

If so, what is the certificate number? _____ **Expiry Date** _____

Education

If you attended secondary school in the last 5 years please fill in this section

Secondary School Address:	From	To	Subjects Taken	Grade

If you have attended College or University in the last 5 years please fill in this section

College or University Address:	From	To	Subject Taken	Level	Grade

Employment History

Please list all periods of employment for the last 5 years, starting with the most recent. Please include dates, addresses and telephone numbers.

Date from: Date to: Position held:	Company Name: Address: Postal Code: Telephone:
Date from: Date to: Position held	Company Name: Address: Postal Code: Telephone:
Date from: Date to: Position held:	Company Name: Address: Postal Code: Telephone:
Date from: Date to: Position held:	Company Name: Address: Postal Code: Telephone:
Date from: Date to: Position held:	Company Name: Address: Postal Code: Telephone:
Date from: Date to: Position held:	Company Name: Address: Postal Code: Telephone:

Service Record

Please list any period in which you were employed in any of the following services:

Royal Navy / Army / RAF / Police / Fire service / Merchant navy (delete as appropriate)

NB: You will be required to produce your discharge book or discharge certificate

Unemployment Record

Please confirm details for any unemployment dates and include any dates in which you claimed a benefit. Please state the job centre address in which you were assigned:

References

Please give details of two reference, not related to you, who has known you for at least five years and is willing to provide a character reference. Personal references cannot be family members. Please provide their name, address and telephone number.

Character Reference 1

Name:

Address:

Home Number:

Mobile Number:

Email Address:

Relationship:

Period of Time Known:

Character Reference 2

Name:

Address:

Home Number:

Mobile Number:

Email Address:

Relationship:

Period of Time Known:

Other Information

Uniform Details:

Bank Details:

Company of bank _____

Sort Code _____

Acc No _____

Please state the above information along with a bank statement as proof of your bank details

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

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	Anxiety	Yes	No
Asthma	Yes	No	Blood Disorder	Yes	No
Hay Fever	Yes	No	Cancer	Yes	No
Chest Pain	Yes	No	Depression	Yes	No
Heart Disorder	Yes	No	Diabetes	Yes	No
High Blood Pressure	Yes	No	General Debility	Yes	No
Low Blood Pressure	Yes	No	Insomnia	Yes	No
Papitations	Yes	No	Skin Disorder	Yes	No
Rheumatic Fever	Yes	No	Arthritis	Yes	No
Hernia	Yes	No	Backache	Yes	No
Rectal Bleeding	Yes	No	Back Injury	Yes	No
Kidney Stones	Yes	No	Disc disorder	Yes	No
Anaemia	Yes	No	Dizzy Spells	Yes	No
Fainting Spells	Yes	No	Epilepsy	Yes	No
Severe Headaches	Yes	No	Ear disorder	Yes	No
Chronic Cough	Yes	No	Eye disorder	Yes	No
Colour Blindness	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: _____