



ASSURE (WM LTD)
SECURITY SERVICES

APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION

PRIVATE & CONFIDENTIAL

POSITION APPLIED FOR

FULL NAME

ADDRESS

POSTCODE

TELEPHONE

EMAIL ADDRESS

D.O.B

NATIONAL INSURANCE NO.

DRIVING LICENSE

EXPIRES

GROUPS

ARE THERE ANY RESTRICTIONS
ON YOU TAKING UP
EMPLOYMENT IN THE UK?

If yes, please
provide
details

EDUCATION HISTORY

TRAINING

ORGANISATION/VENUE

QUALIFICATIONS/SUBJECTS

DATE

UNIVERSITY/COLLEGE

LOCATION/VENUE

QUALIFICATIONS/SUBJECTS

DATE

SCHOOL

SCHOOL NAME

QUALIFICATIONS/SUBJECTS

DATE

EMPLOYMENT HISTORY

PLEASE LIST YOUR EMPLOYMENT HISTORY FOR THE LAST 5 YEARS

(COMPLETE IN FULL & CONTINUE ON A SEPERATE SHEET IF NECESSARY)

EMPLOYER NAME	JOB TITLE & ROLES	START DATE	END DATE	REASON FOR LEAVING

OTHER EMPLOYMENT

PLEASE NOTE ANY OTHER EMPLOYMENT YOU WOULD CONTINUE WITH IF YOU WERE TO BE SUCCESSFUL IN OBTAINING THIS POSITION.

NOTICE PERIOD

PLEASE INFORM US OF NOTICE PERIOD REQUIRED IN CURRENT POSITION.

HOLIDAYS

PLEASE INFORM US OF ANY PRE-BOOKED HOLIDAYS.

ABOUT YOU

GENERAL COMMENTS

PLEASE DETAIL HERE YOUR REASONS FOR THIS APPLICATION, YOUR MAIN ACHIEVEMENTS TO DATE AND THE STRENGTHS YOU WOULD BRING TO THIS POST. SPECIFICALLY, PLEASE DETAIL HOW YOUR KNOWLEDGE, SKILLS AND EXPERIENCES MEET THE REQUIREMENTS OF THIS ROLE (AS SUMMARISED IN THE PERSON SPECIFICATION).

LEISURE

PLEASE NOTE HERE YOUR LEISURE INTERESTS, SPORTS AND HOBBIES, OTHER PASTIMES ETC.

CRIMINAL RECORD

PLEASE NOTE ANY CRIMINAL CONVICTIONS EXCEPT THOSE 'SPENT' UNDER THE REHABILITATION OF OFFENDERS ACT 1974. IF NONE PLEASE STATE. IN CERTAIN CIRCUMSTANCES EMPLOYMENT IS DEPENDENT UPON OBTAINING A SATISFACTORY BASIC DISCLOSURE FROM THE CRIMINAL RECORDS BUREAU/SCOTTISH CRIMINAL RECORDS OFFICE.

REFERENCES

PLEASE NOTE HERE THE NAMES, ADDRESSES, TELEPHONE NUMBERS AND EMAIL ADDRESSES OF TWO PERSONS FROM WHOM THE COMPANY MAY OBTAIN BOTH CHARACTER AND WORK EXPERIENCE REFERENCES. THEY MUST NOT BE RELATIVES OR LIVE AT THE SAME ADDRESS AS YOU.

REFERENCE ONE

NAME	<input type="text"/>
ADDRESS	<input type="text"/>
PHONE	<input type="text"/>
EMAIL	<input type="text"/>

REFERENCE TWO

NAME	<input type="text"/>
ADDRESS	<input type="text"/>
PHONE	<input type="text"/>
EMAIL	<input type="text"/>

DECLARATION

PLEASE READ THIS CAREFULLY BEFORE SIGNING THIS APPLICATION

I certify that to the best of my knowledge, the information that I have given in my application for employment is true and complete and understand that any false statement or omission to the Company or its representatives may render lead to termination of employment without notice. 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 authorize the Company or its agents to approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment/unemployment record. I consent to the Company's reasonable processing of any personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the Company. Subject to the Access to Medical Reports Act 1988, I consent to the results of such examinations to be given to the Company and authorize the Company to make a consumer information search with a credit reference agency, which will keep a record of that search and may share that information with other credit reference agencies. I further declare that any documents that I provide as proof of my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined under a UV scanner or similar device. I acknowledge that any falsified documents may be reported to the appropriate authority.

DATA PROTECTION ACT 1998

The Company will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers. By returning this form to the Company you consent to our processing personal data about you where this is necessary, for example information about your credit status, ethnic origin or criminal offences. You also consent to the transfer of your information to your current and future potential employers where this is necessary (this may be to companies operating abroad if you apply for work outside of the United Kingdom). Your information will be held on our computer database and/or in our paper filing systems. By signing below you agree to this process and confirm that you do not have a criminal record subject to the current Rehabilitation of Offenders Act and any amendments. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

DISCLOSURE

You are applying for a position of trust and in the event of being offered employment by the Company we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from employment. For more information ask a member of staff for a copy of the CRB Code of Practice/Disclosure Scotland and/or Company our policy statement regarding ex-offenders. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document you allow the Company to see a copy of the Disclosure. The Disclosure information is not retained i.e. it is disposed of within the timescales recommended in the CRB Code of Practice. By signing below you agree to this process.

SCREENING

Any offer of employment is subject to satisfactory screening, that the applicant consents to being screened and will provide information as required. That the information provided is correct, and the applicant acknowledges that any false statements or omissions could lead to termination of employment.

SIGNATURE

DATE

PRINT NAME

RETURN COMPLETED APPLICATION FORMS BY EMAIL TO sales@assuresecurityltd.co.uk OR BY POST TO
ASSURE SECURITY SERVICES LTD, UNION STREET, STOURBRIDGE, WEST MIDLANDS, DY8 1PR