



#### 4a. SIA Licensing

Have you trained to be a security officer? (Security Officers require a SIA License to work)	Yes <input type="checkbox"/> No <input type="checkbox"/>
What training course have you completed?	
Did you pass the exam?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you got your SIA License?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your SIA License number?	

#### 5. Employment record

Starting with your present or last employer, give details of your employment history for the last 10 years, or since you left full-time education. Include periods of self-employment and military service. For any period of unemployment, give the address of the office to which you reported and dates. IF THIS IS NOT COMPLETED CORRECTLY IT WILL DELAY YOUR APPLICATION BEING PROCESSED.

Name And Address Of Employer	Department And Contact Name	Date (Month & Year)		Job Title, Payroll No., Wage On Leaving	Reason For Leaving - This Will Be Verified.
		From	To		
1.					
Tel. No.					
2.					
Tel. No.					
3.					
Tel. No.					
4.					
Tel. No.					
5.					
Tel. No.					
6.					
Tel. No.					

#### 5a. Bank Details

Name of Bank/Building Society \_\_\_\_\_  
 Bank/Building Society Address \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_  
 Account Name \_\_\_\_\_  
 Account Number \_\_\_\_\_ Sort Code \_\_\_\_\_ Roll Number \_\_\_\_\_

**OFFICE USE ONLY**

**Screening Record**

Referee's reference confirmed by name, position, date, tel. no.	Dates of employment confirmed		Reason for leaving	Would you re-employ? If not, why?	Should we employ in a position of trust?	References obtained by: Name / Position / Date	Written reference Sent / Received Date	Checked by Name / Position / Date
	From	To						
1.  Fax. No.							Sent  Received	
2.  Fax. No.							Sent  Received	
3.  Fax. No.							Sent  Received	
4.  Fax. No.							Sent  Received	
5.  Fax. No.							Sent  Received	
6.  Fax. No.							Sent  Received	
7.  Fax. No.							Sent  Received	

**10 Year Date Check Calendar**

1	J	F	M	A	M	J	Jy	A	S	O	N	D
2	J	F	M	A	M	J	Jy	A	S	O	N	D
3	J	F	M	A	M	J	Jy	A	S	O	N	D
4	J	F	M	A	M	J	Jy	A	S	O	N	D
5	J	F	M	A	M	J	Jy	A	S	O	N	D
6	J	F	M	A	M	J	Jy	A	S	O	N	D
7	J	F	M	A	M	J	Jy	A	S	O	N	D
8	J	F	M	A	M	J	Jy	A	S	O	N	D
9	J	F	M	A	M	J	Jy	A	S	O	N	D
10	J	F	M	A	M	J	Jy	A	S	O	N	D

**5-Year Screening Completed.  
Employment Authorised.**

Director \_\_\_\_\_

Date

/ /

**6. Character referees (a reference known to you personally not a relative or employer).**

Name		Name	
Address		Address	
Tel. No.		Tel. No.	
Profession		Profession	
How long have you known this person?		How long have you known this person?	

**7. Professional referees (solicitor, etc for periods of self-employment or if requested).**

Name		Name	
Address		Address	
Tel. No.		Tel. No.	
Profession		Profession	

The information given in this Application Form, to the best of my knowledge, is correct. I understand that any false statement or omission will automatically invalidate any Contract of Employment issued to me by the Company. I authorise the Company to approach Government agencies, former employers and personal referees for verification of my employment record. I agree, if requested by the Company, to make a Special Access Enquiry under the Data Protection Act and sign a Statutory Declaration to confirm the dates of previous employment.

Signed \_\_\_\_\_ Date / /

FOR OFFICE USE ONLY					
<b>INTERVIEWERS NOTES</b>		<b>DOCUMENT CHECK</b>	<b>Original seen</b>	<b>Photocopy Attached</b>	
Appearance		Birth Certificate			
Communication Skills		Passport			
Literacy (test result)		Driving Licence			
Attitude		Work Permit (OW1) / expiry date			
Areas prepared to work		Authority from College			
Type of transport		Service Record Book			
Notice required		Health Questionnaire			
Induction date		WTA Letter			
Minimum pay rate required / offered	Req:      Off:	<b>TESTED FOR</b>	<b>Result</b>	<b>Test date</b>	<b>Initials</b>
Holidays booked.		Vision			
Schedule		Colour Perception			
Working restrictions		Hearing			
Job offer		Smell			
Responsible to					
Other		<b>UNIFORM SIZES</b>			
Signed		Collar		Hat	
Interviewing Officer (print)		Waist		Shoe size	
Date		Chest		Blouse	
		Leg (29 / 31 / 33)		Skirt	