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2 passport
type recent
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photos

4 FORCES SECURITY Ltd
Oak Court
Patshull Road
Albrighton
WOLVERHAMPTON
WV7 3BH

PRIVATE AND CONFIDENTIAL: APPLICATION FOR EMPLOYMENT

Position Applied For: Date.....

Surname First Name(s)

Address Postcode.....

National Insurance No:

Tel No:

Email:

Date of Birth:

Do you need a permit for employment within the UK: **YES** **NO**

SIA LICENCE DETAILS

Do you possess a valid frontline SIA Licence **YES** **NO** **APPLIED** Type:
Please circle relevant answer (Security, Door S/Visor, CCTV, CViT)

Licence Number: Expiry Date:

Education History: Detail all education from 11 years old and qualifications obtained

From: MM:YY	To: MM:YY	School/College	Address	Qualifications

Any Other Training: List all training courses attended and certificates/qualifications obtained

From: MM:YY	To: MM:YY	Provider	Qualifications

Financial History: List any Bankruptcy, County Court Judgements etc,
(In accordance with BS 7858:2006 a Credit Reference Check will be carried out)

Date	Court	Detail

Previous History: Please record your previous history below. WE MUST HAVE MINIMUM 5 YEARS HISTORY (or to school leaving age) BEFORE WE CAN CONSIDER EMPLOYMENT. INCLUDE DETAILS OF ANY PERIODS OF UNEMPLOYMENT, SELF EMPLOYMENT, SICKNESS, TRAVEL, GAP YEARS OR OTHER ACTIVITY

Start With Current/Most Recent First. Continue on a separate page if necessary

Start Month/Year	Finish Month/Year	Name and Address of Employer	What were you doing
1			
Contact Name		Notice Req'd and/or Reason for leaving	
Contact Number			
2			
Contact Name		Reason for Leaving	
Contact Number			
3			
Contact Name		Reason for Leaving	
Contact Number			
4			
Contact Name		Reason for Leaving	
Contact Number			
5			
Contact Name		Reason for Leaving	
Contact Number			
6			
Contact Name		Reason for Leaving	
Contact Number			
7			
Contact Name		Reason for Leaving	
Contact Number			

APPLICANT SCREENING

All applications will be screened for the previous 5 years. Any failure to provide relevant and accurate information or if supplied information is unsatisfactory we may have no alternative but to reject your application and/or withdraw any offer of employment. This is in accordance with BS 7858:2006

YOU MUST THEREFORE SUPPLY ALL THE INFORMATION REQUIRED

References

Before we can proceed with your application we require 2 character referees from persons not related to you, not living at your address and known to you for min 2 years: Supply the information below and we will write to them

Name	Name
Address	Address
Telephone	Telephone
Specific dates known to you	Specific dates known to you
Relationship to you	Relationship to you

Other Employment

Please list all other employment you would continue to do if you were successful in obtaining employment

Leisure

Please note here your leisure interests and hobbies and to what level you pursue them

Criminal Record

State any Criminal convictions (subject to Rehabilitation of Offenders Act 1974) **If none please state NONE**

IF NONE STATE NONE DO NOT LEAVE THIS BLANK

Medical Section: This section must be completed **fully** to progress your application

Question	YES	NO	Details	
Do you suffer from or have history of any muscular or skeletal injuries (inc back pain).				
Are you Colour blind in any or both eyes If so please give details			PASS	FAIL
Have you or any member of your family any history of heart problems.				
Have you or any member of your family any history of Chest, Respiratory, Asthma type problems.				
Are you allergic to anything				
Are you prone to fitting, seizure, faints etc.				
Have you ever suffered from nervous breakdown, panic attacks, mental illness				
Do you suffer from high blood pressure				
Have you any hearing difficulties				
Have you any sense of smell or eye sight difficulties			PASS	FAIL
Are you under any medication at all If so please give details				
Please list any special needs that you require that will enable you to carry out your duties satisfactorily.				

General

Uniform: To allow us to order you a uniform please supply the following measurements

CHEST =	WAIST =	INSIDE LEG =	COLLAR =	SHOE=
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Please give details of any days/hours/shifts you cannot work

Please give details of any holiday commitments already booked or planned

Date	Period	Reason
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Bank Account Details (This information can be provided upon commencement of employment if preferred)

Account Name	Sort Code	Account No	Branch Address
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Name and Address of Contact in cases of Emergency

Name	Relationship	Address
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Tel No

Do you have access to your own transport NO YES **Vehicle**

Driving Licence Details: Licence Type:.....(Full /Provisional) Expiry Date:

Convictions (points):

DECLARATION BY APPLICANT

I agree not to divulge any information however acquired relating to the Company, its Business or its Clients to any other Person, Company or Organisation without written consent from the Company either during or after employment is determined.

I agree to abide by the rules of the company at all times and agree to a personal search as and when required.

I agree to attend Training Courses appropriate to my employment as mutually agreed by the company and myself.

If accepted I consent to a medical examination carried out by a company nominated Doctor if required.

I have detailed my previous 5 years history and consent to the company contacting such persons including character referees as necessary to verify those details in accordance with British Standards BS 7858:2006.

I AGREE/I DO NOT AGREE, to my present employer being contacted BEFORE an offer of employment is made.

I understand my present employer will be contacted after I accept any provisional offer of employment.

I understand that any offer of employment is subject to the satisfactory 5 years screening process.

I understand that any offer of employment is subject to 12 weeks probationary period.

I agree to be subjected to a credit reference check to determine my financial position at the time of application.

I understand that if any information I have provided on this form is subsequently found to be false or misleading I will be liable to disciplinary procedures that could result in dismissal without notice.

I understand that all documents submitted by me to prove identity and/or address will be UV checked for authenticity and any anomalies will be reported to the necessary officials without reference.

I understand that it is a criminal offence to make false statements on this Application Form.

I confirm that if I commence employment with your company and I am registered as unemployed, I will inform the relevant authorities of my revised employment status.

APPLICANT SIGNATURE **NAME**..... **DATE**.....

OFFICE USE ONLY

INTERVIEWED BY.....DATE..... ACCEPT or REJECT.....

NOTES.....

START DATE.....ASSIGNMENT.....RATE OF PAY.....