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## APPLICATION FORM FOR EMPLOYMENT

**Position Applied For**..... **How did you hear about us** .....

Surname.....First Name(s).....

Address

.....National Insurance No:.....

.....Tel No.....

Postcode..... Do you hold a full UK car licence: YES NO LICENCE NUMBER .....

Do you have any motoring offences: YES NO

Do you need a Work permit to work within the UK: NO YES (Expiry Date:.....)

**SIA LICENCE DETAILS:** LICENCE HOLDER: YES NO APPLIED Date.....  
 (Complete below)

<b>Date of Expiry</b>		<b>Licence Number:</b>	
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### EDUCATION HISTORY: Detail all education from 16 years old and qualifications obtained

Month & Year	School/College	Qualifications

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

Month & Year	Provider	Qualifications

**Financial History: List any Bankruptcy Orders or County Court Judgements (include any pending)**

Date(s)	Court(s)	Details

**Personal History:** WE MUST HAVE MINIMUM 10 YEARS HISTORY (or to school leaving age) PLEASE INCLUDE DETAILS OF ANY PERIODS OF UNEMPLOYMENT, SICKNESS or SELF EMPLOYMENT  
**Start With Current or Most Recent Job First. (Continue on a separate sheet of paper if necessary)**

Start month/year	Finish month/year	Name & Address of Employer	Job Title	Reason for Leaving
<b>Contact Name</b>			<b>Contact Number</b>	
<b>Contact Name</b>			<b>Contact Number</b>	
<b>Contact Name</b>			<b>Contact Number</b>	
<b>Contact Name</b>			<b>Contact Number</b>	
<b>Contact Name</b>			<b>Contact Number</b>	

**SCREENING**

All applications will be screened for SUITABILITY. 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 7858:2004  
**YOU MUST THEREFORE SUPPLY ALL THE INFORMATION REQUIRED**

## References

Before we can proceed with your application we require 2 character referees: They must be persons not related to you that you have known for at least 2 years in the last 5 years (only one previous employer permitted)

Name:	Name:
Address:	Address:
Telephone:	Telephone:
How long has this person known you:	How long has this person known you:
Relationship:	Relationship:

## 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**

Do not leave this box 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 (A sensory test will be given)			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 (If Yes please list)				
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			Pass	Fail
Have you any sense of smell difficulties (A sensory test will be given)			Pass	Fail
<b>Are you under any medication at all</b> If so please give details				
<b>Please list any special needs that you require that will enable you to carry out your duties satisfactorily.</b>				

**General**

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

Chest =	Waist =	Inside leg =	Shirt =
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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 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
Tel No		

**DECLARATION BY APPLICANT**

All employees would be subject to the company drugs and alcohol screening, in particular those who are to be considered to work within the railway industry. Full details of which can be found in the company drugs and alcohol policy. If an employee is successful to work within the railway industry, checks will be made to ensure that the applicant has not been dismissed for railway related transgressions within the last five years.

I agree not to divulge any information however acquired relating to the Company, its Business or its Customers 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 and procedures of the company at all times and agree to a personal search as and when required.

I agree to attend Training Courses and /or First Aid training appropriate to my employment as identified and 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 10 years employment history and consent to the company contacting such persons including character references as necessary to verify those details in accordance with British Standards 7858.

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 any provisional offer of a job, is accepted by myself.

I understand that any offer of employment is subject to the satisfactory 5 year screening process, and a credit reference check

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

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

I understand that should my SIA Licence be revoked at any time I cannot be employed as a Security Officer

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

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

OFFICE USE ONLY			
Interviewed By.....	Date.....	Accept	or Reject
Start Date.....	Site.....	Rate of Pay.....	