



PRIVATE & CONFIDENTIAL

AFFIX
PHOTOGRAPH
HERE

DO YOU HOLD AN SIA LICENCE YES NO

IF YES GIVE LICENCE No: _____

APPLICATION FOR EMPLOYMENT AS:
HOW DID YOU HEAR OF THE VACANCY:

Please answer all questions, using BLOCK CAPITALS. If an entry is not applicable insert 'N/A'.

PERSONAL INFORMATION

SURNAME <input style="width: 80%;" type="text"/>	FORENAME <input style="width: 95%;" type="text"/>				
TITLE <input style="width: 80%;" type="text"/>	DATE OF BIRTH <input style="width: 40%;" type="text"/> AGE <input style="width: 10%;" type="text"/>				
CURRENT ADDRESS:	SEX <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; border: 1px solid black;">M</td><td style="width: 50%; border: 1px solid black;">F</td></tr></table>	M	F		
	M	F			
	TOWN/COUNTRY OF BIRTH: <input style="width: 95%;" type="text"/>				
POST CODE: <input style="width: 80%;" type="text"/>					
DATES: <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; border: 1px solid black;">From:</td><td style="width: 50%; border: 1px solid black;">To:</td></tr></table>	From:	To:	NATIONALITY <input style="width: 95%;" type="text"/>		
From:	To:				
TEL No's: <input style="width: 90%;" type="text"/>	NI No <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; border: 1px solid black;"> </td><td style="width: 25%; border: 1px solid black;"> </td><td style="width: 25%; border: 1px solid black;"> </td><td style="width: 25%; border: 1px solid black;"> </td></tr></table>				
E-Mail: <input style="width: 90%;" type="text"/>					

IF NOT BORN IN THE UK, STATE DATE AND PLACE OF ENTRY INTO UK

DO YOU HOLD A VALID WORK PERMIT YES NO NOT APPLICABLE

NEXT OF KIN/PERSON TO BE CONTACTED IN CASE OF EMERGENCY

NAME _____	RELATIONSHIP _____
ADDRESS _____	
POSTCODE _____	THEIR WORKS No _____
	THEIR HOME No _____

FOR PERSONNEL DEPARTMENT USE ONLY

START DATE: _____	DATE LEFT: _____	INITIAL SITE: _____
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DRIVING LICENCE

DO YOU HOLD A FULL UK LICENCE? YES NO

ARE YOU A VEHICLE OWNER? YES NO

IF YES TO ABOVE, DO YOU HAVE ANY ENDORSEMENTS CURRENT OR PENDING? YES NO

IF YES PLEASE STATE DATE AND NATURE OF OFFENCE

BACKGROUND INFORMATION

HAVE YOU/YOUR FAMILY EVER BEEN CONVICTED OF ANY OFFENCES (CIVAL OR MILITARY) YES NO

IF YES PLEASE GIVE DATES AND NATURE OF OFFENCE

EDUCATION

STATE NAME AND ADDRESS OF LAST SCHOOL ATTENDED AND DETAILS OF ANY FURTHER EDUCATION:

OFFICE USE ONLY

SECONDARY SCHOOL	DATES	EXAMSS TAKEN-QUALIFICATIONS GAINED	MONTH YEAR
FURTHER EDUCATION COLLEGES/UNIVERSITIES	DATES	EXAMS TAKEN-QUALIFICATIONS GAINED	MONTH YEAR

PERSONAL REFERENCES

PLEASE GIVE DETAILS OF TWO PEOPLE OTHER THAN FAMILY WHOM WE MAY APPROACH FOR REFERENCES:

NAME-----
ADDRESS-----

-----POSTCODE-----

NAME-----
ADDRESS-----

-----POSTCODE-----

PERSONAL HISTORY

THE SECURITY SCREENING PROCESS REQUIRES THAT WE ARE ABLE TO VERIFY YOUR PERSONAL HISTORY FOR A MINIMUM PERIOD OF FIVE (5) YEARS OR TO DATE OF LEAVING SECONDARY SCHOOL. PLEASE GIVE FULL DETAILS OF YOUR PREVIOUS EMPLOYERS STARTING WITH THE MOST RECENT FIRST AND WORKING BACKWARDS, INCLUDING SELF EMPLOYMENT, GIVING TELEPHONE AND FAX NUMBER WHERE APPLICABLE. IN ALL CASES GIVE REASON FOR LEAVING. ANY UNEMPLOYMENT (WEATHER CLAIMING OR NOT SHOULD BE PUT UNDER THE HEADING "PERIODS OF UNEMPLOYMENT").

EMPLOYMENT DATES Month Year	DETAILS OF EMPLOYMENT, SELF EMPLOYMENT PLEASE GIVE FULL ADDRESS, PHONE NUMBER AND FAX NUMBER WHERE APPLICABLE	POSITION HELD, DEPARTMENT, REPORTING TO, WORKS No ,SALARY, ETC,	OFFICE USE ONLY	
			Month	Year
1. From To	Name	Position held:	From To	
	Address	Department:		
		Reporting to:		
	Tel No & Fax No	Works No: Salary		
	Reason for leaving			
2. From To	Name	Position held:	From To	
	Address	Department:		
		Reporting to:		
	Tel No & Fax No	Works No: Salary		
	Reason for leaving			
3. From To	Name	Position held:	From To	
	Address	Department:		
		Reporting to:		
	Tel No & Fax No	Works No: Salary		
	Reason for leaving			
4. From To	Name	Position held:	From To	
	Address	Department:		
		Reporting to:		
	Tel No & Fax No	Works No: Salary		
	Reason for leaving			
5. From To	Name	Position held:	From To	
	Address	Department:		
		Reporting to:		
	Tel No & Fax No	Works No: Salary		
	Reason for leaving			
6. From To	Name	Position held:	From To	
	Address	Department:		
		Reporting to:		
	Tel No & Fax No	Works No: Salary		
	Reason for leaving			
7. From To	Name	Position held:	From To	
	Address	Department:		
		Reporting to:		
	Tel No & Fax No	Works No: Salary		
	Reason for leaving			

In the case of period of SELF-EMPLOYMENT, please give trade references or names and addresses of someone who can confirm these details; (i.e. bookkeeper, Accountant, Solicitor or Companies with whom you traded).

NAME	
ADDRESS	
POST CODE:	TEL No:
FROM	TO
OFFICE USE ONLY	

NAME	
ADDRESS	
POST CODE:	TEL No:
FROM	TO
OFFICE USE ONLY	

PERIODS OF UNEMPLOYMENT

Please give details of ALL periods of unemployment whether claiming or not (giving name of office, full address and telephone numbers).

NAME OF OFFICE	
ADDRESS	
POST CODE:	TEL No:
FROM	TO
OFFICE USE ONLY	

NAME OF OFFICE	
ADDRESS	
POST CODE:	TEL No:
FROM	TO
OFFICE USE ONLY	

PHYSICAL RECORD

Height Weight Sense test O.K. Yes No

Have you normal vision with or without glasses? Yes No Are you colour blind Yes No

Do you suffer from any medical conditions, which may affect the way you work, i.e. operations illnesses etc? Yes No

If yes please give details: _____

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day							
Night							

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE STATEMENT

1. Employment will only be offered on providing proof of entitlement to work.
2. If offered employment, it will be initially for a probationary period of three months.
3. The employment will be conditional upon disclosure in full a true and complete account of background information, education, past employment history.
4. Continued employment will be conditional upon satisfactory vetting, on receipt of satisfactory replies to previous employment, receipt of proof of entitlement to work and general performance. If any of these criteria are not met with within the probationary period or found to be incorrect your employment will be terminated.

STATEMENT TO BE SIGNED BY APPLICANT

I _____ (Full name in capitals) certify that to the best of my knowledge, the information I have given is complete and correct and I understand that misrepresentation of facts is ground for immediate dismissal and renders me liable for prosecution under the Theft Act 1968 (Sec.15) for obtaining employment by deception.

I authorise the Company to approach any Government Agencies, former employers and personal referees to verify the information given. (Your present employer will not be approached without your permission).

APPLICANTS SIGNATURE: _____ DATE: _____

INTERVIEWER'S ASSESSMENT NOTES