

APPLICATION FOR EMPLOYMENT



Please complete in **BLOCK CAPITALS** using **BLACK INK**. Answer all questions or tick where appropriate, If any entry is inapplicable insert 'N/A'. To be completed in the applicants own handwriting.

POSITION APPLYING FOR:	JOB REF NUMBER:
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1. Personal Information

Title: (Circle) MR / MRS / MISS / OTHER	Surname:
Forenames:	
Previous Surname / Maiden Name:	

Address:		
Address:		
Town / City:	County:	Postcode:
How long have you resided at this address? Since:	Month:	Year:

Tel No:	Mobile No:
Email Address:	

Previous Address:					
(If less than 5 years at current address)					
How long did you reside at the address? From: Month: Year: To: Month: Year:					

Date of Birth:	Sex (Circle):	MALE	FEMALE				
Place of Birth: Town / County / Country:							
Nationality:	National Insurance Number:						
Marital Status:	MARRIED	DIVORCED	SEPARATED	CO-HABITING	SINGLE	WIDOWER	WIDOW
Number of Dependants Under 18:	Ages:						

2. Driving Licence

Do you hold a current UK driving licence? (Circle)	YES	NO		
Licence Type:	FULL	PROVISIONAL	MANUAL	AUTOMATIC
	HGV	MOTORCYCLE	PSV	OTHER
Driving Licence No:				
Do you have your own transport?	YES	NO		
Transport Type:	CAR	MOTORCYCLE	BICYCLE	OTHER
Do you have any penalty points?	YES	NO	How Many?	

3. ID Photograph

AFFIX PASSPORT SIZE PHOTOGRAPH HERE FOR COMPANY IDENTIFICATION CARD

RETURN THIS APPLICATION TO:

CRG Security Solutions (HR), Unit 4, Foley Trading Estate, Hereford, Herefordshire, HR1 2SF.
T: 01432 371027
E: info@crgsecurity.co.uk W: www.crgsecurity.co.uk

CONFIDENTIAL

3. Offences Cautions & Convictions

Have you ever been cautioned by the Police? (Circle)	YES	NO
Are you aware of any Police investigations in which you may be involved?	YES	NO
Have you ever been convicted, fined or had any order made against you by a Criminal, Civil or Military Court?	YES	NO

If you answered **YES** to any of the above please give details of the offence and dates:

*NB: Disclosure is not required where there is a conviction to which the provisions of the Rehabilitation of Offenders Act 1974 applies. **Failure to disclose an unspent conviction may result in summary dismissal.** If you are unclear about any of these questions ask the interviewer or seek independent advice.*

4. Financial Liabilities

Have you any outstanding debts or attachments of earnings? (Circle)	YES	NO
Have you ever been declared bankrupt or insolvent?	YES	NO
Have you ever had any proceedings against you either in a Civil or Criminal Court including motoring offences?	YES	NO

If you answered **YES** to any of the above please give details:

5. Next of Kin

Please give details of your next of kin. Should you enter employment with the company, unless instructions are given to the contrary this will be the person the company will contact on your behalf in case of emergency.

Name:	Address:
Relationship to you:	
Telephone - Landline:	Mobile:

6. Military Service

Please give details of all periods of Service in HM Forces or Police Service or similar role that you have undertaken in the last 5 years.

Description of Service (RN, Army, RAF, MN, TA, RM, Police):

Regiment, Branch or Division:

Date of Joining:	Personal / Regimental No:
Rank:	Date of Discharge / Retirement:
Decorations & Medals:	Conduct / Character on Leaving:

7. Self Employment

Please give title, nature and address of business.

Business Name:	Sole Trader: (Tick) <input type="checkbox"/>		
Nature of Business:	Limited Company: <input type="checkbox"/>	Company No:	
Business Address:	PLC: <input type="checkbox"/>	LLP: <input type="checkbox"/>	
	Other: (State)		
Date of Business:	From:	To:	

Please give details of trade/business references IE; companies with whom you traded and/or persons who can confirm details of your business activities EG; your Accountant, Solicitor or Book Keeper acting on your behalf during the course of the business.

	Name:	Address:	Tel No:	Occupation:
1.				
2.				

8. Personal References

Please give the names and full addresses of 3 persons who are **NOT** related to you who have known you for at least the past 2 years, and who will be prepared to give a personal reference.

	Name:	Address:	Tel No:	Occupation:
1.				
2.				
3.				

9. Qualifications

Have you completed: (Circle)		Who was your training provider:	
SIA Security Guarding Course?	YES NO	Name:	
SIA Door Supervisor Course?	YES NO	Address:	
SIA CCTV Course?	YES NO		Tel:
Do you hold an SIA Licence?	YES NO	Licence No:	Expiry:
Have you applied for an SIA Licence?	YES NO	Date Applied:	

10. Education - please continue on a separate sheet if necessary

Please give details of School, College, University or further education attended.

From:	To:	Name:	Qualifications Gained:

10. Training Courses - please continue on a separate sheet if necessary

Please give details of any other relevant training courses attended.

Date:	Course:	Qualifications Gained:

11. Physical Record

The following information will be retained in the strictest confidence and will assist us in protecting, as far as is reasonably practicable, your health, safety and welfare. Should any additional information be required from your medical practitioner, the law requires us to inform you of our intention and to obtain your written consent beforehand.

Please read the following questions carefully and answer as accurately as possible.

Are you currently suffering or have you ever suffered from any of the following conditions? (Circle)

- | | | | |
|---|----------|--|----------|
| Fainting, blackouts, epilepsy or fits: | YES / NO | Claustrophobia or vertigo: | YES / NO |
| Diabetes: | YES / NO | Back pain: | YES / NO |
| Typhoid, paratyphoid or cholera: | YES / NO | Difficulty in standing for long periods: | YES / NO |
| Dysentery or recurring diarrhoea: | YES / NO | Difficulty in climbing stairs: | YES / NO |
| Tuberculosis (TB): | YES / NO | Difficulty in bending to lift weights: | YES / NO |
| Eczema or skin trouble: | YES / NO | Serious injury or fracture: | YES / NO |
| Asthmatic attacks or chest problems: | YES / NO | Mental or emotional illness: | YES / NO |
| Heart trouble or high blood pressure: | YES / NO | Recurring infections or illness: | YES / NO |
| Arthritis, rheumatism or gout: | YES / NO | Difficulty in writing: | YES / NO |
| Joint, ligaments or tendon trouble: | YES / NO | Colour blindness: | YES / NO |
| Bronchitis: | YES / NO | Pneumonia or pleurisy: | YES / NO |
| Persistent headaches or migraine: | YES / NO | Dyslexia: | YES / NO |
| Rupture or hernia: | YES / NO | Any major operations: | YES / NO |
| Currently taking prescribed medication: | YES / NO | Loss of sense of smell: | YES / NO |
| Do you smoke: | YES / NO | | |
| Defective vision - not corrected by glasses or contact lens: | YES / NO | | |
| Deafness or difficulty hearing speech - not corrected by hearing aid: | YES / NO | | |
| Have you had any medical condition that may affect your suitability for employment: | YES / NO | | |
| Do you expect to receive any medical treatment in the near future: | YES / NO | | |
| How many days off on sick leave have you had in the last 12 months: | _____ | | |

If you answered **YES** to any of the above please give details:

12. Leisure Interests, Sports, Hobbies, Club Memberships

13. Uniform Sizes

Neck Size?	Chest Size?	Waist Size?	Shoe Size?
Short or Long Sleeve Shirt Preferred? (Circle)		SHORT	LONG
Inside Leg Measurement?			

14. Availability

Date you are able to commence employment?	/	/
Are you prepared to be called into work at short notice?	YES / NO	
Are you prepared to work on rest days if required?	YES / NO	
Do you have any holidays booked?	YES / NO	
Please give the dates of the holidays booked:	From: / /	To: / /

15. Equal Opportunities Monitoring

CRG asks all applicants when completing forms to assist the company in monitoring its equal opportunities policy. The information provided will not be used in the employment decision.

Are you registered as disabled? (Circle) YES / NO

If **YES**, please state registered disablement number:

Ethnic Origin: (Tick) White Black - Caribbean Black - African Black - Other
 Indian Pakistani Bangladeshi Oriental
 Other - please specify

Nationality: (Tick) EEC (Including British) Non EEC

If you are not an EEC Citizen do you have a valid work permit? (Circle) YES NO N/A

Permit Number: Expiry Date:

16. Employment History

Please provide details of your last 10 years employment or unemployment history, or from the date of leaving school or full time education in date order, commencing with the most recent. Details should include all periods of employment, self employment, registered unemployment, part time or voluntary work. Give details and full address of employers and job centres. Please continue on a separate sheet if necessary.

Employers Name & Address:	Position Held:	Dated (Month & Year):	Reason for Leaving:
Name: Address: Tel No: Contact Name:		From: To:	
Name: Address: Tel No: Contact Name:		From: To:	

16. Employment History (Cont)

Employers Name & Address:	Position Held:	Dated (Month & Year):	Reason for Leaving:
Name: Address: Tel No: Contact Name:		From: To:	
Name: Address: Tel No: Contact Name:		From: To:	
Name: Address: Tel No: Contact Name:		From: To:	
Name: Address: Tel No: Contact Name:		From: To:	
Name: Address: Tel No: Contact Name:		From: To:	
Name: Address: Tel No: Contact Name:		From: To:	
Name: Address: Tel No: Contact Name:		From: To:	
Name: Address: Tel No: Contact Name:		From: To:	

17. Declaration

I certify that I have read the instructions for the completion of this personal summary and that the information is correct and complete to the best of my knowledge and belief.

I acknowledge that any misinterpretation of the information provided by this form shall constitute misconduct sufficient to warrant immediate termination of any employment I may have entered into with the Company.

I further certify that unless otherwise stated, I have never (a) been convicted of a criminal or civil offence nor (b) been dismissed from any employment for misconduct, and (c) no member of my family or near relative has been convicted of a criminal or civil offence.

I understand that employment with the Company is subject to satisfactory security screening in accordance with BS7858 and in the course of the Company's Screening Process I may be required to obtain a Statutory Declaration on my behalf and at my own expense in respect of the information furnished by me in completing this application.

I acknowledge that the completion of this form in no way binds the Company to offer me employment and that no contractual relations will exist between us until such time as I have signed a form of contract or accepted in writing the terms of a letter of appointment.

I understand that any contract hereafter signed by me or letter of appointment issued by Corporate Services (Hereford) Ltd or any of its trading styles and accepted by me shall be construed to mean that I am appointed on probation for a period not exceeding 6 months.

I understand that during such period of probation any contract written or implied shall be terminated by me or by the Company by not less than one week's notice expiring at any time.

RECRUITMENT POLICY

It is the Company's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, sex, marital status or disability.

I hereby authorise the Company to seek references from previous employers, schools or colleges, personal referees or Government Agencies, including Employment Benefit Offices and the like in order to verify the information I have provided to support this application and release the Company and referees from any liability caused by giving and receiving information.

I hereby authorise 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.

For data protection purposes, I understand that some of the information I have provided in this application will be held on computer and some, or all, will be held in manual records. I agree, to the Company processing my personal data, and where necessary, my sensitive personal data, subject to the provisions of the current legislation.

SIGNATURE: DATE:

PRINT NAME:

48 HOUR WEEK

Agreement to opt out of Regulation 4 (1) of the Working Time Regulations 1998 about Maximum Weekly Working Time.

I, agree with Corporate Services (Hereford) Limited or any of its trading styles that the limit of Regulation 4 (1) of the Working Time Regulations shall not apply to me and that my average working time may therefore exceed 48 hours for each seven day period (as defined by and calculated in accordance with the Working Time Regulations 1998).

This agreement shall apply from as dated below until further notice. I agree that I will comply with any and all policies of the employer which relate to its maintenance of records of my hours of work.

This agreement can be terminated by me giving three months notice in writing to my employer.

SIGNATURE: DATE:

PRINT NAME: