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| **APPLICATION****FORM** |

**Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**National Insurance No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**S.I.A. licence Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expires on: / /**

**CSCS Card Holder YES / NO (Please provide Evidence of this)**

**Fire Marshal Trained YES / NO (Please provide Evidence of this)**

**Banksman Trained YES / NO (Please provide Evidence of this)**

**First Aid Trained YES / NO (Please provide Evidence of this)**

**Full Rights To Work (UK) YES / NO (Please provide Evidence of this)**

**Availability: Nights YES / NO Days YES / NO**

**Please Note:Providing false information with the aim of securing employment could lead to charges of obtaining pecuniary reward by deception Theft Act 1968 - section 16.**

**PLEASE COMPLETE ALL SECTIONS IN CAPITAL LETTERS**

**Personal Details**

Mr/Mrs/Miss/Ms (Or other title) …………… .. Surname................................................

Forenames..............................................................................................................

Previous Surname (Changed by marriage, deed poll etc.).......................................................................

Date Name changed and reason…. ./…. ./….. …………………………………………

Other Aliases………………………………………………………………………………...

Present Address ............................................................................…………...............................

............................................................................................................. Postcode………………………

 **Previous Address if less than 5 years (Please continue on a separate piece of paper if necessary)**

**Address………………………………………………………………….Postcode…………………...…**

**Address………………………………………………………………….Postcode…………………...…**

**Address………………………………………………………………….Postcode…………………...…**

Home Phone No…………………………………………. Work Phone No…………………………………

Mobile Phone No…………………………… ……………e-mail address…………………………….……..

Age…………Date of Birth ….. /….. /….. Birth Place................................. Nationality...........................

**Are you subject to Immigration control YES / NO**

**If yes do you have unrestricted entitlement to take up employment within the UK YES / NO**

**Do you have student visa YES / NO**

**Date of entry (or re-entry) into the UK……../……../………**

Height.............................Weight......................Colour of Eyes..................Colour of Hair.........................

Distinguishing Marks, Tattoos or Scars....................................................................................................

NI No..................................................................

Marital Status Married : Single /Divorced/Separated

Next of Kin................…............................…………. Relationship........................…………......…………..

Contact Number(s)……………………………………………………………………………………………..

Number of Dependants…………. Ages……………………………………………………

Do you own a car/motor cycle? Make…………………Model…………………

Registration No………………..................

Do you hold a current full UK driving licence? YES / NO

Licence Number………………………….............................… Date of Issue......................

**Subject to the Rehabilitation of Offenders Act please answer the following questions (Please Circle):**

Have you ever been issued a County Court Judgement (CCJ) up to £10,000?

YES / NO

Are you currently paying an Individual Voluntary Arrangement (IVA)

YES / NO

Have you ever been cautioned by the Police?

YES / NO

Have you ever been prosecuted for a criminal offence or are there any prosecutions pending?

YES / NO

Have you ever been prosecuted for a motoring offence or are there any prosecutions pending?

YES / NO

Have you ever been a party to an action in any court or tribunal?

YES / NO

Have you ever been declared bankrupt, Insolvent or made a deed by arrangement?

YES / NO

Have any orders been made against you by a Civil or military Court or Public Authority

YES / NO

**If the answer to any of the above questions is ‘YES’, give full details below:**

**Next of Kin Details**

Mr/Mrs/Miss/Ms(Or other title)………………..Surname...........................................................................

Forenames................................................................................................................................................

Relationship to applicant/employee ......................................................................................................

Present Address........................................................................................………….......................

..................................................................................................................................................................

........................................................................................................….Postcode………………………

Home Phone No…………………………… Mobile Phone No..........................................

Work Phone No……………………… Extension………………

E-mail address……………………….....

**Do they live with you:**  Yes / No

**EMPLOYMENT /UNEMPLOYMENT HISTORY FOR 5 YEARS.**

* **For each previous employer please provide the information requested below.**
* **If you have been unemployed, please supply details of the unemployment benefit office and dates that dealt with your claim & any reference number you may have.**
* **Please do not leave gaps in dates – we must have a continuous record for the last FIVE years.**
* **Any gaps in history will result in a delay in processing your application**
* **Please include full school & college details if attended within the last FIVE years.**
* **Please continue on a separate sheet if necessary.**

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| Ref  | Employers Full Name, Address & Telephone / Fax numbers/e-mail or Unemployment Office/Job Centre/DSS Office | Position & Salary held | Start Date | Leaving Date | Reason For Leaving |
| Most Recent  |  |  |  |  |  |
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**FULL TIME AND ANY PART TIME EDUCATION / COURSES ATTENDED / RESULTS**

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| **Name of School (s)** | **Date****From To** | **Courses Taken** | **Standard or results / certificate** |
| **Name of College / University** | **Date****From To** | **Courses Taken** | **Standard or results / certificate** |
| **Name of College / University** | **Date****From To** | **Courses Taken** | **Standard or results / certificate** |
| **Name of College / University** | **Date****From To** | **Courses Taken** | **Standard or results / certificate** |

**ARMED SERVICE/ POLICE SERVICE PARTICULARS:**

Regiment/Force etc........................................Rank........................Date joined........................................

Date discharged /retired.......................................................... Military No…..........................................

Conduct (Ors only, as shown in Discharge Document)............................................................................

**OTHER QUALIFICATIONS**

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| **ACCREDITING BODY** | **COURSE NAME** | **YEAR OBTAINED** | **CERT.** |
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**SELF EMPLOYMENT:**

For any periods of self employment, please give name, nature and address of your business and two business referees Accountant/Solicitor only (not included under personal referees) whom we can approach to confirm the periods stated.

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| Name and address of Business ............................................................................ ............................................................................ ............................................................................ ............................................................................ ........................................................................... ………………………………………………………. Nature of Business ............................................................................ ................................................................................................................................................................................................................................... From............................... To................................ | Referee 1: Name and Address ............................................................................ ................................................................................................................................................................................................................................................................................................................ ............................................................................ Profession............................................................ Referee 2: Name and Address ........................................................................................................................................................ ................................................................................................................................................................................................................................. ............................................................................ Profession............................................................ |

**PERSONAL REFEREES:**

These must be persons who have known you continuously for at least five years and can vouch for your good character – they must not be a previous employer or relative. Please also fill out the separate sheet, provided within your application pack.

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| Referee 1: Name and Address ............................................................................ ..............……....................................................... ............................................................................ ............................................................................ Postcode…………………………………………….Tel....................................................................... Profession............................................................How long known................................................  | Referee 2: Name and Address ............................................................................ ..............……....................................................... ............................................................................ ............................................................................ Postcode…………………………………………….Tel....................................................................... Profession............................................................How long known.................................................  |

**SCREENING & VETTING DECLARATIONS:**

I certify that to the best of my knowledge, the information that I have given by me in this application is true and complete to the best of my knowledge and belief. I understand that any false statement or omission may render me liable to prosecution or dismissal without notice. I fully understand the consequences which may arise as a result of knowingly making a false declaration to gain employment or pecuniary advantage. (Theft Act 1968 Section 16). I accept that I may be required to undergo a medical examination where requested by the Company and I consent to the results of such examination being given to a Company Director. I further understand that a credit agency check may be carried out on me and I give my consent to this.

I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835, in confirmation of previous employment or unemployment. I authorize the company to approach Government agencies, former employers and personal referees for verification of my employment/unemployment record.

**DISCLOSURE:**

You may be employed in a position of trust by a company or one of its subsidiary companies we may have to apply for a Disclosure from the Criminal Records Bureaux. However, having a criminal record does not necessarily bar you from employment. If you wish to obtain more information please ask The Company Personnel Department for their Code of Practice or their policy statement regarding ex-offenders. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. The Disclosure information is not retained i.e. it is disposed of within the timescales; recommended in the CRB Code of Practice. By signing below you agree to this process.

Signature of Applicant....................................................... Date.............................

PRINT NAME………………………………………………..

**DECLARATION AND CONSENT:**

(Please also sign the separate sheet, provided within your application pack)

I understand that if I am offered an employed position on behalf of Veritech Systems, that my position with the company will be based on satisfactory references and security screening in accordance with BS 7858.

I understand that in accordance with the above, I must provide original identity documentation, any documents seen to be forgeries will be reported to the relevant authority.

I undertake to co-operate with the company in providing any additional information required to meet these criteria;

I authorise Veritech Systems to approach my previous / current employers, School / Colleges and or Universities, character referees or Government Agencies to verify the information I have provided is correct;

I 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.

I understand that all information I have given will be kept on record and held in accordance with the Data Protection Act 1998.

I hereby certify that, to the best of my knowledge, the details I have given in the application form are complete and correct. I also understand that any false statement or miss conduct to the company may render me liable to dismissal without notice.

Signature of Applicant....................................................... Date.............................

PRINT NAME………………………………………………..