

INTACEPT SECURITY

Security House, Vicarage Farm Road
Peterborough, Cambridgeshire, PE1 5TP

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www.intacceptsecurity.com

APPLICATION FOR EMPLOYMENT (Private and confidential once completed)

Please complete in **BLOCK CAPITALS** using **BLACK BALLPOINT PEN**. Answer all questions or tick where appropriate. If an entry is inapplicable inset "No" or "N/A". To be completed in the applicant's own handwriting

POSITION SOUGHT: _____ DATE: _____

1. PERSONAL INFORMATION

Title: MR / MRS / MISS / MS / OTHER	Surname:
Forenames:	
Previous Surname / Maiden Name:	

Address: Number / Street / Road:	
Town / City:	
County:	
Postcode:	
How long have you lived here? Since	Month: Year:

Tel No:	Mobile No:
Email address:	

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

Date of Birth:	
Place of Birth: (Town, County and Country if outside UK)	

Sex: <i>Please Tick</i>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Nationality:	National Insurance Number:
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Marital Status: <i>Tick where applicable</i>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Co-habiting <input type="checkbox"/>
	Single <input type="checkbox"/>	Widower <input type="checkbox"/>	Widow <input type="checkbox"/>	

Date of Marriage if applicable	
Number of Children (under 18)	Ages:

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2. DRIVING LICENCE

Do you hold a current UK driving licence? YES /NO	Full <input type="checkbox"/>	Provisional <input type="checkbox"/>	Manual <input type="checkbox"/>	Automatic <input type="checkbox"/>
	HGV <input type="checkbox"/>	Motor bike <input type="checkbox"/>	PSV <input type="checkbox"/>	Other <input type="checkbox"/>
If other please state				
Please give details of any endorsements and dates:				

Do you have transport? YES /NO	Car <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	Bicycle <input type="checkbox"/>	Other <input type="checkbox"/>
If OTHER please specify:				

3. OFFENCES CAUTIONS AND CONVICTIONS

	Yes	No		Yes	No
Have you ever been cautioned by the Police?	<input type="checkbox"/>	<input type="checkbox"/>	Are you aware of any Police investigations in which you may be involved?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted, fined or had any order made against you by a Criminal, Civil or Military Court?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
If you answer YES to any of the above please give details of 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.**

4. FINANCIAL LIABILITIES

	Yes	No		Yes	No
Have you any outstanding debts or attachments of earnings?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been declared bankrupt / insolvent?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any proceedings against you either in a Civil or Criminal Court, including motoring Offences?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
If you answer 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:	
Telephone Number:	

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6. EMPLOYMENT HISTORY

Please provide details of your last five years' employment / 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 or unregistered unemployment, part time or voluntary work. Give dates and full addresses of employers and job centres. Please continue on a separate sheet if necessary.

Ref No.	EMPLOYERS FULL NAME AND ADDRESS	POSITION HELD	DATES (MONTH / YEAR)	REASON FOR LEAVING
1	Name: _____ Address: _____ _____ Tel No. _____ Fax/Email: _____		From: _____ To: _____	
2	Name: _____ Address: _____ _____ Tel No. _____ Fax/Email: _____		From: _____ To: _____	
3	Name: _____ Address: _____ _____ Tel No. _____ Fax/Email: _____		From: _____ To: _____	
4	Name: _____ Address: _____ _____ Tel No. _____ Fax/Email: _____		From: _____ To: _____	
5	Name: _____ Address: _____ _____ Tel No. _____ Fax/Email: _____		From: _____ To: _____	
6	Name: _____ Address: _____ _____ Tel No. _____ Fax/Email: _____		From: _____ To: _____	

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7. MILITARY SERVICE

Please give details of all periods of service in the Forces (Regular or Reserve), full time Civil Defence etc., that you have undertaken within the past five years.

Description of Service (RN, Army, RAF, MN, TA, RM)			
Regiment, Branch or Division			
Date of Joining:		Personal / Regimental No.	
Rank:		Date of Discharge / Retirement:	
Decorations & Medals:		Conduct / Character on leaving:	

8. SELF EMPLOYMENT

Please give title, nature and address of your business.

Name and Address of business: _____ _____ _____		
Nature of business:		
Date of business:	From:	To:

BUSINESS REFERENCES

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

	Name	Address	Tel No.	Occupation
1				
2				

9. PERSONAL REFERENCES

Please give the names and full addresses of THREE persons who are NOT relatives, company personnel, doctors, dentist, solicitors, ministers of religion, former employers, servicing police officers or bank official (unless known to you in a personal capacity) each of whom have known you well for at least the past two years, and who will be prepared to give a personal reference.

	Name	Address	Tel No.	Occupation
1				
2				
3				

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10. QUALIFICATIONS

Have you completed:- Basic Job Training in Security Guarding? YES / NO Door Supervisor Course? YES / NO	Certificate No: Date:
Have you completed Conflict and Communication Skills Course? YES / NO	Certificate No: Date:
Have you applied for your S.I.A Licence? YES / NO	If YES please state Date applied:
Do you have an S.I.A Licence? YES / NO	If YES state No: Expiry Date:

Please give details of all full-time and part-time educational / professional courses you have undertaken including examination results (e.g., C.S.E, G.C.S.E, "A" Level, First Aid etc)

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? *(Please 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 / emotional illness	YES / NO
Heart trouble or high blood pressure	YES / NO	Recurrent 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
Defective vision (not corrected by glasses or contact lens)			YES / NO
Deafness or difficulty hearing speech (not corrected by hearing aid)			YES / NO
Any medical condition that may affect your suitability for employment			YES / NO
Are you currently or do you expect to receive medical treatment in the near future			YES / NO
Do you smoke			YES / NO
How many days sickness have you had in the last 12 months			_____

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

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12. LEISURE INTERESTS, SPORTS, HOBBIES & MEMBERSHIP OF CLUBS

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13. UNIFORM SIZES

Neck:	Chest:	Waist:
Do you prefer short or long sleeved shirts?		

14. AVAILABILITY

Date you are able to commence work:	
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 dates of holidays booked?	

15. EQUAL OPPORTUNITIES MONITORING

INTACEPT SECURITY 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 disabled? YES/NO	If YES please state registered disablement number:
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ETHNIC ORIGIN *Please tick appropriate box*

White	<input type="checkbox"/>
Indian	<input type="checkbox"/>

Black - Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>

Black - African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>

Black – Other*	<input type="checkbox"/>
Oriental	<input type="checkbox"/>

*If other specify:

NATIONALITY

E.E.C (Including British)

Non E.E.C

If you are not an E.E.C citizen do you have a valid work permit?

YES

NO

N/A

Permit Number:	Expiry Date:
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DECLARATION

Please read this carefully before signing this application

To be completed by **ALL APPLICANTS**

- I **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.
- II **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.
- III **I FURTHER CERTIFY** that, unless otherwise stated, I have never (i) been convicted of a criminal or civil offence nor (ii) been dismissed from my employment for misconduct, and (iii) no member of my family or near relative has been convicted of a criminal or civil offence.
- IV **I UNDERSTAND** that employment with the Company is subject to satisfactory security screening in accordance with BS 7858 and in the course of the Company's Screening Process I may be required to obtain a Statutory Declaration on my own behalf and at my own expense in respect of the information furnished by me in completing this application.
- V **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.
- VI **I UNDERSTAND** that any Contract hereafter signed by me or letter of appointment issued by Intaccept Security and accepted by me shall be construed to mean that I am appointed on probation for a period not exceeding 6 months.
- VII **I UNDERSTAND** that during such period of probation any Contract written or implied shall be terminable 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/colleges, personal referees or Government Agencies, including Employment Benefit Offices etc 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

(Name and Initials in block letters)

48 Hours Week

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

- 1. I, (the employee) agree with INTACEPT SECURITY of Security House, Vicarage Farm Road, Peterborough (the employer) that the limit in 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).
- 2. This agreement shall apply from the (dated) until further notice.
- 3. I agree that I will comply with any and all policies of the employer, from time to time in force, 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 **Print** **Date**