



SR SECURITY SERVICES LTD.

16 Waters Edge Business Park, Mowden road, Salford, Manchester M5 3EZ. T:0161 443 1322

Affix your
Photograph here

Application for Employment

Position Applied for:

Personal Details (Please Complete in Block Capitals and use Black Ink)

Mr/Mrs//Ms _____ Surname _____ First Name(s) _____ Middle Name(s) _____

Address: _____ Post Code: _____

Telephone No: _____ Mobile No: _____ Email: _____

If less than 3 years at this address, state your previous address (es)

Address (1) _____ Post code. _____ Dates _____

Address (2) _____ Post code. _____ Dates _____

Address (3) _____ Post code. _____ Dates _____

National Insurance No: _____ Place & Country of birth: _____

Work Permit/Visa No: _____ Expiry Date: _____

Have you lived or worked outside the UK for more than 6 months in the last 5 years? Yes No

If yes please state country (ies) & date (s): _____

Do you have a current driving license? Provisional Full No

Next-to-kin[Name]: _____ Relationship: _____ TelNo: _____

Address of Next to Kin: _____ Post Code _____

Security Training and License Status:

Do you hold any of following certificates? Yes No SITO / NVQ / SVQ in security, safety & loss prevention

Licence No: Expiry Date: _____

Bank Details:

Account Holder's Name: -----Bank Name: -----

Account Number: -----Sort Code: -----

EMPLOYMENT RECORD (College / University / Work)

Last 5 years (Start with most recent).

Important- full addresses and contact telephone numbers are required If you are still presently employed, please give the notice period you required. Attach Additional Sheet if required.

No.	Employer/Education details	Start date	Finish date	College/Company Name and Address	Reason for leaving
1	Contact Person? Title Your job Title:			Tel. Fax:	
2	Contact Person? Title Your job Title			Tel. Fax:	
3	Contact Person? Title Your job Title			Tel. Fax:	
4	Contact Person? Title Your job Title			Tel. Fax:	
5	Contact Person? Title Your job Title			Tel. Fax:	
6	Contact Person? Title Your job Title			Tel. Fax:	
7	Contact Person? Title Your job Title			Tel.	

PERSONAL REFEREES

Please give the name, address, telephone number and occupation of two persons, not related to you, who have known you for at least 2 years in a personal capacity, whom we may approach for character references (Tutor/Employer).

Referee One

Title _____ Surname _____ Fore Name(s) _____

Address: _____ Post Code: _____

Telephone No: _____ Occupation: _____

In What capacity do you know this person? _____

How long have you known this person? _____

Referee Two

Title _____ Surname _____ Fore Name(s) _____

Address: _____ Post Code: _____

Telephone No: _____ Occupation: _____

In What capacity do you know this person? _____

How long have you known this person? _____

Service Record: Please tick, Army Royal Navy Police Date From _____ to _____

Uniform Size: Chest: _____ Waist: _____ Hat: _____ Shoe no: _____

REHABILITATION OF OFFENDERS ACT 1974

WHAT IS THE ACT?

The *REHABILITATION OF OFFENDERS ACT 1974* was introduced to enable criminal convictions to be spent or forgotten after a period of rehabilitation. After this period, with some exceptions, an offender will not normally be obliged to mention the conviction when applying for a job, obtaining insurance, or when involved in other criminal legal proceedings. State any Criminal convictions (subject to Rehabilitation of Offenders Act 1974).

IF NONE STATE NONE DO NOT LEAVE THIS BLANK

FOR OFFICE USE ONLY

Tick all appropriate boxes to confirm sight of original documents and to confirm that signed and endorsed copies are on file.

Document

Signature of person taking copy

Birth certificate

Armed Services

Driving Licence

Work permit

Passport

Civilian Services

Proof of Address

Education and / or
Training Certificates

DECLARATION BY APPLICANT

I agree not to divulge any information however acquired relating to the Company, its Business or its Clients 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 of the company at all times and agree to a personal search as and when required. I agree to attend Training Courses appropriate to my employment as 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 5 years history and consent to the company contacting such persons including character referees as necessary to verify those details in accordance with British Standards BS 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 I accept any provisional offer of employment.

I understand that any offer of employment is subject to the satisfactory 5 years screening process.

I understand that any offer of employment is subject to 16 weeks probationary period.

I agree to be subjected to a credit reference check to determine my financial position at the time of application.

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 all documents submitted by me to prove identity and/or address will be UV checked for authenticity and any anomalies will be reported to the necessary officials without reference.

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

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

I confirm that my consent is explicit, fully informed and freely given for the purposes of the Act.

Print Name: _____ Signature: _____ Date: _____