



Precreate Security Solutions
40 Waterhouse Business Park
Cromar Way
Chelmsford
CM1 2QE

Application for Employment

**All information contained within this document is strictly
PRIVATE & CONFIDENTIAL**

This Application Form must be completed in full before being submitted. Failure to do so may result in your application being either delayed or rejected.

If you are not sure how to complete any part of this form please ask.

Statement to Prospective Employees

Before we can offer you employment we have to carry out a comprehensive screening procedure. So that your Application for Employment can be properly considered it is essential that all sections of this Application Form are fully completed. The omission of any requested information will delay the screening process and may result in us being unable to offer you employment.

Title: Mr / Mrs / Ms / Miss	Marital Status: Single / Married /Co-Habiting Separated / Divorced
Surname: Any previous Surname: (see note 1)	Forename(s):
Present Address: (see note 2)	Previous Address (if you have lived at your present address for less than three years)
Home Telephone No:	National Insurance No:
Mobile Telephone No:	E-mail Address:
Date of Birth:	Nationality:
Place Of Birth:	Passport No:
Do you hold a current SIA Licence Y/N – if Yes;- Category:	
Number:	
Expiry Date:20.....	
Do you have your own transport? Y/N	Do you hold a current clean full Driving Licence? Y/N (see note 3) If “Yes” Driving Licence No.
Have you ever been convicted of any criminal offence? Y/N (see note 4)	Have you ever been declared Bankrupt? Y/N (see note 4)
Is your hearing, eyesight and sense of smell normal? Y/N (see note 5)	Do you have any mobility or other health problems which might affect your employment? Y/N (see note 6)
Are you a Registered Disabled person? Y/N (see note 7)	Have you been absent from work for more than a total of four weeks in the last two years due to illness or injury? Y/N (see note 6)
Have you been in hospital for more than 1 week in the last 5 years? Y/N (see note 6)	Do you, or have you ever, suffered from mental illness? Y/N (see note 6)
Are you currently taking any prescribed medication? Y/N (see note 6)	Do you consent to a medical examination if required? Y/N
Do you consent to us carrying out a check of your financial history using a registered credit agency Y/N	

For explanatory notes see the next page.

Explanatory Notes:

Use the box below to provide any necessary additional details to your answers to the above questions.

1. You will have to provide evidence of your identity (e.g. Birth certificate, passport).
2. You will have to provide evidence that this is your present address (e.g. Driving licence, telephone, electricity or gas bill).
3. If the job that you are applying for involves driving a vehicle owned by the Company you must produce your driving licence.
4. **If there are criminal or bankruptcy proceedings pending, your answer must be 'Yes'. Note especially that this includes motoring (but not parking) offences.**
5. If your answer to this question is 'No' give details in the box below.
6. If your answer to any of these Questions is 'Yes' give details in the box below.
7. If your answer to this Question is 'Yes' state your RDP No. and give details of your disability in the box below

IMPORTANT: You must produce original documents; **photocopies are not acceptable.** The Company will check all documents for authenticity; any document you produce which does not appear to be genuine or authentic will be reported to the relevant authority. We will take photocopies of all documents which you produce. The originals will be returned to you and the copies will be kept in your confidential personal file and.

Further details to answers to above Questions.

Continue on a separate sheet if necessary.

EDUCATION and TRAINING			
Name of school or college	From	To	Qualifications gained

REFERENCES: Please give the names of two personal referees (not members of your family) who have known you for at least two years and one of which must be your present or most recent employer. We will not contact your present employer until the appropriate time when we will ask you for your permission to do so.

Name:	Name:
Full Address (inc. Postcode):	Full Address (inc. Postcode):
Tel:	Tel:
Length of time known to you: (Minimum three years)	Length of time known to you: (Minimum three years)
NEXT OF KIN:	
Please give the name and details of the person, with an alternative, you would like us to contact in case of emergency.	
Principle Contact	Alternative Contact
Name: Address:	Name: Address:
Relationship:	Relationship:
Phone Nos. Home: Mobile: Work:	Phone Nos. Home: Mobile: Work:

DOCTOR:
Please give details of the Doctor you are registered with:
Name:
Address:
Phone No.
Note: All employees over the age of 65-years will be required to undertake an annual medical examination.

Medical Conditions: please provide details of any medical problems that may affect your work as a Security Officer. Please be assured that when offering employment we do not discriminate on grounds of health or disability. This information is required to ensure that, should you become employed by the Company, you are assigned only to duties which you are capable of carrying out.

EMPLOYMENT HISTORY: On the next page please give full details of your employment over the last five years, starting with your most recent job and working backwards. If you left school within the last five years give the name and address of the last school you attended, and the date you left. You must include details of Military service, time spent in further or higher education, self-employment and unemployment as appropriate. Give details of the Benefit Office where you were registered for any period of unemployment.

Full Name and Address of Employer This section is essential	Phone and Fax Number	Name and Position of Supervisor	Employed as	From		To		Reason for leaving
				Month	Year	Month	Year	

This section must be completed in full and on a month to month basis for your application to be considered.
Ask for another sheet if necessary.

TRAINING: Please give details of any special skills you have, or training you have received which you think may be relevant to the job you are applying for (e.g. first aid) – please produce any supporting Certificates.

Course	Dates		Qualifications Gained
	From	To	

Bank Details: Please give details of the Bank or Building Society account you would like your salary paid into.

Name of Bank or Building Society	
Full Address of the Bank or Building Society	
Bank Sort Code	
Account No.	
Account Holders Name	
Roll No. (if applicable)	

Uniform Sizes

Please provide the sizes of uniform required if your application to join the Company is successful all sizes must be entered accurately.

Shirt/Blouse (Collar)		Jumper (Chest)	
Trousers/Skirt	Waist: Leg:	Coat	Small / Medium / Large / X Large

State here any holiday arrangements you have. The Company will endeavour, but cannot promise, to honour any arrangements.

Declaration & Consent

Please read this carefully before signing this Application for Employment

I understand that employment with Precreate Security Solutions Limited (“the Company”) is subject to satisfactory references and screening in accordance with BS 7858. I undertake to cooperate with the Company in providing any additional information required to meet these criteria.

I confirm that the information I have given is correct, and I understand that any false statements or omissions may result in employment being refused or in instant dismissal as appropriate. I authorise the Company and /or its nominated agent to approach Government Agencies, former employers, schools and colleges and personal referees to verify that the information I have given 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 the information with other credit reference agencies.

I understand that some of the information I have provided in this application will be held on a computer and that some or all will be held as paper records.

I understand that the Company will not be responsible for any injury or damage to my own property that may occur during the period of my contract of employment and no compensation whatsoever will be paid to me due to any reason during the period of my employment.

I consent to the Company’s reasonable processing of any sensitive personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination when requested by the Company. Subject to the Access to Medical Records Act, 1988 I consent to the results of such examinations being given to the Company. 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 also consent to work more than an average of 48 hours per week within all employment that I hold. My consent to this agreement to work a total of more than 48 hours will continue whilst I remain an employee and will remain in place if any amendments are made to my hours with all employment that I hold. If I wish to withdraw from this agreement I must give three months written notice of my decision to withdraw.

I hereby certify that to the best of my knowledge the details I have given in this application form are complete and correct.

I understand that any false statement or omission to the Company or its representatives may render me liable to dismissal without notice.

Signed:

Print Name:

Date:

Please tell us how you heard of Precreate Security Solutions Limited:

Please tell us how you heard of the current vacancy:

Please tell us why you would like to work for us:

<u>Interview Record</u> <u>For Office use only</u>			
Date of Interview:		Interviewed by:	
Document Checked and Satisfactory:			
Birth Certificate:	Yes / No	Document Copied to file	Yes / No
Passport:	Yes / No	Document Copied to file	Yes / No
Service Record:	Yes / No	Document Copied to file	Yes / No
Driving Licence:	Yes / No	Document Copied to file	Yes / No
Confirmation of Address:	Yes / No	Document Copied to file	Yes / No
Qualifications:	Yes / No	Document Copied to file	Yes / No
SIA Licence	Yes / No	Document Copied to file	Yes / No
Other (give details):	Yes / No	Document Copied to file	Yes / No
Tests carried out:			
Written English Language	Satisfactory	Y/N	
Reading English Language	Satisfactory	Y/N	
Eyesight	Satisfactory	Y/N	
Sense of Smell	Satisfactory	Y/N	
Mobility	Satisfactory	Y/N	
Interviewer's Comments			
Provisional Employment Offered: Y/N		Position Offered:	
Start Date:		Finish Date:	
Signature of Interviewer:		Name of Interviewer:	
Position of Interviewer:		Date:	