

# CENTRAL & SHIRES LTD APPLICATION FORM

Reference: CSL/app/vol02/2009



**PRIVATE AND CONFIDENTIAL - (Please complete in BLOCK CAPITALS)**

Application for: *(please tick)*

Retail Security

Static Security

Door Supervisor

Management

## APPLICANTS DETAILS

Date of application:.....

Title (delete as appropriate) Mr Mrs Miss Dr Other:

Surname:

Forename/s:

Current address:

Post code:

Town/City:

County:

Telephone Number (Incl STD Code)

Home:

Mobile:

Email:

At current address since: MM YY YY (month and year)

Male

Female

(delete as appropriate)

Date of birth: DD MM YY

Age:

National Insurance Number:

L L N N N N N N L

Nationality:

Work/Visa number:

Expiry date:

Do you have a sound knowledge of spoken and written English? (delete as appropriate) Yes / No

Emergency contact name and address:

Their relationship to you:

Emergency contact phone

## ADDITIONAL PERSONAL DETAILS

Surname at birth (if different):

Used until: YYYY (year)

Any other surname used:

Used from: YYYY (year) Used to: YYYY (year)

Any other forenames used:

Used from: YYYY (year) Used to: YYYY (year)

**Place of birth. Please enter the *Town/City* names and *County/District* names in full as recorded on your Birth Certificate**

Town/City:

County/ District:

Born in the UK: Yes / No If No please state country:

Nationality:

Date of entry to UK:

**PREVIOUS ADDRESSES**

Provide your most recent addresses where you have lived the last 5 years, use continuation sheet if necessary

Address:

Post code:

Town/City: County:

Period at previous address: From MM YYYY To MM YYYY (month and year)

**EDUCATION AND QUALIFICATIONS**

Please list details of examinations attempted and the results obtained.

Name and address of schools And/or colleges	Dates		Subjects/courses studied level attained	Examination results and grades
	From	To		

**EMPLOYMENT HISTORY** *(You must provide a full checkable 10 year history) continue on a separate sheet if necessary*

Please provide full details for the last 10 years including periods of unemployment, with the most recent first.

Name and Address of Employer	Dates		Position held	Final Salary	Reason for Leaving
	From	To			

## HEALTH

### General Health

1. Are you in good health? Yes/No\*  
If no please give details:
2. Have you ever suffered from any serious illness or had any major operations? Yes/No\*  
If yes give details:
3. Have you ever received treatment for any mental health illnesses? Yes/No\*  
If yes give details and specify if treatment is ongoing:
4. Have you ever been refused employment for health reasons? Yes/No\*  
If yes give details:
5. Are you registered as disabled? Yes/No\*  
If yes give details:
6. Do you or have you ever suffered from any of the following medical conditions?  
Diabetes     Asthma     Epilepsy     Migraine   
Anaemia     Vertigo     Back Problems     Kidney Problems   
Arthritis     Skin rash/Eczema     Respiratory Problems   
Hay Fever     Heart Condition     Liver Problems     Lung condition   
If you have answered yes to any of the above, give details:
7. Please complete the following form of authority:

I,.....of.....  
..... Hereby give consent to Central  
& Shires Ltd of 217a Fosse Road North, Leicester LE3 5EZ, to obtain a medical report from my  
GP.....of.....

## SUPPLEMENTARY INFORMATION

Please give details of any holidays booked: from: ...../...../..... To: ...../...../.....

Do you have any commitments which might limit your working hours?

Are you willing to work overtime when required?

How much notice does your current employer require?

Do you have a current full UK driving license?

Have you ever been convicted of a criminal offence: (which is not spent under the Rehabilitation of Offenders Legislation?) if yes please give details:

Do you have any criminal allegations pending either at court or under investigation at the Police station?  
If yes give details:

Have you ever been subject to bankruptcy proceedings or court judgements for debt or are there any proceedings pending?

**REFERENCES**

Please give the details of two referees who are not related to you who have known you personally for at least two years, who we can approach for a confidential assessment of your suitability for this job. If you have been self employed then please provide details of two professional referees such as solicitor, bank manager or accountant.

Name:	Name:
Address:	Address:
Position:	Position:
Tel No:	Tel No:
Relationship:	Relationship:
Length of relationship:	Length of relationship:

**PREVIOUS SECURITY QUALIFICATIONS**

**Do you hold any of the following certificates/licences?**

SIA Door Supervision Yes/No\* Exp date:..... Licence No.....

SIA Security Guarding Yes/No\* Exp date:.....Licence No.....

SIA CCTV Operation Yes/No\* Exp date:.....Licence No.....

First Aid Yes/No\* Exp date:..... Details.....

Any other relevant qualification.....

Please bring with you to your interview the originals of your certificates and licences

**DECLARATION AND CONSENT**

I certify that the information I have provided in this application is correct to the best of my knowledge and belief. I fully understand that it is a criminal offence to make false statements on this application form under section 16 of the Theft Act 1968. I also understand that any false statement may be cause for refusal or, if employed, dismissal.

I further certify that the application is in my own handwriting and understand that employment is subject to satisfactory vetting to the standard required by British Standard 7858 or the Security Industry Authority or as may be amended.

I authorise the company and any third party nominated by the company to perform a vetting service and to hold information contained in the application for employment. Such information will be subject to the Data Protection Act. If required by the company I authorise for an enhanced CRB check to be conducted and for the information to be held within my personal information file at the companies head office.

**PROOF OF IDENTIFICATION**

I have submitted along with this application the following 3 forms of proof of I.D:

Passport  Driving licence  Birth certificate  Utility Bill  Benefits Books

I have bought with me my SIA certification and licences

SIGNED.....	
PRINT.....	DATE.....

**BANK / BUILDING SOCIETY DETAILS**

Bank name:	
Bank address:	Post code:
Name of account holder:	
Sort Code:	Account Number:
Bank / payroll ref:	

**UNIFORM DETAILS**

Shirt / collar size:	Waist:	Inside leg:
Jacket: S / M / L		
Epaulettes issued: Y / N	Tie issued: Y / N	Hi Vis vest issued: Y / N
Pocket book issued: Y / N	Company ID issued: Y / N	
Employee signature:..... Date:.....		

**EVIDENCE OF IDENTITY SEEN (To be completed by Interviewer upon interview)**

Interviewed by:	Date:
Passport number:	Date of birth:
Nationality:	Issue date:
Driving license No.:	Date of birth:
Country of issue:	Valid from: Paper: Y/N Photocard: Y/N
Birth certificate date of birth:	Issue date:
Country of issue:	
Marriage certificate issue date:	NY/P45 or P60 number:
Evidence seen and checked by:	Date:

Decision: (tick as applicable)	Reject <input type="radio"/>	Further Interview <input type="radio"/>	Accept <input type="radio"/>	start date:
Reasons for decision:		Rejection letter sent: yes/no* date:		

