

# APPLICATION FOR EMPLOYMENT



Job Applied For:  Security  Steward  Cleaning  Other Please State:

## PERSONAL DETAILS

|  |   |                           |  |
|--|---|---------------------------|--|
| Mr/Mrs/Miss/Ms:  | Surname:                                  | First Name:               | Middle Name:   |
| Any Former Names:  |   | Known As:                 |  |
| Address:   |   |                           | Post Code:   |
| Telephone No:  | Mobile No:                                | Email:                    |  |
| <b>If less than 3 years at this address, state your previous address(es)</b>   |   |                           |  |
| Address:   |   |                           | Post Code:      Dates:                                   |
| Address:   |   |                           | Post Code:      Dates:                                   |
| Emergency Contact Name:  |   | Relationship:             |  |
| Home Tel No:   | Work Tel No:                              | Mobile Tel No:            |  |
| NI No:   | D.O.B:                                    | Place & Country of Birth: |  |
| Nationality:   | Date of Entry into EU/UK (if applicable): |                           | Religion:  |
| Work Permit/Visa No:   | Expiry Date:                              |                           |  |
| Have you lived or worked outside the UK for more than 6 months in the last 5 years?  |   |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any distinguishing marks, scars, tattoos:  |   |                           |  |
| Do you have:   |   |                           |  |
| A current driving licence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Provisional <input type="checkbox"/> Full      Do you have use of a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                           |  |
| Current Endorsements (give details):   |   |                           |  |

## EDUCATION & QUALIFICATIONS (Enter month and year ONLY in the date boxes)

|  | Date From: | Date To: |
|--|------------|----------|
|  |            |          |
|  |            |          |
|  |            |          |

## EMPLOYMENT RECORD

Your employment history for the last 10 years (start with most recent)

**Important:** Full address and contact telephone numbers are required. If you are still presently employed, please give notice period.

| Employer/Education Details | Start Date | Finish Date | Company Name & Address | Reason for Leaving |
|----------------------------|------------|-------------|------------------------|--------------------|
| Contact Person/Title:      |            |             |                        |                    |
| Your Job Title:            |            |             |                        |                    |
|                            |            |             | Tel No:                | Notice Period:     |
| Employer/Education Details | Start Date | Finish Date | Company Name & Address | Reason for Leaving |
| Contact Person/Title:      |            |             |                        |                    |
| Your Job Title:            |            |             |                        |                    |
|                            |            |             | Tel No:                |                    |
| Employer/Education Details | Start Date | Finish Date | Company Name & Address | Reason for Leaving |
| Contact Person/Title:      |            |             |                        |                    |
| Your Job Title:            |            |             |                        |                    |
|                            |            |             | Tel No:                |                    |

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| Employer/Education Details | Start Date | Finish Date | Company Name & Address | Reason for Leaving |
|----------------------------|------------|-------------|------------------------|--------------------|
| Contact Person/Title:      |            |             | Tel No:                |                    |
| Your Job Title:            |            |             |                        |                    |

| Employer/Education Details | Start Date | Finish Date | Company Name & Address | Reason for Leaving |
|----------------------------|------------|-------------|------------------------|--------------------|
| Contact Person/Title:      |            |             | Tel No:                |                    |
| Your Job Title:            |            |             |                        |                    |

| Employer/Education Details | Start Date | Finish Date | Company Name & Address | Reason for Leaving |
|----------------------------|------------|-------------|------------------------|--------------------|
| Contact Person/Title:      |            |             | Tel No:                |                    |
| Your Job Title:            |            |             |                        |                    |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| May we approach your current employer for a reference before your notice period ends? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

## UNEMPLOYMENT RECORD

Your unemployment history for the last 10 years (start with most recent)

**Important:** Full address and contact telephone numbers are required.

| Date Unemployment Commenced | Date Unemployment Ended | Registered With Job Centre | Job Centre Address |
|-----------------------------|-------------------------|----------------------------|--------------------|
|                             |                         |                            | Tel No:            |

| Date Unemployment Commenced | Date Unemployment Ended | Registered With Job Centre | Job Centre Address |
|-----------------------------|-------------------------|----------------------------|--------------------|
|                             |                         |                            | Tel No:            |

| Date Unemployment Commenced | Date Unemployment Ended | Registered With Job Centre | Job Centre Address |
|-----------------------------|-------------------------|----------------------------|--------------------|
|                             |                         |                            | Tel No:            |

| Date Unemployment Commenced | Date Unemployment Ended | Registered With Job Centre | Job Centre Address |
|-----------------------------|-------------------------|----------------------------|--------------------|
|                             |                         |                            | Tel No:            |

| Date Unemployment Commenced | Date Unemployment Ended | Registered With Job Centre | Job Centre Address |
|-----------------------------|-------------------------|----------------------------|--------------------|
|                             |                         |                            |                    |

# APPLICATION FOR EMPLOYMENT



|  |  |  |         |
|--|--|--|---------|
|  |  |  | Tel No: |
|--|--|--|---------|

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## SELF-EMPLOYMENT REFEREES

If you have been self-employed, please give the name, address and telephone number of 2 professional referees who can confirm this (e.g. Solicitor, Bank Manager, Accountant, etc.)

| Referee One                                  |             |          | Referee Two                                  |             |          |
|--|-------------|----------|--|-------------|----------|
| Title:                                       | Forename:   | Surname: | Title:                                       | Forename:   | Surname: |
| Address:                                     |             |          | Address:                                     |             |          |
| Post Code:                                   |             |          | Post Code:                                   |             |          |
| Tel No:                                      | Occupation: |          | Tel No:                                      | Occupation: |          |
| In what capacity have you known this person? |             |          | In what capacity have you known this person? |             |          |
| How long have you known this person?         |             |          | How long have you known this person?         |             |          |

## PERSONAL REFEREES

Please give the name, address, telephone number and occupation of 2 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

| Referee One                                  |             |          | Referee Two                                  |             |          |
|--|-------------|----------|--|-------------|----------|
| Title:                                       | Forename:   | Surname: | Title:                                       | Forename:   | Surname: |
| Address:                                     |             |          | Address:                                     |             |          |
| Post Code:                                   |             |          | Post Code:                                   |             |          |
| Tel No:                                      | Occupation: |          | Tel No:                                      | Occupation: |          |
| In what capacity have you known this person? |             |          | In what capacity have you known this person? |             |          |
| How long have you known this person?         |             |          | How long have you known this person?         |             |          |

## PREVIOUS SECURITY QUALIFICATIONS

Do you hold any of the following certificates:

|   |   |   |
|---|---|---|
| NVQ/SVQ in Security, Safety and Loss Prevention         | <input type="checkbox"/> Yes (Level )       | <input type="checkbox"/> No                 |
| C&G Professional/Advanced Security Officer              | <input type="checkbox"/> Yes                | <input type="checkbox"/> No                 |
| Skills For Security/SITO Basic Job Training Certificate | 2/3 day course <input type="checkbox"/> Yes | <input type="checkbox"/> No Date Completed: |
| Conflict Management                                     | 1 day course <input type="checkbox"/> Yes   | <input type="checkbox"/> No Date Completed: |
| First Aid (Level: )                                     | <input type="checkbox"/> Yes                | <input type="checkbox"/> No Expiry Date:    |
| Fire Fighting (Level: )                                 | <input type="checkbox"/> Yes                | <input type="checkbox"/> No Expiry Date:    |

## LICENCE STATUS

|   |                             |            |
|---|-----------------------------|------------|
| Have you applied for an SIA License? <input type="checkbox"/> Yes <input type="checkbox"/> No | Unique Reference No & Type: |            |
| Do you hold any of the following:   | Expiry Date                 | License No |
| SIA Security Licence <input type="checkbox"/> Yes <input type="checkbox"/> No                 |                             |            |
| SIA Door Supervisor Licence <input type="checkbox"/> Yes <input type="checkbox"/> No          |                             |            |
| Other SIA Licence (Type: ) <input type="checkbox"/> Yes <input type="checkbox"/> No           |                             |            |

## SERVICE RECORD

|             |                                     |                               |                              |  |  |
|-------------|-------------------------------------|-------------------------------|------------------------------|--|--|
| Please tick | <input type="checkbox"/> Royal Navy | <input type="checkbox"/> Army | <input type="checkbox"/> RAF | <input type="checkbox"/> Merchant Navy | <input type="checkbox"/> Territorial Reserve |
|-------------|-------------------------------------|-------------------------------|------------------------------|--|--|

# APPLICATION FOR EMPLOYMENT



|            |     |                 |
|------------|-----|-----------------|
| Date From: | To: | Conduct Record: |
|------------|-----|-----------------|

## MEDICAL DETAILS

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Are you currently under any medication?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, give details:  |                              |                             |
| Are you fit to work?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no, give details:   |                              |                             |
| Name & Address of your Doctor:   |                              |                             |
|  |                              | Post Code:                  |
| Date last examined by Doctor and reason:   |                              |                             |
| Are you in good health?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you receiving any treatment?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, give details:  |                              |                             |
| Details of major surgery with dates:   |                              |                             |
| Total number of days you were unable to work through illness or injury during the last 12 months:  |                              |                             |
| Reasons for absence:   |                              |                             |
| The following information is required in the event that you may wish to become authorised to drive a Company vehicle or drive a private vehicle on Company business. |                              |                             |
| Have you ever been refused a driving licence on health grounds or been banned or prevented from driving?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, when, for how long, and for what reason:   |                              |                             |

## REHABILITATION OF OFFENDERS ACT 1974

The following is the summary of the Rehabilitation of Offenders Act 1974. Please ensure that you read through this carefully and that you are aware of its meaning.

### WHAT IS THE ACT?

The Rehabilitation of Offenders Act 1974 was introduced to enable the 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 the job, obtaining insurance, or when involved in other criminal legal proceedings.

### HOW LONG IS THE REHABILITATION PERIOD?

The period of rehabilitation will depend on the sentence given, not the actual time served in custody.

| SENTENCE   | PERSON 18 OR OVER WHEN SENTENCED                                 | PERSON 17 OR UNDER WHEN SENTENCED |
|--|--|-----------------------------------|
| 2 ½ years or over  | Never  | Never                             |
| Prison sentences (including suspended), detention in a young offender institution, youth custody (abolished in 1988) for a term exceeding 6 months but not exceeding 2 ½ years   | 10 years   | 5 years                           |
| Prison sentences (including suspended), detention in a young offender institution or youth custody (abolished in 1988) for a term less than 6 months.  | 7 years  | 3 ½ years                         |
| Borstal (Abolished in 1983)  | 7 years  | 7 years                           |
| Detention centres (abolished in 1988)  | 3 years  | 3 years                           |
| Fines (even if subsequently imprisoned for fine default), compensation, probation (for convictions on or after 3 February 1995), community service, combination, action plan, curfew, drug treatment and testing and reparation orders | 5 years  | 2 ½ years                         |
| Order for detention in a detention centre  | 3 years  | 3 years                           |
| Absolute Discharge   | 6 years  | 6 years                           |
| Conditional discharge or bind over, probation (for convictions before 3 February 1995), supervision, care-orders   | 1 year or until the order expires (whichever is longer)          |                                   |
| Attendance centre orders   | 1 year after the order expires                                   |                                   |
| Hospital orders (with or without a restriction order)  | 5 years or 2 years after the order expires (whichever is longer) |                                   |
| Referral order   | Once the order expires   |                                   |

## HOW DOES THIS AFFECT YOU?

# APPLICATION FOR EMPLOYMENT



If you have been awarded with any of the sentences shown (including suspended sentences) and the period of rehabilitation has been completed, your sentence is regarded as "spent" and needs to be declared. If it has not been "spent" then it must be included on your application form. Please now sign below to confirm you have read the Rehabilitation of Offenders Act 1974, summary above.

Signature: \_\_\_\_\_

Have you ever been cautioned or convicted of a criminal offence either in the UK or any other Country or are there any proceedings pending (subject to the Rehabilitation of Offenders Act 1974)?  Yes  No

If yes, give details including dates: \_\_\_\_\_

Have you ever been subject to bankruptcy proceedings or court judgements for debt or are there any proceedings pending?  Yes  No

If yes, give details: \_\_\_\_\_

## WORKING TIME DIRECTIVE – 48 HOUR WEEK

The 48-hour week Working Time Directive has been in force since 1<sup>st</sup> October 1998.

Under these regulations Sam Elizabeth Ltd must obtain your written permission if you wish to work more than 48 hours per week.

If you **do** wish to work more than 48 hours per week, you need to sign the agreement below. If you change your mind about this later, you will need to inform the Human Resources Department in writing, giving three months notice, so that your rosters may be amended.

The Directive states that the security industry is not bound to comply with regulations relating to night workers working longer than eight hours in twenty four, rest periods of eleven hours per day or one day per week or a rest period every 6 hours worked, provided that you are allowed the same rest at a later time.

If, however, you wish to work and be paid for rather than take rest breaks, you can do so, provided that there is work available and you have returned this signed agreement enclosed.

If you have any queries or need further explanation, please do not hesitate to contact the Human Resources Department or speak to your Area Manager

I do not wish to work more than 48 hours per week

I am prepared to work more than 48 hours per week and therefore wish to "opt out" of the regulation.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## DECLARATION OF 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 sufficient cause for rejection of my application or, if employed, dismissal without notice.

I further certify that I have completed the application form in my own handwriting and understand that my employment is subject to satisfactory references and screening in accordance with **BS 7858** or as it may be amended.

I authorise the company and any third party nominated by the company to perform a vetting service and to hold the information contained in the Application for Employment. Such information will be subject to the Data Protection Act.

I understand and agree that any offer of employment is conditional to the verification, to Sam Elizabeth's satisfaction, of the information provided on the Application Form.

I confirm that the information I have provided on the Application Form is true and complete to the best of my knowledge.

I understand that the check will involve verification of the details as specified below.

I also understand that it might be a criminal offence to attempt to obtain employment by deception and that any misrepresentation, omission of a material fact or deception will be cause for immediate cancellation of consideration of employment, or dismissal if already employed.

I undertake to cooperate with the vetting procedure in providing any additional information required to meet the criteria.

I hereby authorise Sam Elizabeth Ltd to verify information presented on my Application Form, which may include explicit or sensitive personal data for the purposes of the **Data Protection Act 1998** and the obtaining of documents and/or information covered by the **European Directive 95/46**. I authorise Sam Elizabeth Ltd 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 authorise Sam Elizabeth Ltd to obtain reference checks of my employment, including current employment and to contact the Department of Works and Pensions to confirm periods of unemployment (if any).

I understand that if an unsatisfactory reference is received from my current employer after I have accepted a role with Sam Elizabeth Ltd, my employment may be terminated with immediate effect.

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

# APPLICATION FOR EMPLOYMENT



Signature:

Print Name:

Date:

Please check carefully and ensure all pages are completed, then return the Application Form to:

HR Department, Sam Elizabeth, 409 Trocoll House, Wakering Road, Barking, Essex, IG11 8PD

## EQUAL OPPORTUNITIES POLICY

Sam Elizabeth Ltd values diversity and has an equalities policy to ensure that all applicants are treated fairly, that they are appointed solely on their suitability for the post irrespective of race, gender, disability, sexuality or age.

We are committed to ensuring equal access to employment and details from this form will allow us to identify any groups that are under-represented in our workforce.

Your answers to these questions below will be collated electronically for this purpose.

Last Name:

First Name:

**Ethnic Origin:** In accordance with the Commission for Racial Equality's Code of Practice, please tick the box that best describes your origins below. If you select other, please describe in the box provided.

Mixed

Asian or Asian British

White British

White & Black

Indian

Irish

White & Asian

Pakistani

Other

Other

Bangladeshi

Other

Black or Black British

Chinese or Other

Caribbean

Chinese

Describe:

African

Other

Other

Gender

Male

Female

Date of Birth:

Are you disabled?

Yes

No

If yes, what access arrangements, adjustments or adaptations would help you to do this job?

If we ask you to come for interview, are there any access arrangements, adjustments or adaptations you would like us to provide?

Tell us where you saw the job advertised:

Do you know anyone who would like an exciting job in security? If so, give us their names and addresses in the boxes provided below.

|            |  |
|------------|--|
| Name:      |  |
| Address:   |  |
|            |  |
| Post Code: |  |
| Tel No:    |  |

|            |  |
|------------|--|
| Name:      |  |
| Address:   |  |
|            |  |
| Post Code: |  |
| Tel No:    |  |

## OFFICE USE ONLY

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

| Document                                   | Signature of a person taking copy | Document                                   | Signature of a person taking copy |
|--|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Birth Certificate |                                   | <input type="checkbox"/> Work Permit       |                                   |
| <input type="checkbox"/> Driving Licence   |                                   | <input type="checkbox"/> Civilian Services |                                   |

# APPLICATION FOR EMPLOYMENT



|                                      |  |   |  |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Passport    |  | <input type="checkbox"/> Proof of Home Address                  |  |
| <input type="checkbox"/> SIA License |  | <input type="checkbox"/> Education and/or Training Certificates |  |

|                         |  |
|-------------------------|--|
| Starting rate of pay: £ | Position: <input type="checkbox"/> SO <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> SUP <input type="checkbox"/> Control <input type="checkbox"/> Office <input type="checkbox"/> Other (specify) |
|-------------------------|--|

| UNIFORM          | Size | ADMIN                      |  |
|------------------|------|----------------------------|--|
| Cap              |      | 2 <sup>nd</sup> Interview? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Jacket           |      | Reject?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trousers / Skirt |      | Offer letter date          |  |
| Shirt / Blouse   |      | Induction letter date      |  |

|              |            |       |
|--------------|------------|-------|
| Interviewer: | Signature: | Date: |
|--------------|------------|-------|

❖ Please note there is a list of documents needed for registration:

To apply for a Steward and Cleaning position you will need the following:

1. Passport
2. Proof of Address
3. Passport size Photograph
4. National insurance card
5. CRB – [www.disclosurescotland.co.uk](http://www.disclosurescotland.co.uk)

To apply for a Security position you will need the above documents plus:

6. SIA Card
7. Consumer Credit Report – [www.experian.co.uk](http://www.experian.co.uk)

You will not be registered if you do not provide the documents requested above. We can only keep an incomplete application open for 4 weeks after the initial date of registration.

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409 Trocoll House, Wakering Road, Barking, Essex, IG11 8PD  
Email: [info@sam-elizabeth.co.uk](mailto:info@sam-elizabeth.co.uk)  
Tel: 08448794799 Fax: 0208-594-7190