

# EMPLOYMENT APPLICATION

## Thank you for your interest in joining our team



We are an Equal Opportunities Employer

Please complete all sections in full. If any entry is not applicable insert N/A

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### PERSONAL INFORMATION

TITLE	DATE OF BIRTH	AGE
SURNAME	NUMBER OF CHILDREN	AGES
FORENAME	MARITAL STATUS	
BIRTH SURNAME NAME (if different)	HOME PHONE NUMBER	
CURRENT ADDRESS	MOBILE PHONE NUMBER	
	EMAIL	
	NATIONAL INSURANCE NUMBER	
POSTCODE	PLACE OF BIRTH	
TIME AT ADDRESS (if less than 5 years complete address history)	NATIONALITY	
(tick one) HOME OWNER      TENANT      LIVING WITH PARENTS	HOW LONG HAVE YOU LIVED IN THE UK IF NOT BORN HERE	
ARE YOU WILLING TO RELOCATE (yes/no)	DO YOU HAVE AUTHORITY TO WORK IN THE UK (yes/no)	

ARE YOU LOOKING TO WORK (tick one) FULL TIME      PART TIME	WHEN ARE YOU AVAILABLE TO START
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### ADDRESS HISTORY (if less than 5 years at current address, please provide previous addresses)

PREVIOUS ADDRESS	POSTCODE	DATE FROM	DATE TO

### TRANSPORT

DO YOU HAVE A VALID LICENCE TO DRIVE IN THE UK (yes/no)	DO YOU HAVE ANY MOTORING OFFENCES (if yes specify including dates)
(if yes) LICENCE NUMBER	
DO YOU HAVE YOUR OWN TRANSPORT (specify)	

### BACKGROUND INFO

HAVE YOU EVER BEEN FINED, CONVICTED OR CAUTIONED FOR ANY CRIMINAL OFFENCE - EXCLUDING MOTORING OFFENCES (if yes specify including dates)

ARE THERE ANY ALLEGED OFFENCES OR PROSECUTIONS PENDING AGAINST YOU (if yes specify including dates)

DO YOU HAVE ANY OUTSTANDING DEBTS OR ATTACHMENTS TO EARNINGS (if yes specify including dates)

DO YOU HAVE A BANKRUPTCY ORDER OR ANY VOLUNTARY ARRANGEMENTS (if yes specify including dates)

DO YOU HAVE ANY OUTSTANDING COUNTY COURT JUDGEMENTS (if yes specify including dates)

HAVE YOU EVER BEEN DISMISSED BY AN EMPLOYER FOR MISCONDUCT (if yes specify including dates)

### HEALTH

DO YOU HAVE NORMAL VISION IN BOTH EYES WITHOUT GLASSES (yes/no)

DO YOU HAVE NORMAL VISION IN BOTH EYES WITH GLASSES (yes/no)

DO YOU HAVE A NORMAL SENSE OF SMELL (yes/no)

HAVE YOU EVER UNDERGONE ANY OPERATION OR MEDICAL TREATMENT (if yes specify)

HAVE YOU EVER ATTENDED AN OUT-PATIENTS DEPARTMENT FOR LONGER THAN 6 WEEKS (if yes specify)

HAVE YOU EVER BEEN DIAGNOSED WITH ANY MEDICAL CONDITION (if yes specify)

ARE YOU CURRENTLY RECEIVING ANY MEDICAL TREATMENTS (if yes specify)

DO YOU SUFFER FROM ANY OTHER SERIOUS ILLNESS, PHYSICAL DEFECT OR DISABILITY (if yes specify)

ARE YOU REGISTERED UNDER THE DISABLED PERSONS (EMPLOYMENT) ACT 1944 AND 1958 (if yes specify certificate number and expiry date)

IS THERE ANYTHING DETRIMENTAL TO YOU WORKING NIGHT SHIFTS (if yes specify)

HOW MANY DAYS HAVE YOU BEEN ABSENT OWING TO ILLNESS IN THE LAST 2 YEARS

IF NECESSARY MAY WE REQUEST MEDICAL INFORMATION FROM YOUR DOCTOR (yes/no)

#### NEXT OF KIN

NAME

ADDRESS

RELATIONSHIP

PHONE NUMBERS

POSTCODE

#### EDUCATION (please give details of any school, college or university attended within last 5 years)

NAME & ADDRESS

POSTCODE

DATE FROM

DATE TO

#### SERVICE RECORD (please give details of any military or civilian forces served)

HAVE YOU EVER BEEN A MEMBER OF (if yes tick & specify below)

ARMY

ROYAL NAVY

RAF

POLICE

FIRE

TA

DATES FROM/TO

RECORDED CONDUCT LEVEL

UNIT OR REGIMENT

REASON FOR LEAVING

RANK ON LEAVING

ARE YOU LIABLE FOR RECALL OR TRAINING

#### ADDITIONAL QUALIFICATIONS

DO YOU HAVE A CURRENT FIRST AID CERTIFICATE UNDER THE HEALTH & SAFETY AT WORK ACT (if yes specify expiry date)

LIST ANY ADDITIONAL QUALIFICATIONS

#### PERSONAL REFERENCES (please give details of 2 people who you are not related, known for 5 years whom references may be made)

NAME

NAME

ADDRESS

ADDRESS

POSTCODE

POSTCODE

PHONE NUMBERS

PHONE NUMBERS

RELATIONSHIP TO YOU

RELATIONSHIP TO YOU

HOW LONG KNOWN

HOW LONG KNOWN

#### SELF EMPLOYMENT (please give accountant or trade reference whom reference may be made)

NAME

ADDRESS

RELATIONSHIP

PHONE NUMBERS

POSTCODE



**DECLARATION (please read, sign & date)**

I UNDERSTAND THAT MY EMPLOYMENT IS SUBJECT TO SATISFACTORY SCREENING AND VETTING. I AUTHORISE SECURICLEAN UK LTD TO CARRY OUT SUCH ENQUIRES AS MAY BE NECESSARY AT THE COMPANY'S DISCRETION, INTO MY BACKGROUND AND EMPLOYMENT RECORD. I AUTHORISE SECURITY AND SURVEILLANCE UK LTD TO MAKE A CONSUMER INFORMATION SEARCH WITH A CREDIT AGENCY, WHICH WILL KEEP A RECORD OF THAT SEARCH AND MAY SHARE THAT INFORMATION WITH OTHER CREDIT REFERENCE AGENCIES. I AUTHORISE SECURICLEAN TO CHECK MY IDENTIFICATION USING A UV LAMP FOR VALIDATION AND AUTHENTICITY.

I AUTHORISE SECURICLEAN UK LTD TO APPROACH MY PRESENT EMPLOYER.

PRINT NAME

SIGN

DATE

I HERBY DECLARE THAT THE INFORMATION I HAVE PROVIDED IS CURRENT AND TRUTHFUL AND THAT ANY FALSE STATEMENTS ON THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED CAUSE FOR DISMISSAL.

I HERBY CERTIFY THAT I HAVE FILLED IN THIS APPLICATION FOR EMPLOYMENT MYSELF AND THAT I HAVE READ, UNDERSTOOD AND AGREE TO ABIDE BY THE ABOVE DECLARATION.

PRINT NAME

SIGN

DATE