



EMPIRE
SECURITY SERVICES



Empire Security Services Ltd, Office 2, Acorn House, 21-23 Dudley Road, Brierley Hill,
West Midlands, DY5 2YB.
TEL: 0845 458 4575 Email: info@empiresecurityservices.co.uk
www.empiresecurityservices.co.uk

APPLICATION FOR EMPLOYMENT

Please answer all questions using block capitals. If an entry is inapplicable, insert 'NO' or 'N/A'

Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Surname	Forenames
Surname at Birth if Different		Date of Birth

Nationality	City or Town of Birth										
Country of Birth	National Insurance Number	L	L	N	N	N	N	N	N	N	L
If born outside the United Kingdom, state date and place of entry											
Position applied for – Please tick Days <input type="checkbox"/> Nights <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>						Do you have a valid work permit? Yes <input type="checkbox"/> No <input type="checkbox"/> Visa expiry date if app					

Current Address (Recruiter 5 years <input type="checkbox"/> House No and Street Town/City County Postcode Lived here since:						Person to contact in case of emergency/next of kin Name Relationship Telephone Number House No and Street Town/City County Postcode					
Telephone No											
Mobile Telephone No											
Email Address											

Do you have any recurring health problems? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give details State any physical limitations:						Do you have any sight or hearing problems? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give details: Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>					
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Do you hold a current UK driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/> Please tick: Provisional <input type="checkbox"/> Full <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <input type="checkbox"/>											
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Do you have any current endorsements or bans? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give details:						Do you have your own transport? Yes <input type="checkbox"/> No <input type="checkbox"/> In which areas are you able to work?					
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Have you completed a Security Industry Authority (SIA) training course? If 'Yes' tick: Security Guarding <input type="checkbox"/> Door Supervision <input type="checkbox"/> CCTV <input type="checkbox"/> Date: /						How did you find out about this vacancy? Newspaper <input type="checkbox"/> Jobcentre <input type="checkbox"/> Internet <input type="checkbox"/> Friend <input type="checkbox"/>					
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Do you already hold a SIA licence? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' tick: Security Guarding <input type="checkbox"/> Number: _____ Expiry: ___/___ Door Supervision <input type="checkbox"/> Number: _____ Expiry: ___/___ CCTV <input type="checkbox"/> Number: _____ Expiry: ___/___						List any other relevant training certificates you hold:					
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Employment History

We must be able to verify your employment history for at least the last **five** years. Please provide details of previous employment/ self employment/ unemployment with the most recent first. Give as much detail as possible, there should be no gaps between dates. Enter details of school/colleges/universities attended if you do not have a work history of five years or more.

Company name	FROM		TO		Job Title
No/street/Road	mm	yy	mm	yy	Tick: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Town/City					Payroll No
County					Name of Manager/Supervisor
Postcode					Reason for leaving
Telephone No					Resigned <input type="checkbox"/> Redundant <input type="checkbox"/> Dismissed <input type="checkbox"/> Other <input type="checkbox"/>

Company name	FROM		TO		Job Title
No/street/Road	mm	yy	mm	yy	Tick: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Town/City					Payroll No
County					Name of Manager/Supervisor
Postcode					Reason for leaving
Telephone No					Resigned <input type="checkbox"/> Redundant <input type="checkbox"/> Dismissed <input type="checkbox"/> Other <input type="checkbox"/>

Company name	FROM		TO		Job Title
No/street/Road	mm	yy	mm	yy	Tick: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Town/City					Payroll No
County					Name of Manager/Supervisor
Postcode					Reason for leaving
Telephone No					Resigned <input type="checkbox"/> Redundant <input type="checkbox"/> Dismissed <input type="checkbox"/> Other <input type="checkbox"/>

Company name	FROM		TO		Job Title
No/street/Road	mm	yy	mm	yy	Tick: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Town/City					Payroll No
County					Name of Manager/Supervisor
Postcode					Reason for leaving
Telephone No					Resigned <input type="checkbox"/> Redundant <input type="checkbox"/> Dismissed <input type="checkbox"/> Other <input type="checkbox"/>

Company name	FROM		TO		Job Title
No/street/Road	mm	yy	mm	yy	Tick: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Town/City					Payroll No
County					Name of Manager/Supervisor
Postcode					Reason for leaving
Telephone No					Resigned <input type="checkbox"/> Redundant <input type="checkbox"/> Dismissed <input type="checkbox"/> Other <input type="checkbox"/>

Company name	FROM		TO		Job Title
No/street/Road	mm	yy	mm	yy	Tick: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Town/City					Payroll No
County					Name of Manager/Supervisor
Postcode					Reason for leaving
Telephone No					Resigned <input type="checkbox"/> Redundant <input type="checkbox"/> Dismissed <input type="checkbox"/> Other <input type="checkbox"/>

Please ask for a supplementary history form if you need to provide more previous employer details.

Self-employment

If you have been self employed during the last 5 years, please give details of two trade/business references, i.e. of companies with whom you traded or persons who can confirm details of your business activities e.g. your accountant, book keeper, solicitor.

Name
No/Street/Road
Town/City
County
Postcode
Telephone No
Occupation
Dates: From mm yy To mm yy

Name
No/Street/Road
Town/City
County
Postcode
Telephone No
Occupation
Dates: From mm yy To mm yy

Education

State name and address of schools/colleges etc attended if you have not provided 5 years of employment history.

Secondary School	FROM		TO		Qualifications gained
No/Street/Road	mm	yy	mm	yy	
Town/City					
County					
Postcode					

College/University	FROM		TO		Courses attended
No/Street/Road	mm	yy	mm	yy	
Town/City					
County					
Postcode					

Background Information (tick where applicable)

<p>Have you <u>ever</u> appeared at a court and been convicted for a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>a military offence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>a civil matter? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please give details of dates, convictions, fines etc.</p> <p>(Consideration will be given to the rehabilitation of offenders act 1974)</p>
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<p>Have you been cautioned by the Police for any offence within the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please give details of dates and what you were cautioned for</p>
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<p>Have you ever been declared insolvent or bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please give details</p>
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<p>Has a county court judgement (CCJ) ever been awarded against you? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please give details</p>
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Personal References

Please provide details of two people who have known you well for a minimum of two years and who we may approach for references. These **MUST NOT** be relatives, former employers or live at the same address as you.

Name
No/Street/Road
Town/City
County
Postcode
Telephone No
Occupation
Time known? Years Relationship?

Name
No/Street/Road
Town/City
County
Postcode
Telephone No
Occupation
Time known? Years Relationship?

Leisure Interests, Hobbies, Sports and Achievements

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Measurements

If your application is successful, it will be necessary to know your measurements for uniform issue

Height	Waist	Chest size	Collar size
Weight	Inside leg	Jacket arm length Sht <input type="checkbox"/> Reg <input type="checkbox"/> Lng <input type="checkbox"/>	Shoe size

Bank Details

Name of Bank Name of Account Holder Sort Code Account Number	Do you have any holidays booked? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give date(s)
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Statement *To be signed by the applicant*

I certify to the best of my knowledge, the information that I have given on this form is correct and understand that misrepresentation of the facts is grounds for summary dismissal, and renders me liable for prosecution.

I authorise the Company to approach any Government Agencies, former employers and personal referees to verify the information I have given, and will supply a statutory declaration if required.

Applicant's signature..... Date.....

Please return the completed form to: Empire Security Services, Office 2, Acorn House, 21-23 Dudley Road, West Midlands, DY5 2YB

Interviewer Use Only	
Name of interviewer	Interviewers comments:
Date of interview	
Place of interview	Vetting interviewer: Signed _____ Date _____