

APPLICATION FOR EMPLOYMENT CONFIDENTIAL

Position applied for:	Date:			
Date available to take up employment:				
1. PERSONAL DETAILS				
Surname:	Forenames:			
Previous surnames (including dates of Name change)				
Present Address:	Pervious Address: (if staying at current address less than 5 years)			
Post Code:	Post Code:			
Home Telephone No:	Home Telephone No:			
Mobile Telephone No:	Mobile Telephone No:			
Date of Birth:	N.I. Number:			
Do you have a current SIA License? YES / NO	Do you require a work permit to work in the UK?: YES / NO			
If YES enter SIA License number:	Enter training certificate number:			
SIA License expiry date:	Enter date when applied for SIA License:			
SIA License type: D/S – S/G – R/S – K/H – C/P/O – W/C – C/C/TV – VI – CV/T/T				
Are you in good health? YES / NO Are there any disabilities, which may affect your application? YES / NO If you answer yes please describe disabilities and a) any reasonable adjustments which you feel should be made to the recruitment process to assist you in the application for the job, and b) any reasonable adjustments which you feel should be made to the job itself which would enable you to carry out the work.				
Do you own a motor vehicle? YES / NO Do you have a current driving licence? (please tick box)	No	Provisional	Full	PSV or HGV
Please give details of any endorsements or motoring convictions in the last 5 years:				
Have you ever been convicted of a criminal offence? If so please give details. (Please note declaration is not subject to Rehabilitation of Offenders Act 1994 and spent convictions need be declared).				

2. EDUCATION and TRAINING

Schools(s) / Colleges attended from age 11:	From	To	Exams taken, Qualifications gained:
Contact No. Fax No.			
Contact No. Fax No:			
Contact No. Fax No:			
Details of other training schemes attended and qualifications gained:			
Details of any foreign languages spoken:			

3. WORK HISTORY

Record your total employment history, including details of any self-employment, unemployment, military service and part time work. Please include details of your most recent employment first and work backwards to give details of other employers or periods of unemployment. As a minimum please provide your last 5 years employment history.

Employer's name and address:	Position held, Duties and Responsibilities:	Reason for Leaving:
Post Code:		
Telephone No:	Employed From:	
Fax No:	To:	Salary on Leaving £

WORK HISTORY (continued)		
Employer's name and address:	Position held, Duties and Responsibilities:	Reason for Leaving:
Post Code:		
Telephone No:	Employed From:	
Fax No:	To:	Salary on Leaving £
Employer's name and address:	Position held, Duties and Responsibilities:	Reason for Leaving:
Post Code:		
Telephone No:	Employed From:	
Fax No:	To:	Salary on Leaving £
Employer's name and address:	Position held, Duties and Responsibilities:	Reason for Leaving:
Post Code:		
Telephone No:	Employed From:	
Fax No:	To:	Salary on Leaving £
Employer's name and address:	Position held, Duties and Responsibilities:	Reason for Leaving:
Post Code:		
Telephone No:	Employed From:	
Fax No:	To:	Salary on Leaving £

4. EQUAL OPPORTUNITIES

Applicants are requested to complete the relevant boxes below to allow the company to monitor its equal opportunities policy. This information is used for no other purpose and will be treated as confidential.

Male Female

Ethnic Group:

White	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Black – Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black – African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black – Other (please state)		Pakistani	<input type="checkbox"/>

5. PERSONAL REFERENCES

Please supply details of two people, other than family, who have known you for at least two years out of the previous five years whom we may approach for character references. These persons cannot be living at your current address.

1. Name: Address: Postcode: Telephone No: Occupation: Period Known:	2. Name: Address: Postcode: Telephone No: Occupation: Period Known:
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6. DECLARATION

I confirm that the information given on this form is to the best of my knowledge, true and complete. Any false statements may be sufficient cause for rejection or, if employed render me liable for dismissal.

Signature: _____ Date: _____

Office use only:

Comprehensive Security Limited
Application Return Address: 178-182 Unit A, High Street North, Dunstable, Bedfordshire, LU6 1AT
Tel: 01582 667 611 Fax No 01582 667 511