

APPLICATION FORM

GROUP SCOTLAND - Units 22/30 Evans Business Centre. Glasgow
 68-74 Queen Elizabeth Ave, Hillington Industrial Estate. G52 4NQ
 Tel: 0141 433 8040 Fax: 0844 507 0599 Email: hr@securityscotland.com

CONFIDENTIAL (Office Only)	
Signed application form []	Photo ID []
Actual Start []	Proof of ID []
Limited Screened []	Full Screened []
Events Steward []	Right to work []
SIA Events Steward []	SIA Licence []

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK, IF ANY MISSING

Mr./Mrs./Ms./Other Full Name:

Home Tel: Date of Birth:

Mobile: Email:

Nationality Nat Insurance:

Please state ALL other addresses where you have lived for the past six years, please use extra sheets if necessary.

Address currently at : Post Code:

Date moved in (mm/yy) :

Address : Post Code:

Date moved in (mm/yy) : Moved out:

Address : Post Code:

Date moved in (mm/yy) : Moved out:

Do you hold a current full / provisional driving licence ? Mode of transport to work ?

If any Convictions, please provide Details:

Do you hold a current SIA licence? Type:

SIA Licence No : Expiry:

Are you a qualified first aider? Have you received fire marshal training ?

Do you have any other relevant skills ?

Are you subject to work related immigration control ?

If yes, what restrictions are they?

Have you ever been fined, cautioned or sentenced to imprisonment or placed on probation for criminal actions?

If yes, please provide the details :

Have you ever been bankrupt or do you have any outstanding court judgements?

Has any order been made against you in a Civil or Military or Public Authority?

If yes, please provide the details :

Do you suffer from any injury, illness or medical condition that might affect your ability to perform your duties?

If yes, please provide the details :

Do you have a good sense of hearing, sight and smell ?

Part B (Employment & Personal References)

Starting with your last or present employer as far as 5 years minimum, please provide details of your employment history including full time education if it falls within the period. Include If for any periods of unemployment give the address of the DWP Office to which you registered or if a person couldn't periods if self-employed, military service if not registered for benefits with DWP then a name of a person (not a relative) who can confirm your whereabouts.

Name & Full Address of Current Employer or Name of Job Centre if not an Accountant if Self-Employed. If not any of above a referee.	Details	Unemployment / Employment Dates Month / Year
Name:	Position held:	From (MM/YY)
Address:	Reporting to:	To (MM/YY)
Tel:	Reason for leaving:	Email
Name:	Position held:	From (MM/YY)
Address:	Reporting to:	To (MM/YY)
Tel:	Reason for leaving:	Email
Name:	Position held:	From (MM/YY)
Address:	Reporting to:	To (MM/YY)
Tel:	Reason for leaving:	Email
Name:	Position held:	From (MM/YY)
Address:	Reporting to:	To (MM/YY)
Tel:	Reason for leaving:	Email
Name:	Position held:	From (MM/YY)
Address:	Reporting to:	To (MM/YY)
Tel:	Reason for leaving:	Email
Name:	Position held:	From (MM/YY)
Address:	Reporting to:	To (MM/YY)
Tel:	Reason for leaving:	Email

Give the name and address of two people who you know well for atleast two years, and are still in contact with and who will provide a written reference if required. These referees who know you for more than 2 years shouldn't be a previous employer, relative or resident at the same address as yourself.

Name:	Name:
Address: Post Code:	Address: Post Code:
Telephone No:	Telephone No:
Email Address:	Email Address:
Relationship: Years Known:	Relationship: Years Known:

DECLARATIONS - I certify that to the best of my knowledge, the information that I have given in my application for employment is true and complete and understand that any false statement or omission to the Security Scotland Limited or its representatives may render lead to termination of employment without notice.

I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835 in confirmation of previous employment or unemployment. I authorize the Security Scotland Limited to approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment/unemployment record.

I consent to the Security Scotland Limited's reasonable processing of any personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the Security Scotland Limited. Subject to the Access to Medical Reports Act 1988, I consent to the results of such examinations to be given to the Security Scotland Limited and authorize 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 further declare that any documents that I provide as proof of my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be verified. I acknowledge that any falsified documents may be reported to the appropriate authority.

DATA PROTECTION ACT 1998 - Security Scotland Ltd will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers. By returning this form to Security Scotland Limited you consent to our processing personal data about you where this is necessary. You also consent to the transfer of your information to your current and future potential employers where this is necessary (this may be to companies operating abroad if you apply for work outside of the United Kingdom). Your information will be held on our computer database and/or in our paper filing systems. By signing below you agree to this process and confirm that you do not have a criminal record subject to the current Rehabilitation of Offenders Act and any amendments. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

DISCLOSURE - You are applying for a position of trust and in the event of being offered employment by Security Scotland Limited we may apply for a Disclosure. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document you allow the Company to see a copy of the Disclosure. The Disclosure information is not retained i.e. it is disposed of within the timescales recommended in the CRB Code of Practice. By signing below you agree to this process.

SCREENING - Any offer of employment is subject to satisfactory screening, that the applicant consents to being screened and will provide information as required. That the information provided is correct, and the applicant acknowledges that any false statements or omissions could lead to termination of employment.

Applicant Name :	Signature
National Insurance Number :	
Date :	

APPLICANT BANK DETAILS

Applicant Full Name : _____ Contact No: _____

Postal Address: _____ Post Code: _____

Bank Name: _____ Branch (if known): _____

Sort Code (6 Digits) : ____ / ____ / ____ Account Number (8 Digits) ____ / ____ / ____ / ____

I understand that it is my responsibility to inform Security Scotland Ltd. as soon as possible if at any time I wish my weekly wages to be deposited within another Bank Account, other than the above Bank Account that I have mentioned. I also understand that if my account operates as a joint account and I and the other account holder have a dispute, then Security Scotland Ltd. cannot be held responsible if my wages are deposited within my joint account.

I understand that in order to stop my wages being put in any joint or even in the above account. I must inform Security Scotland Ltd on the Tuesday before the deposit day (Friday), if I require my wages deposited within a new account. I have read the above and am aware of my obligation to Security Scotland Ltd regarding my wages and my Bank Account.

Account Holder Name (if different): _____

Dated:

Signature: