



Vigilant Security Services UK Ltd

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 Email: info@vigilantsecurityservices.co.uk



**This form is confidential when completed
 PLEASE USE BLOCK CAPITALS**

All questions must be answered or marked Not Applicable (N/A)

Position Applied For _____

Full time

Part Time
 (Tick as appropriate)

Forenames					
Surname		Alias/Nick name			
Date of birth	Day	Month	Year	Place of Birth	
Nationality		Passport No.			
Present Address		Post Code			
Previous address					
If under 5 years	Code			Post	
N.I. Number					
SIA License No.					
Telephones	Day		Night		Mobile
Next of kin		Relationship			
Address and contact number					
Do you hold a driving license?		No	Full	Automatic	Provisional
Do you own a car?		No	Car	Motorbike	Pedal Bike
Are you willing to work away from home for short periods?				Yes	No
Are you willing to handle a dog if required?				Yes	No
Do you have a relative currently employed by this company?				Yes	No
How did you hear about this company?					

POSITION TWO

Position Held:

Employers Address:

Address Line 1

Address Line 2

Post Code

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Telephone Number

Fax Number

Dates Employed

From / / To / /
(DD/MM/YYYY) (DD/MM/YYYY)

Reason for leaving:

POSITION THREE

Position Held:

Employers Address:

Address Line 1

Address Line 2

Post Code

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Telephone Number

Fax Number

Dates Employed

From / / To / /
(DD/MM/YYYY) (DD/MM/YYYY)

Reason for leaving:

POSITION FOUR

Position Held:

Employers Address:

Address Line 1

Address Line 2

Post Code

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Telephone Number

Fax Number

Dates Employed

From / / To / /

(DD/MM/YYYY)

(DD/MM/YYYY)

Reason for leaving:

REHABILITATION OF OFFENDERS ACT 1974

The purpose of the rehabilitation of Offenders Act is to give convicted persons the opportunity for a new start in life and allows for a conviction, after a predetermined amount of time has passed, to become spent. The term 'spent' means that you are not required to declare such a conviction in connection with your application for this employment. However, due to the nature of the employment you are seeking, you must appreciate that employment will be refused to applicants who have convictions which are not spent. If you have a conviction imposed by either a military or criminal court, it is your responsibility to establish whether or not it is 'spent' within the meaning of the Act. If you falsely declare that you have no convictions in order to gain employment, you may be guilty of a criminal offence and render yourself liable to prosecution.

I have read and understood the above statement and certify that I have no criminal convictions, nor are there any pending, subject to my rights under the Rehabilitation of Offenders Act 1974.

Agree

Disagree

H.M.FORCES SERVICE

Yes No

If yes, which Branch? _____

Dates of Service

From / / To / /
(DD/MM/YYYY) (DD/MM/YYYY)

Rank at Discharge _____

Doctors Details

Name: _____

Doctors Address: _____

Address Line 1

Address Line 2

Post Code

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Telephone Number

Bank Details

Bank Details	
Name of Bank	
Bank Address	
Account Name	
Account Number	
Bank Sort Code	

PERSONAL REFERENCE AND EMPLOYMENT VERIFICATION
Please read this carefully before signing this application form

I understand that employment with the Company is subject to satisfactory references and security screening in accordance with BS 7858.

I undertake to cooperate with the Company in providing any additional information required to meet these criteria:

I authorize the Company and/or its nominated agent to approach previous employers, schools/colleges, character referees or Government Agencies to verify that the information I have provided is correct.

I authorize the Company 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 understand that some of the information I have provided in this application will be held on a computer and some or all will be held in manual records.

I consent to the Company's reasonable processing of any sensitive 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 Company. Subject to the Access to Medical Records Act 1988, I consent to the results of such examinations to be given to the Company.

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 hereby certify that, to the best of my knowledge, the details I have given in this application form are complete and correct.

I understand that any false statement or omission to the Company or its representatives may render me liable to dismissal without notice.

SIGNATURE: _____

Medical Questionnaire

Please circle Yes/No accordingly as to whether you suffer from any of the following conditions. Use a separate sheet of paper if necessary.

Skin problems	Yes	No
Ear Trouble	Yes	No
Eye Trouble	Yes	No
Asthma, hay fever or allergies	Yes	No
Recurrent sore throat or sinusitis	Yes	No
Tuberculosis, bronchitis or pneumonia	Yes	No
Shortness of breath or chest trouble	Yes	No
Heart disease or high blood pressure	Yes	No
Severe headaches or migraines	Yes	No
Fits, blackouts or epilepsy	Yes	No
Gastric or duodenal ulcers or prolonged indigestion	Yes	No
Hepatitis or jaundice	Yes	No
Typhoid fever, gastroenteritis or diarrhea	Yes	No
Prolonged back pain or disc trouble	Yes	No
Arthritis or Rheumatism	Yes	No
Difficulties in bending or lifting	Yes	No
Kidney or bladder infection	Yes	No

Criminal Record

Please note any criminal convictions or cautions except those 'spent' under the Rehabilitation of Offenders Act 1974. (If none please state) Certain posts within the Company will require that a Criminal Records Bureau (CRB) check is made. If necessary you may need to assist the Company in making a disclosure application to the CRB.

Please sign here in agreement to undertake this task should your application be successful.

Signed.....Date:

Data Protection Act notification:

(Please read this carefully before signing this application)

The information you have provided in completing this application form will be used to process your application for employment. The Company will keep the information you have supplied confidential and will not divulge it to any third parties, except where required by law, or where we have retained the Services of a third party representative to act on your/our behalf

AUTHORISATION: I have read the Data Protection Act notification statement detailed above and Understand and agree to the use of my personal data being used in accordance with the Data Protection Act 1998.

Signed:Date:

I confirm that the above information is correct and that any false or misleading information will give my employer the right to terminate any employment contract offered to me. By signing this application I give Vigilant Security authority to verify all or any of the information I have provided.

Signed:Date:

EQUAL OPPORTUNITIES MONITORING FORM

Vigilant Security Services is committed to achieving equality of opportunity. To help us achieve this aim please complete this form.

Personal Details

Title _____ Surname _____ First Name(s) _____
 Post Applied for _____
 Gender Male Female Date of Birth _____ Marital / Partnership Status _____

Ethnic Background

a) White

British English Scottish Welsh Irish Other White Background
 Please Specify:

b) Asian

Pakistani Bangladeshi Indian Chinese Any other Asian background
 Please Specify:

c) Black

Caribbean African Any other Black background
 Please Specify:

d) Mixed

White & Black Caribbean White & Asian White & Black African Any other Mixed Background

Disability

Do you have a physical and / or mental impairment within the criteria of the Disability Discrimination Act, which has a substantial long term adverse effect on your ability to carry out normal day to day activities?

Yes No

If yes, please give details below along with any adaptations that you would require to

English Language

Please describe your English language abilities by ticking the relevant boxes below:

	Understand	Speak	Read	Write
None				
Basic				
Competent				
Good				
Fluent				