



## **APPLICATION FORM / SUB CONTRACTOR FORM**

**Please print clearly and attach a passport size photograph at the bottom of Page 1**

### **Applicant Information**

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Company Name (If applicable): \_\_\_\_\_

Full Postal Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

National Insurance #: \_\_\_\_\_ Company Registration # or UTR # (If applicable): \_\_\_\_\_

### **Next of Kin or person to be contacted in any emergency**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Postal Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

### **Personal Information**

### **Passport Photo Attached Below**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ T-Shirt Size: (Circle) S M L XL XXL

Date of Birth: \_\_\_\_\_ (DD/MM/YY)

Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Total Years Lived In The UK: \_\_\_\_\_

Marital Status: (Circle) Single Married Partner Divorced

English Speaking Proficiency Level: (Circle) Beginner Intermediate Advanced

English Writing Proficiency Level: (Circle) Beginner Intermediate Advanced

## **Training and Licenses**

SIA License #: \_\_\_\_\_ SIA License Type: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ (DD/MM/YY)

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Exp. Date: \_\_\_\_\_ (DD/MM/YY)

First Aid Qualified: (Circle) YES NO If YES: Certificate #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ (DD/MM/YY)

Additional Relevant Training or Courses and Dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Criminal Record**

Have you ever been convicted of crime: (Circle) YES NO Do you have a Criminal Record: (Circle) YES NO

If YES Give details: \_\_\_\_\_

\_\_\_\_\_

## **Bank Account Details**

Bank Name: \_\_\_\_\_ Sort Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_

\_\_\_\_\_

## **Proof of Identification**

Due to new legislations, it is necessary for ALL employees to provide us with both requirements listed below:

1. **Passport Photo Copy**: Front cover and any page containing the holder's personal details. Attached: (Circle) YES NO

2. **Proof of Address** (Min 2): Copy of either Bank Statement, Credit Card Statement, Utility Bill Attached: (Circle) YES NO

\_\_\_\_\_

## **Visa and Work Permit**

Nationals of the '**A8 countries**' – can live and work in the UK. However, nationals of A8 countries must register with the UK Border Agency under the Worker Registration Scheme (WRS) within one month of starting work.

This applies to the following countries listed bellow:

Latvia / Slovakia / the Czech Republic / Lithuania / Slovenia /Estonia / Hungary / Poland

If you are a passport holder of any of the above "**A8 countries**", attach copy of certificate. Attached: (Circle) YES NO

Nationals of the **"A2 Countries"** are required to obtain a *valid accession worker authorization document*. This applies to the following 2 countries:

Bulgaria & Romania

If you are a passport holder of any of the above 2 countries, attach copy of the above mentioned document:

Attached: (Circle) YES NO

*Nationals from outside the EEA* (European Economic Area) are required to attach a copy of their work visa or work permit.

Example Countries given as follows:

Brazil / South Africa / Canada / USA / Russia / Australia / Iran / Turkey

If you are a passport holder of **any non EEA country**, attach copy of visa and / or work permit: Attached: (Circle) YES NO

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**Employment History (Vetting Form)**

Starting with your last or present employer, give details of your employment history, with FULL POSTAL ADDRESS since you left full time education. Include periods of self-employment and military service. Please state any periods of unemployment that you did not register with the Department of Unemployment as "Not registered / unemployed" and give full details of what you were doing. If self employed, you must give name and address plus telephone number of your accountant.

May we approach your previous or current Employer's: (Circle) YES NO

**Name and full address of current or last employer or Jobcentre or DSS Office:**

Employer: \_\_\_\_\_ Full Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor or Manager Contact Name: \_\_\_\_\_

Start Date From (MM/YY): \_\_\_\_\_ Finish Date To (MM/YY): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Start Date From (MM/YY): \_\_\_\_\_ Finish Date To (MM/YY): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Personal References:**

Give the names and addresses of two professional references that you have worked for, who have known you well for at least 1 years within the last 5 years and who will give us a written reference. They should not be either relatives of yours or related to each other.

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Total Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Total Years Known: \_\_\_\_\_

**Medical Health Information:**

Have you suffered from any medical problems that could affect your work performance: (Circle) YES NO

If YES, please give details: \_\_\_\_\_

**Additional Relevant Information:**

List below any additional relevant information that we should know about that might be beneficial to a Security based role:

**Statement to be signed by applicant:**

I certify that to the best of my knowledge, the information I have given is complete and correct, and I understand that misrepresentation of facts is ground for immediate dismissal.

Applicant Full Name Printed: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manger Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_