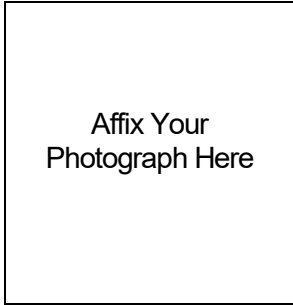




Unit 8a, Broadgate, Broadway Business Park, Chadderton, Oldham, OL9 9XA Tel: 0161 628 9169



JOB APPLICATION FORM

Please complete the form in black ink and BLOCK CAPITALS.

POSITION APPLIED FOR:

Job Title:	Where did you hear about this vacancy:
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APPLICANT'S DETAILS

Title:	Surname:	First name:

Address:

.....

.....

Post Code:.....

Duration at the address:

If less than 3 years then previous address:

.....

.....

.....

Telephone Number Home:	Mobile Number:
Email:	NI Number:
Date of Birth: _____	Place of Birth: _____
Nationality: _____	Passport No: _____
Work Permit/ Visa Number: _____	Expiry Date: _____

Have you lived or worked outside the UK for more than 6 months ins the last 5 years? Yes No (Please circle)

Do you hold a current driving licence?	Yes/No
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Next of Kin Name:	Relationship:
	Address: _____
	Tel No: _____

Security Training:	
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SIA License Number:	Expiry Date:
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EMPLOYMENT RECORD – COLLEGE / UNIVERSITY / WORK)

Last 5 years (Start with most recent)

Important – full addresses and contact telephone numbers are required, if you are still presently employed please give the notice period required. Attach additional sheet if required.

Employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving/changing:		

Employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving/changing:		

Employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving/changing:		

EDUCATION

Please tell us about your education and any qualifications which you feel are relevant to the post. Include relevant courses which you are currently undertaking. Please start with the most recent.

Name of school/college/ university/training body	Subject studied	Qualification/ Level	Date gained

TRAINING

Please list any training you have received or courses which did not lead to a qualification but which you feel are relevant to the advertised post.

Training Course	Date

EXPERIENCE / SKILLS

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REFERENCES

Please give name, address and position/occupation of two persons not related to you, who have known you for at least 5 years in a personal capacity, whom we may approach for character references.

1. Name:	
Position:	
Organisation:	
Address:	
Tel:	How long have you known them for:

2. Name:	
Position:	
Organisation:	
Address:	
Tel:	How Long have you known them for:

MEDICAL DETAILS

“I agree to undergo a medical examination by the Company Doctor, and I authorise Clear Watch Security to contact my own Doctor.”

Name of Doctor: _____ Telephone Number: _____
 Address: _____
 Post Code: _____

Are you currently under any medication Yes No
 If yes please give details _____
 Details of major surgery with Dates _____
 Have you ever been refused a driving license on health grounds, Yes No
 If Yes, When, for how long and for what reason? _____

Have you ever: (Please Circle)

Received in-patient treatment for any mental condition	Yes No
Been refused employment or dismissed for health reason	Yes No
Been treated for alcohol or drug abuse	Yes No
Suffered from asthma, bronchitis or any other respiratory complaint	Yes No

Do you: (Please Circle)

Suffered from joint or back pain	Suffer from hearing problems	Have colour blindness	Yes No
Suffered from blood pressure or heart problems	Have epilepsy, fits or blackouts		Yes No
Suffered from arthritis or rheumatism	Have a good sense of smell	Suffered from diabetes	Yes No

REHABILITATION OF OFFENDERS ACT 1974

WHAT IS THE ACT?

The *REHABILITATION OF OFFENDERS ACT 1974* was introduced to enable criminal convictions to be spent or forgotten after a period of rehabilitation. After this period, with some exceptions, an offender will not normally be obliged to mention the conviction when applying for a job, obtaining insurance, or when involved in other criminal legal proceedings.

State any Criminal convictions (subject to Rehabilitation of Offenders Act 1974) **If none please state NONE**
IF NONE STATE NONE DO NOT LEAVE THIS BLANK

DECLARATION BY APPLICANT

I agree not to divulge any information however acquired relating to the Company, its Business or its Clients to any other Person, Company or Organisation without written consent from the Company either during or after employment is determined.

I agree to abide by the rules of the company at all times and agree to a personal search as and when required.

I agree to attend Training Courses appropriate to my employment as mutually agreed by the company and myself.

If accepted I consent to a medical examination carried out by a company nominated Doctor if required.

I have detailed my previous 5 years history and consent to the company contacting such persons including character Referees as necessary to verify those details in accordance with British Standards BS 7858:2012

I AGREE/I DO NOT AGREE, to my present employer being contacted BEFORE an offer of employment is made.

I understand my present employer will be contacted after I accept any provisional offer of employment.

I understand that any offer of employment is subject to the satisfactory 5 years screening process.

I understand that any offer of employment is subject to 12 weeks probationary period.

I agree to be subjected to a credit reference check to determine my financial position at the time of application.

I understand that if any information I have provided on this form is subsequently found to be false or misleading I will be liable to disciplinary procedures that could result in dismissal without notice.

I understand that all documents submitted by me to prove identity and/or address will be UV checked for authenticity and any anomalies will be reported to the necessary officials without reference.

I understand that it is a criminal offence to make false statements on this Application Form.

I confirm that if I commence employment with your company and I am registered as unemployed, I will inform the Relevant authorities of my revised employment status.

I further certify that I have completed the application form in my own handwriting and understand that my employment is subject to satisfactory vetting in compliance with BS7858:2012 or as may be amended. I authorise the company and any third party nominated by the company to perform a vetting service and to hold the information contained in the Application for Employment. Such information will be subject to the Data Protection Act.

I hereby authorise Clear Watch Security Ltd, to verify information presented on my Application Form, which may include explicit or sensitive personal data for the purposes of the Data Protection Act 1998 and the obtaining of documents and/or information covered by the European Directive 95/46.

I authorise 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.

Print Name: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY

Tick all appropriate boxes to confirm sight of original documents and to confirm that signed and endorsed copies are on file.

Document Signature of person taking copy

Birth certificate _____

Driving Licence _____

Passport _____

Education and / or _____

Proof of Home Address _____

Armed Services _____

Work permit _____

Civilian Services _____

Training Certificates _____