

**APPLICATION FOR EMPLOYMENT**

TELEPHONE: 020 7927 6806 FAX: 020 7637 0419

An equal opportunity employer –

(Please complete in your own handwriting)

The information provided on this application form will remain private and confidential and will only be used for the purpose of selection/recruitment or for subsequent employment administration if the application is successful. On completion please return the form to:

Address: 29 HARLEY STREET LONDON, W1G 9QR

**APPLICATION FOR EMPLOYMENT AS A:****PERSONAL DETAILS**

|  |             |  |                   |             |
|--|-------------|--|-------------------|-------------|
| Title (Mr/Mrs/Miss/Ms):  | Surname     |  |                   |             |
| Forenames:   |             |  |                   |             |
| Other Surnames, date and reason for change                             |             |  |                   |             |
| Address:   |             |  |                   |             |
| Postcode:  |             |  |                   |             |
| Date Of Birth  |             |  |                   |             |
| Daytime tel. no.:  | Work: Home: |  | Evening tel. no.: | Work: Home: |
| (NB: Calls to work numbers will be made discreetly)                    |             |  |                   |             |
| N.I. no.:  |             |  |                   |             |
| If the job requires it: (Tick as appropriate)                          |             |  |                   |             |
| 1. Will you relocate?  | Yes         |  | No                |             |
| 2. Travel?   | Yes         |  | No                |             |
| 3. Work overtime?  | Yes         |  | No                |             |
| 4. Work shifts or other flexible working arrangements?                 | Yes         |  | No                |             |
| How many days have you lost through illness during the last 12 months? |             |  |                   |             |

**EDUCATION**

(List education and training in the last 10 years)

| Secondary school/<br>College/University/etc. | From –<br>To | Qualifications obtained | Subjects | Grades |
|--|--------------|-------------------------|----------|--------|
|  |              |                         |          |        |

**OTHER SKILLS**

Languages spoken/written (please indicate degree of competence)

Computer literacy (specify software)

Any other skills that may be relevant to the job for which you have applied

S2-G SECURITY DEPARTMENT

|  |     |    |  |
|--|-----|----|--|
| <b>OTHER INFORMATION</b>   |     |    |  |
| Are you currently eligible for employment in the UK?   | Yes | No |  |
| Please state what documentation you can provide in order to demonstrate this (e.g. passport/birth certificate/European Economic Area identity card/travel document showing an authorisation to reside and work in the UK, etc.).   |     |    |  |
| Do you have a current driving licence?   | Yes | No |  |
| Do you have your own transport for travel to work?   |     |    |  |
| Have you any driving endorsements?   | Yes | No |  |
| If yes, give details.  |     |    |  |
| Do you have a criminal record?   | Yes | No |  |
| Are there any alleged offences or cautions outstanding against you?  | Yes | No |  |
| Note: Disclosure is not required where there is a conviction to which the provisions of the Rehabilitation of Offenders Act 1974 apply. Failure to disclose an unspent conviction is, in itself, a criminal offence. If you are unclear about any of these questions ask the Interviewing Officer. |     |    |  |
| If you answer Yes to either question, please give details.   |     |    |  |
| Do you have an armed service/public duties commitment (e.g. are you a JP/councillor etc.)?   | Yes | No |  |
| If yes, please give details.   |     |    |  |

|   |     |    |  |
|---|-----|----|--|
| How/where did you learn of this vacancy?            |     |    |  |
| Have you made an application to the company before? | Yes | No |  |
| If yes, please give details.                        |     |    |  |
| What are your hobbies/interests?                    |     |    |  |

| <b>MEMBERSHIP OF PROFESSIONAL BODIES</b>  |                     |               |
|---|---------------------|---------------|
| Awarding body   | Grade of membership | Date attained |
|   |                     |               |
| Please provide here any other information that may assist your application, including why you believe yourself to be suitable for this job. |                     |               |
|   |                     |               |

S2-G SECURITY DEPARTMENT

| EMPLOYMENT RECORD   |                               |                      |         |                                      |   |
|---|-------------------------------|----------------------|---------|--------------------------------------|---|
| Starting with your present or last employer, give details of your employment history for the last 10 years, or since you left full-time education. Include periods of self-employment and military service. For any period of unemployment, give the address of the office to which you reported and the dates. |                               |                      |         |                                      |   |
| IF THIS IS NOT COMPLETED CORRECTLY IT WILL DELAY YOUR APPLICATION BEING PROCESSED   |                               |                      |         |                                      |   |
| Employer's name Address & tel. no   | Dept worked in & contact name | Dates                |         | Job Title Payroll No Wage on leaving | Reason for leaving (i.e. Dismissed, Resigned, Redundancy) This will be verified |
|   |                               | Include month & year | FROM TO |                                      |   |
| 1.  |                               |                      |         |                                      |   |
| TEL NO:   |                               |                      |         |                                      |   |
| 2.  |                               |                      |         |                                      |   |
| TEL NO:   |                               |                      |         |                                      |   |
| 3.  |                               |                      |         |                                      |   |
| TEL NO:   |                               |                      |         |                                      |   |
| 4.  |                               |                      |         |                                      |   |
| TEL NO:   |                               |                      |         |                                      |   |
| 5.  |                               |                      |         |                                      |   |
| TEL NO:   |                               |                      |         |                                      |   |
| 6.  |                               |                      |         |                                      |   |
| TEL NO:   |                               |                      |         |                                      |   |
| 7.  |                               |                      |         |                                      |   |
| TEL NO:   |                               |                      |         |                                      |   |
| 8.  |                               |                      |         |                                      |   |
| TEL NO:   |                               |                      |         |                                      |   |
| 9.  |                               |                      |         |                                      |   |
| TEL: NO:  |                               |                      |         |                                      |   |
| 10.   |                               |                      |         |                                      |   |
| TEL NO:   |                               |                      |         |                                      |   |

**S2-G SECURITY DEPARTMENT**

| <b>SCREENING RECORD</b>  |                               |                    |                                  | <b>FOR OFFICE USE ONLY</b>               |  |                                      |                                |
|--|-------------------------------|--------------------|----------------------------------|--|--|--------------------------------------|--------------------------------|
| Referee's reference confirmed by name, position, date, telephone no. | Dates of Employment Confirmed | Reason for leaving | Would you re-employ? If No, Why? | Should we employ in a position of trust? | References obtained by, Name/Position/Date | Written Reference Sent/Received Date | Checked by: Name/Position/Date |
| 1.   |                               |                    |                                  |  |  |                                      |                                |
| Fax No   |                               |                    |                                  |  |  |                                      |                                |
| 2.   |                               |                    |                                  |  |  |                                      |                                |
| Fax No   |                               |                    |                                  |  |  |                                      |                                |
| 3.   |                               |                    |                                  |  |  |                                      |                                |
| Fax No   |                               |                    |                                  |  |  |                                      |                                |
| 4.   |                               |                    |                                  |  |  |                                      |                                |
| Fax No   |                               |                    |                                  |  |  |                                      |                                |
| 5.   |                               |                    |                                  |  |  |                                      |                                |
| Fax No   |                               |                    |                                  |  |  |                                      |                                |
| 6.   |                               |                    |                                  |  |  |                                      |                                |
| Fax No   |                               |                    |                                  |  |  |                                      |                                |
| 7.   |                               |                    |                                  |  |  |                                      |                                |
| Fax No   |                               |                    |                                  |  |  |                                      |                                |
| 8.   |                               |                    |                                  |  |  |                                      |                                |
| Fax No   |                               |                    |                                  |  |  |                                      |                                |
| 9.   |                               |                    |                                  |  |  |                                      |                                |
| Fax No   |                               |                    |                                  |  |  |                                      |                                |
| 10.  |                               |                    |                                  |  |  |                                      |                                |
| Fax No.  |                               |                    |                                  |  |  |                                      |                                |

| <b>10 YEAR DATE CHECK CALANDER</b> |   |   |   |   |   |    |   |   |   |   |   | <b>(please cross out months completed)</b>   |  |
|------------------------------------|---|---|---|---|---|----|---|---|---|---|---|--|--|
| J                                  | F | M | A | M | J | Jy | A | S | O | N | D | <b>5 YEAR SCREENING COMPLETED.<br/>EMPLOYMENT AUTHORISED.</b><br><br>_____<br>Interviewer's name & signature<br><br>Date _____ |  |
| J                                  | F | M | A | M | J | Jy | A | S | O | N | D |  |  |
| J                                  | F | M | A | M | J | Jy | A | S | O | N | D |  |  |
| J                                  | F | M | A | M | J | Jy | A | S | O | N | D |  |  |
| J                                  | F | M | A | M | J | Jy | A | S | O | N | D |  |  |
| J                                  | F | M | A | M | J | Jy | A | S | O | N | D |  |  |
| J                                  | F | M | A | M | J | Jy | A | S | O | N | D |  |  |
| J                                  | F | M | A | M | J | Jy | A | S | O | N | D |  |  |
| J                                  | F | M | A | M | J | Jy | A | S | O | N | D |  |  |
| J                                  | F | M | A | M | J | Jy | A | S | O | N | D |  |  |

**S2-G SECURITY DEPARTMENT**

| <b>REFERENCES</b>  |  |                   |  |
|--|--|-------------------|--|
| Character Reference (known at least 5 years, not a relative)   |  |                   |  |
| 1. Name:   |  | 2. Name:          |  |
| Profession:  |  | Profession:       |  |
| Address:   |  | Address:          |  |
| Contact tel. no.:  |  | Contact tel. no.: |  |
| Professional Reference (accountant, solicitor ect.) for periods of self employment or if requested.  |  |                   |  |
| 1. Name:   |  | 2. Name:          |  |
| Profession:  |  | Profession:       |  |
| Address:   |  | Address:          |  |
| Contact tel. no.:  |  | Contact tel. no.: |  |
| Please state whether we may approach these referees at any time or only after an offer of employment has been made: (tick as appropriate)  |  |                   |  |
| At any time:   |  | Only after:       |  |
| <b>DECLARATION</b>   |  |                   |  |
| The information given in this Application Form, to the best of my knowledge, is correct. I understand that any false statement or omission will automatically invalidate any Contract of Employment issued to me by the Company. |  |                   |  |
| I authorise the Company to approach Government agencies, former employers and personal referees for verification of my employment record.  |  |                   |  |
| I agree, if requested by the Company, to make a Special Access Enquiry under the Data Protection Act and sign a Statutory Declaration to confirm the dates of previous employment.   |  |                   |  |
| Signed   |  | Date              |  |

**FOR OFFICE USE ONLY**

| Documents checked and copied   | Original seen | Photocopied & attached by | Tested for              | result | Date tested | Tested by |
|--------------------------------|---------------|---------------------------|-------------------------|--------|-------------|-----------|
| Birth certificate              |               |                           | Vision                  |        |             |           |
| Passport                       |               |                           | Hearing                 |        |             |           |
| Driving licence                |               |                           | Smell                   |        |             |           |
| Work permit (OW1)& expiry date |               |                           | Colour perception       |        |             |           |
| Authority from college         |               |                           | Questionnaire Completed |        |             |           |
| Service record book            |               |                           | Further Investigation   |        |             |           |

**INTERVIEWERS NOTES**

|                          |  |
|--------------------------|--|
| Appearance: _____        | Communication Skills: _____                    |
| Attitude: _____          | Literacy (Test result): _____                  |
| Type of transport: _____ | Areas prepared to work: _____                  |
| Notice required: _____   | Possible Induction Date: _____                 |
| Holidays Booked: _____   | Min pay rate/ offered _____ / _____            |
| Job Offer: _____         | Working restrictions: _____                    |
| Signed: _____            | Name in Capitals: _____<br>(Interviewers name) |
| Date: _____              |  |

**UNIFORM SIZES**

Shirt: \_\_\_\_\_ Trousers: \_\_\_\_\_ LEG 29/31/33 Chest \_\_\_\_\_

[info@s2g.co.uk](mailto:info@s2g.co.uk)

**Appendix**

**S2-G SECURITY DEPARTMENT**

| <b>EQUAL OPPORTUNITIES POLICY</b>  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| S2-G is committed to providing equality of opportunity in employment, and in order to help us ensure our policy is being carried out it would help if you could complete the following details. Any information you provide will be used for no other purpose than as stated above and will be treated as confidential. You are not obliged to provide this information. |                          |                          |                          |
| I would describe my ethnic origin as (please tick):  |                          |                          |                          |
| Asian (Indian sub-continent)   |                          |                          |                          |
| African  |                          |                          |                          |
| Afro-Caribbean   |                          |                          |                          |
| Black Other (please specify)   |                          |                          |                          |
| Polynesian   |                          |                          |                          |
| Asian (China/S.E. Asia/etc.)   |                          |                          |                          |
| European   |                          |                          |                          |
| Other (please specify)   |                          |                          |                          |
| Country of birth   |                          |                          |                          |
| Date of birth  |                          |                          |                          |
| Sex (male/female)  |                          |                          |                          |
| My marital status is (please tick)   |                          |                          |                          |
| Single   | <input type="checkbox"/> | Married                  | <input type="checkbox"/> |
| Separated  | <input type="checkbox"/> | Widowed                  | <input type="checkbox"/> |
| Divorced   | <input type="checkbox"/> |                          |                          |
| Are you disabled?  |                          |                          |                          |
| Yes  |                          | <input type="checkbox"/> | No                       |
| No   |                          | <input type="checkbox"/> |                          |
| If yes, please give brief details of your disability.  |                          |                          |                          |
|  |                          |                          |                          |

| <b>NEXT OF KIN DETAILS: - 1</b> |  |               |  |
|---------------------------------|--|---------------|--|
| 1 - Contact name                |  | Relationship  |  |
| Address                         |  |               |  |
| Home Number                     |  | Mobile Number |  |
| <b>NEXT OF KIN DETAILS: - 2</b> |  |               |  |
| 2 - Contact name                |  | Relationship  |  |
| Address                         |  |               |  |
| Home Number                     |  | Mobile Number |  |

| <b>DECLARATION</b>   |      |
|--|------|
| The information given in this Application Form, to the best of my knowledge, is correct. I understand that any false statement or omission will automatically invalidate any Contract of Employment issued to me by the Company. |      |
| I authorise the Company to approach Government agencies, former employers and personal referees for verification of my employment record.  |      |
| I agree, if requested by the Company, to make a Special Access Enquiry under the Data Protection Act and sign a Statutory Declaration to confirm the dates of previous employment.   |      |
| Signed   | Date |
|  |      |