

## Job Application Form

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Name:	
Position Applied For:	
SIA Badge No:	
Transport:	

### Information

Applications should be completed in BLOCK CAPITALS and in BLACK ink.

Please check that all the sections have been completed.

Applicants who can demonstrate in their applications that they possess the skills, experience and abilities required for the post, stand the best chance of being short listed and selected for interview.

You can refer to any relevant skills, knowledge and experience you have acquired in paid or unpaid work (that is, outside full-time employment); for example: studying, training, social activities, organising sports, community or voluntary work.

Please ensure that any continuation sheets are headed with the reference number supplied with this form.

References will be followed up if you are offered employment with Knight Watch Services Limited. Furthermore Knight Watch Services Limited must be able to complete a full ten year work history, or back to school leaving if less, within sixteen weeks of your commencement of work.

Section 8 of the 1996 Asylum and Immigration Act make it a criminal offence for an employer to take on a new employee, whose immigration status prevents him or her from taking up the post in question. This applies to all types of employment, including part-time temporary and casual appointments.

Any data about you will be held in completely secure conditions, with access restricted to those involved in dealing with your application and in the selection process. As indicated elsewhere, the data you provide will be used to monitor the effectiveness of Knight Watch Services Limited's equal opportunities policy. We will be unable to process your application unless we can use your personal data in the ways described above. We shall consider that by signing and submitting the application form, you are giving consent to the processing of your data in the ways described above.

Applications should be returned to:

Carlisle Business Centre  
 Carlisle Road  
 Bradford  
 West Yorkshire  
 BD8 8BD

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### Security Screening/Vetting

Your potential employment within the security industry is dependant on security screening. This is done following the rules of British Standard 7858.

To ensure that the integrity of each applicant is of a suitable standard to work in a position of great trust, we will need to check either for the last ten years or back to your completion of full time education if that was less than ten years ago.

In completing the application form you must give as much detail as possible. We will confirm your education history and employment history on a continuous month-by-month basis.

We will contact each of your previous employers and educational establishments within the time period as stated above.

We will need to contact your current employer before we are able to complete 5 year screening.

### Previous employment should be detailed as follows:

Date of start and finish of employment months and years;  
Name of line manager and your position within the company at the time of leaving;  
Full name and address of company;  
Full telephone number of company.

It is important to detail each job that you have had no matter how short the contract. In the case of working through an agency it is necessary to give only the agency name, address and contact.

### In the case of unemployment or gaps in employment:

Where you have registered with an employment service office, fill in the appropriate form. You will find this attached to your application form. (Appendix A).

Where you have been unemployed and have not registered with an employment service office, please nominate a character referee who is not related to you and can verify by knowing you at the time that you were unemployed for the dates shown. Please supply name, address and telephone number.

You must seek permission from the character referees sought, as we will write/telephone them to confirm the information you have supplied.

### Previous education should be detailed as follows:-

Name, full address and telephone number of School/College/University.  
Date of start and finish of education at each in months and years.  
The qualifications you gained.

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### Character referees:

Please nominate two people who have known you for at least 2½ years within the last 5 years. These people should not be related to you but may be a current or previous colleague.

Full name, address and postcode.

Full telephone number.

Length of time you have known the character referee.

### Credit Check

From 1st January 2007 all applicants have to be credit checked in accordance with screening and vetting BS 7858.

### Probationary period of employment:

After gaining references to confirm your occupation for the previous 5 years we may offer you a position on a probationary basis whilst we are checking the remaining references. This period will be for no longer than 16 weeks.

Failure to meet the security screening standards of the company will result in the termination of your probationary employment.

### Criminal offences

As part of our security screening process we ask you to declare any previous criminal proceedings you may have had taken against you. Please give full details.

We would point out that the company complies with the provisions of the Rehabilitation of Offenders Act 1974 stating that convictions that have been 'spent' must be ignored.

**I HAVE READ THE ABOVE UNDERSTANDING AND I ACCEPT AND AGREE WITH THE COMPANY POLICY.**

**Printed Name:**

**Signature:**

**Date:**



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NATIONALITY:	HEIGHT:	WEIGHT:	NATIONAL NUMBER:	INSURANCE
In accordance with the Commission for Racial Equality's Code of Practice, please describe your ethnic origins (circle as applicable)  AFRICAN/ASIAN/CARIBBEAN AND WEST INDIAN/CAUCASIAN/BRITISH BLACK/OTHER (please specify if other)				
12. MARRIED/SINGLE/DIVORCED/SEPARATED/WIDOW(ER) (circle present state)				
13. NUMBER OF CHILDREN: (STATE THEIR PRESENT AGE)			14. RELIGION/BELIEF:	
15. PERSON TO BE CONTACTED IN EMERGENCY:				
NAME:		RELATIONSHIP:		
ADDRESS:		THEIR TELEPHONE NUMBER AT WORK:		
THEIR TELEPHONE NUMBER AT HOME:				
Please complete the following providing full details, or answer with NONE. CIRCLE THE APPROPRIATE RESPONSE. Please state your relationship with any person if not yourself.				
16a. Have you or any of your immediate family ever been convicted, fined, imprisoned, placed on probation, discharged on payment of costs of had any order made against you by a criminal, civil or military court or public authority (excluding minor motoring offences)?  State YES or NO  (If Yes give details)				
<hr/>				
b. Do you have any Police Cautions? YES/NO  (Give details)				

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c. Are any prosecutions pending against you? YES/ NO

(Give details):

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d. Have you ever been subject to bankruptcy proceedings? YES/NO

(Give details)

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Are there any outstanding County Court judgements for debt? YES/NO

(Give details)

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17. Have you any relatives working for the Company? YES/NO

If YES please state name \_\_\_\_\_

Have you previously applied for or obtained a position with this Company? YES/ NO

If YES

Dates \_\_\_\_\_

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18. Do you own a motor vehicle or motor cycle? YES/NO

Do you possess a full, clean, current UK Driving Licence? YES/NO

How long have you held a full Driving Licence? \_\_\_\_\_ Years \_\_\_\_\_ Months

Driving Licence No. \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

Give of any endorsements (If any) or other motoring convictions during the last 5 years:

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19. Education and Qualifications (State name and address of last school/college attended).

Secondary School/College or University attended	Dates	Exams taken, qualification gained

First Aid/Fire Fighting Certificates:

Foreign languages:

20. Health

- Are you physically fit? YES/NO \_\_\_\_\_
- Are you generally in good health? YES/NO \_\_\_\_\_
- Is your hearing normal in both ears, including for telephone use? YES/NO \_\_\_\_\_
- Is your speech defective? YES/NO \_\_\_\_\_
- Have you ever had an operation? YES/NO \_\_\_\_\_
- Have you been in hospital for more than two weeks in the last ten years? YES/NO \_\_\_\_\_
- Are you taking a course of injections, tablets, pills or drugs? YES/NO \_\_\_\_\_
- Have you ever had fainting attacks, blackouts or epilepsy? YES/NO \_\_\_\_\_
- Have you ever suffered mental ill-health, nervous breakdown or debility? YES/NO \_\_\_\_\_
- Have you ever had heart trouble, rheumatic fever, high blood pressure? YES/NO \_\_\_\_\_
- Have you ever had varicose veins? YES/NO \_\_\_\_\_
- Have you ever had any other illness, allergy or disease? YES/NO \_\_\_\_\_



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Do you suffer from any medical condition which may affect your ability to do this type of work? YES/NO \_\_\_

Have you ever had any back or joint trouble, prolapsed disc, fractures, skeletal trouble? YES/NO \_\_\_\_\_

Is your eyesight satisfactory for all normal purposes (with glasses if necessary) YES/NO \_\_\_\_\_

Have you ever had arthritis, rheumatism or gout? YES/NO \_\_\_\_\_

Have you ever had diabetes? YES/NO \_\_\_\_\_

Have you ever had any ear disease (including running from the ears)? YES/NO \_\_\_\_\_

Have you ever suffered a rupture? YES/NO \_\_\_\_\_

Give details of any declared illness or incapacity shown above, including any periods off work in the last three years of more than fourteen days

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The Name of my Doctor is: Dr \_\_\_\_\_ Telephone No \_\_\_\_\_

Address \_\_\_\_\_

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I hereby authorise Knight Watch Services Limited to contact my doctor to verify the above information.

Signature \_\_\_\_\_

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### 21. Employment History (Vetting Form)

Starting with your last or present employer, give details of your employment history, with FULL POSTAL ADDRESS, for the last [History Period], or 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, address and tel. no. of your accountant.

May we approach your previous Employer/s YES / NO

Name and full Address of Current/Last Employer or Jobcentre/DSS Office	Details	Unemployment/Employment Dates	
Name:	Position Held:	Month	Year
Address:	Reporting To:	From:	
Postcode:	Basic Wage:	To:	
Tel:	Reason for Leaving:		

Name and full Address of Previous Employer or Jobcentre/DSS Office	Details	Unemployment/Employment Dates	
Name:	Position Held:	Month	Year
Address:	Reporting To:	From:	
Postcode:	Basic Wage:	To:	
Tel:	Reason for Leaving:		

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Name and full Address of Previous Employer or Jobcentre/DSS Office	Details	Unemployment/Employment Dates	
Name:	Position Held:	Month	Year
Address:	Reporting To:	From:	
Postcode:	Basic Wage:	To:	
Tel:	Reason for Leaving:		

Name and full Address of Previous Employer or Jobcentre/DSS Office	Details	Unemployment/Employment Dates	
Name:	Position Held:	Month	Year
Address:	Reporting To:	From:	
Postcode:	Basic Wage:	To:	
Tel:	Reason for Leaving:		

Name and full Address of Previous Employer or Jobcentre/DSS Office	Details	Unemployment/Employment Dates	
Name:	Position Held:	Month	Year
Address:	Reporting To:	From:	
Postcode:	Basic Wage:	To:	
Tel:	Reason for Leaving:		

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Name and full Address of Previous Employer or Jobcentre/DSS Office	Details	Unemployment/Employment Dates	
Name:	Position Held:	Month	Year
Address:	Reporting To:	From:	
Postcode:	Basic Wage:	To:	
Tel:	Reason for Leaving:		

### 22. Personal References

Give the names and addresses of two people who must be of a status not less than householder, who have known you well for at least 2 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: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Postcode \_\_\_\_\_

Tel: \_\_\_\_\_ Tel: \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

How long known: \_\_\_\_\_ How long known: \_\_\_\_\_

**ADDITIONAL VETTING INFORMATION** – Use the space below to tell us anything else you think we may need to know in regards to your Employment History.

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During the probationary period, your employment will be terminable by you by not less than one weeks notice or by the company by one day in the first four weeks and one week thereafter.

I understand that any appointment made will be subject to complete and satisfactory references being received by the company.

### Declaration

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

I undertake to co-operate with the Company in providing any additional information required to meet these criteria.

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

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.

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 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: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### PLEASE NOTE

On submission of your application form you must present two original forms of identification, which will be copied and certified as true copies of originals. These will be handed back to you immediately.

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### ADDITIONAL INFORMATION

Use this space to tell us anything else that would support your application or to add anything where you may have run out of space. Please indicate the number of the question you are answering:

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### Appendix A

Dear Sir/Madam,

Please accept this letter as my authority to provide Knight Watch Services Limited or their nominated agent with any confirmation, which they may require concerning my period(s) of registered unemployment/claiming sickness benefit/Job Seekers Allowance as recorded by your office.

Yours faithfully,

SIGNED: \_\_\_\_\_

NAME IN CAPITALS: \_\_\_\_\_

TO:

Re:

National Insurance No:

The above named was registered as unemployed/claiming sickness benefit between the following dates:

Yours faithfully,

Position:

Office Stamp:

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This section must be completed by all Applicants

I \_\_\_\_\_ wish to obtain a copy of my personal data as held on National Insurance Recording System computer, in accordance with my subject access rights under Data Protection Act 1984 (section 21 & 34B) revised 1998.

I understand that my National Insurance records include reference to all periods of employment, periods of registered unemployment and to periods of non-liability for contributions (for example periods of full-time education, periods spent abroad or in legal custody).

Title: Mr/Mrs/Ms/Miss

Surname:

Previous Surname (if applicable):

Address:

Postcode:

Previous Address (if applicable):

Postcode:

Date of Birth:

National Insurance Number:

Signed:

Date:



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Bank Details:

Your name here \_\_\_\_\_

Please pay all of my wages/salary plus any expenses due into my bank account/ building society account.

Name of Bank:	
Address of Bank:	
Bank Sort Code: E.G. 12-34-56	
Bank Account Number: E.G. 12345678	
Role Number: (Applicable to Building Society Accounts Only)	
Account Holders Name:	

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### Restriction on employment

Work Permit required: YES/NO		
Birth Certificate No:	Origin:	Issued:
Date:		
Driving Licence No:	Issued:	Expires:
Passport No:	Origin:	Expires:
Service Record Book seen: YES/NO	Conduct:	
Details of Education seen: YES/NO		
Authority from College/Employer to work part time seen:		
Offer Letter Date:	Letter Returned:	
Induction Date:	Start Date:	Finish:
Position:	Site:	Availability:

INTERVIEWERS ASSESSMENT – INTERVIEWED BY:

DATE:

Appearance:

Personality:

Comments:

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Information to be obtained prior to/at induction:

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NOTES: