



Please Attach your Recent Photograph

Surname: _____ (Mr./Mrs./Miss/Ms.)

First Name(s): _____

Home Address: _____

Email _____ Post Code: _____

Telephone Number: Home: _____

Mobile: _____

NI No: _ / _ / _ / _ / _ / _ / _ / _ / _ / _

Place of Birth: _____

Next of Kin: _____

Address: _____

Relationship _____

Contact Tel No: _____

| EDUCATION | |
|---------------------------|-----------------------|
| Schools/Colleges Attended | Qualifications Gained |
| | |
| | |
| | |

Do you have a clean full driving License: Yes/No

Do you have your own Transport: Yes/No

Do you have SIA license yes/No if Yes License no _____

What type of SIA License you have _____

Do you need a work permit: Yes/No

If yes we do need to see a copy before we can offer you work.

EMPLOYMENT DETAILS

What type of employment are you looking for FULL / PART TIME employment?

What days are you available during the week?

Mon Tue Wed Thus Fri Sat Sun Nights

Give your full Employment History (at least 5 years employment/educational details required)

Note: The application form will not be processed if the sections marked in stars are not completed properly.

| Name & Full address of present/last employer | Position Held | Salary | Period Month/Year | Reason for Leaving |
|---|---------------|--------|--|--------------------|
| (1) Previous Employer *Employer *Address: * Post Code..... | | | From To | |
| Description of Duties | | | *Referee Name: *Tel: *Fax: | |
| (2) Previous Employer *Employer *Address: * Post Code..... | | | From To | |
| Description of Duties | | | *Referee Name: *Tel: *Fax: | |
| (3) Previous Employer *Employer *Address: * Post Code..... | | | From To | |
| Description of Duties | | | *Referee Name: *Tel: *Fax: | |

| PHYSICAL DESCRIPTION | | |
|---|-------------------------------------|---|
| Height | Weight | Distinguishing Marks |
| Are you in good health Yes / No | Have you normal vision? Yes / No | With Glasses Yes / No |
| Do you have normal sense of hearing in both ears? Yes / No | | Have you normal sense of smell? Yes / No |
| Are you registered Disabled? Yes / No | | State Disabled No and expiry date |

MEDICAL HISTORY

Do you have or have you ever suffered from the following complaints? (Please tick Yes / No to what applies to you.)

- a) Heart disease / including heart attack Yes / No
If yes please give details _____
- b) Fits, black-outs or fainting attacks Yes / No
If yes please give details _____
- c) Mental Illness Yes / No
If yes please give details _____
- d) Have you ever suffered any serious illness? Yes / No
If yes please give details _____

CAUTIONS, REHABILITATIONS AND CRIMINAL RECORDS

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 **must be disclosed**, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES / NO

If YES, please give details

PERSONAL REFEREES

Please give the names and address of two (2) people who have known you for more than 6 years in the table below

| Name | Address | Occupation | Years Known |
|------|---------|------------|-------------|
| 1. | | | |
| 2. | | | |

DECLARATION (Please read carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organization reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be processed in accordance with the Data Protection Act.

3. I agree that my previous employers may be approached for references. I also agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a standard or enhanced (as appropriate) disclosure. I understand that should I fail to do so, or should the disclosure or reference not be satisfactory, any offer of employment may be withdrawn or my employment terminated.

Signature Date

OFFICE USE ONLY

Interviewed by _____ Date _____

CHECKLIST

Please enclose as many supporting documents as possible, check the box, which is applicable.

- 1. Completed Application Form.
- 2. One copy of Proof of Identity (Passport, Driving license etc)
- 3. One copy of Proof of Address. (Driving License, utility bills etc)
- 4. Copy of Valid UK Visa
- 5. Copy of NI number.
- 6. Copy of SIA License.
- 7. If not a License holder, copy has SITO certificate or SIA application reference.

Please, make sure you have filled the last 5 years employment history fully.

Please, send the application form along with the all-supporting documents to following address: Falcon Security, 806 Community Place, Office 3, Leyton High Road, E10 6AE

AUTHORISATION LETTER

A copy of this authorisation may be accepted.

This letter is authorisation to release information to my prospective employers, Falcon security Ltd with regard to my employment/background history. May it be through Benefit Agencies, Inland Revenue, Past Employers, Colleges, University or Government Departments and also personal referees?

Signature:

Print Name:

N.I Number: