



APPLICATION FORM

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This **5-Year** Application Form when fully completed ensures compliance with British Standards 7858:2019 Security Screening of Individuals Employed in a Security Environment – Code of practice.

Please answer **ALL** questions in **BLOCK CAPITALS** in your handwriting using **BLACK INK**. If a question or section does not apply to you, insert 'NO' or 'N/A'.

| | | | |
|--|---|---|--------------|
| Title: | Mr / Mrs / Miss / Ms (please circle) | Surname: | |
| Surname at Birth: (if different from above) | | Forename: | |
| Date of Name Change: | | | |
| Address: | | Telephone No: | |
| Postcode: | | Mobile No: | |
| | | Email Address: | |
| Date of Birth: | | Place of Birth: | Nationality: |
| National Insurance No: | | Passport No: | |
| Place of Entry to the UK: (if applicable) | | Date of Entry:(if applicable) | |
| Are you permitted to work in the UK? | YES/NO | Visa expiry Date: (if applicable) | |
| SIA Licence: (if applicable, please circle) | YES/NO | Type: | No: |
| Expiry Date: (if applicable) | | | |
| PERSON TO CONTACT IN AN EMERGENCY | | | |
| Relationship: | | Name: | |
| Address: | | Postcode: | |
| Home Tel No: | | Work No: | Mobile No: |
| EQUAL OPPERTUNITIES | | | |
| This section is voluntary and will NOT be used in assessing your application; We are an equal oppertunities employer. If you choose to complete this section. It will help us to monitor the effectiveness of our Equal Oppertunities Policy. | | | |
| My ethnic origin is: (please circle) | Asian, African, Caribbean, Caucasian, Other. (please specify) | | |
| DRIVING LICENCE | | | |
| Full/ Provisional/ None (please circle) | Car/ Motorcycle (please circle) | Own Transport? | YES/NO |
| License No: | | Have you ever been disqualified from driving? | YEES/NO |
| Detail motoring convictions or endorsements in the last 5 years. (if applicable) | | | |
| Number of points on your license: | | | |
| OFFENCES, CAUTIONS AND CONVICTIONS | | | |
| Have the police ever cautioned you? | | | YES/NO |
| Have you ever been convicted, fined or had an order made against you? | | | YES/NO |
| Are you aware of any Police investigations made against you? | | | YES/NO |
| If the answer to the above question is YES , please give details: - | | | |
| NB. Disclosure is not required where there is a conviction to which the provision of the Rehabilitation Of Offenders Act 1074 applies. Failure to disclose an unspent conviction may result in summary dismissal. If you are unclear about any of these questions ask the interviewer. | | | |
| FINANCIAL (BS 7858:2006 requires that we conduct a Consumer Information Check with a credit reference agency) | | | |
| Have you ever been declared bankrupt or insolvent? | | | YES/NO |
| Are you the subject of any County Court Judgment or Proceedings? | | | YES/NO |
| If the answer to any of the above questions is YES , please specify: | | | |
| - | | | |

CHARACTER REFERENCE

Details of two people who are willing to act as a Character Reference (**NOT FORMER EMPLOYERS OR FAMILY/RELATIVES OR A PERSON LIVING AT YOUR ADDRESS**) who have known you for **at least 5 years**. We may approach your Character referees to assist us in verifying your career/ work history.

| | | | |
|--------------|--|--------------|--|
| Name: | | Name: | |
| Address: | | Address: | |
| Postcode: | | Postcode: | |
| Contact No: | | Contact No: | |
| Email: | | Email: | |
| Years Known: | | Years Known: | |
| How Known: | | How Known: | |

EDUCATION AND TRAINING

Secondary Schools Attended

| Name of Secondary School(s) giving full address: | Dates | | Subjects Studied/ Course Details | Qualifications Gained (grades or results) |
|---|-------|----|-------------------------------------|--|
| | From | To | | |
| | | | | |

College/ University Attended

| Name of Further Education Centre(s) giving full address: | Dates | | Subjects Studied/ Course Details | Qualifications Gained (grades or results) |
|---|-------|----|-------------------------------------|--|
| | From | To | | |
| | | | | |

Technical , Professional, Occupational or Commercial Training

| Name of College, firm or institute giving full address: | Dates | | Subjects Studied/ Course Details | Qualifications Gained (grades or results) |
|--|-------|----|-------------------------------------|--|
| | From | To | | |
| | | | | |

Member of Professional Institutions or Bodies**Languages (Indicate degree of fluency. oral and written)**

EMPLOYMENT RECORD

1. State any periods of **work experience, employment, unemployment** and **self employment** for the last five years
2. For any periods of **unemployment**, state the address of the **Unemployment Benefit Office** at which you which reported and the type of benefit you claimed, i.e. Job Seekers Allowance, Incapacity Benefit ect.

START WITH YOUR POSITION

| Employers Details | Employment Details | | |
|----------------------------------|---|-----------------|---------------|
| Name: Address: Tel No: | Position held: Staff No: Reporting To: Salary or Wage per week: Reason For Leaving: | From MM/YYYY | To MM/YYYY |
| Name: Address: Tel No: | Position held: Staff No: Reporting To: Salary or Wage per week: Reason For Leaving: | From MM/YYYY | To MM/YYYY |
| Name: Address: Tel No: | Position held: Staff No: Reporting To: Salary or Wage per week: Reason For Leaving: | From MM/YYYY | To MM/YYYY |
| Name: Address: Tel No: | Position held: Staff No: Reporting To: Salary or Wage per week: Reason For Leaving: | From MM/YYYY | To MM/YYYY |

MEDICAL QUESTIONNAIRE

The following information is retained in strictest confidence and will assist us in protecting, as far as is reasonably practicable, your health, safety and welfare. Should any additional information be required from your medical practitioner, the law requires us to inform you of our intention and to obtain your written consent beforehand.

Please read the following questions carefully and answer as accurately as possible.

Are you currently suffering or have you ever suffered from any of the following conditions? (circle if applicable to you)

| | | | |
|---|--------|---------------------------------------|--------|
| Fainting, blackouts, epilepsy or fits | YES/NO | Difficulty in climbing stairs | YES/NO |
| Diabetes | YES/NO | Difficulty in bending to lift weights | YES/NO |
| Typhoid, paratyphoid or cholera | YES/NO | Serious injury or fracture | YES/NO |
| Dysentery or recurring diarrhoea | YES/NO | Mental/ emotional illness | YES/NO |
| Tuberculosis (TB) | YES/NO | Recurrent infections or illness | YES/NO |
| Eczema or skin trouble | YES/NO | Arthritis, rheumatism or gout | YES/NO |
| Asthmatic attacks or chest | YES/NO | Joint. Ligament or tendon problems | YES/NO |
| Heart Trouble or High Blood | YES/NO | Rapture of hernia | YES/NO |
| Claustrophobia or Vertigo | YES/NO | Currently taking prescribed | YES/NO |
| Back pain | YES/NO | Any major operations | YES/NO |
| Difficulty in standing for long periods | YES/NO | Colour blindness | YES/NO |
| Defective vision (not corrected by glasses or contact lens) | | | YES/NO |
| Deafness or difficulty hearing speech (not corrected by hearing aid) | | | YES/NO |
| Any medical condition that may affect your suitability for employment? | | | YES/NO |
| Are you currently or do you expect to receive medical treatment in the near future? | | | YES/NO |







| | |
|--|--------|
| Have you received hospital treatment in the last 3 years? | YES/NO |
| Have you been absent from work, school or full time education for more the two successive weeks in the last 3 years (other than holidays)? | YES/NO |
| Are you or have you been registered disabled? | YES/NO |
| Having been explained the details of the job requirements do you feel that you will have any problems carrying out the work required? | YES/NO |


If you answered YES to any of the above details please give details:

OPT OUT AGREEMENT- WORKING TIME REGULATIONS
I agree that I may work more than an average of 48 hours a week. If I change my mind, I will give my employer three month notice in writing to end this agreement.
Signed..... Date:

| | | | | | | | | |
|--|--------|---------------------------------|-----------------|---|--------|-------------------------------|----------|--------|
| PREFERED DAY(S) YOU CAN WORK (please tick)✓ | | | | | | | | |
| Weekday | Monday | Tuesday | Wednesday | Thursday | Friday | Weekend | Saturday | Sunday |
| | | | | | | | | |
| SHIFT PATTERN AND TIME PREFERED (please tick)✓ | | | | | | | | |
| LONG DAY SHIFT PATTERN (7AM-7PM) | | MORNING SHIFT PATTERN (7AM-2PM) | | AFTERNOON SHIFT PATTERN (12PM-9PM) | | NIGHT SHIFT PATTERN (7PM-7AM) | | |
| | | | | | | | | |
| HOW DO YOU TRAVEL TO WORK? (please tick)✓ | | | | | | | | |
| OWN TRANSPORT | | PUBLIC TRANSPORT | | COMPANY TRANSPORT (THERE IS A CHARGE FOR USING COMPANY TRANSPORT) | | | | |
| | | | | | | | | |
| WHAT DISTANCE ARE YOU WILLING TO TRAVEL? (please tick)✓ | | | | | | | | |
| WITHIN 0-5 MILES | | WITHIN 6-10 MILES | | WITHIN 11-15 MILES | | ANY DISTANCES | | |
| | | | | | | | | |
| PROOF OF IDENTIFICATION: (please tick)✓ | | | | | | | | |
| Passport | | | Driving Licence | | | | | |
| | | | | | | | | |
| PROOF OF ADDRESS: (please tick)✓ | | | | | | | | |
| Utility Bill | | | Bank Statement | | | | | |
| | | | | | | | | |

| | | | |
|---|--|---|--------------------------------|
| JOB APPLYING FOR: (choose from below)✓ | | | |
| Corporate office Security | | Aviation [Airport] Security | CCTV Operator |
| Gate house Security | | Transport security [Rail & Road } | CVIT [Cash in Transit Officer] |
| Reception Security | | Hospitality security [Hotel & Banqueting Hall] | Vehicle Immobiliser |
| Ware house Security | | Events Security | Close Protection |
| Retail Security | | Construction Security | Drones Guards Pilot |

| WHAT TYPE OF SIA BADGE DO YOU HAVE? (please tick)✓ | | | | | |
|---|---|---|---|---|---|
| SECURITY GUARDING | DOOR SUPERVISOR | CCTV | CVIT | VEHICLE IMMOBILISER | CLOSE PROTECTION |
|  |  |  |  |  |  |
| (please tick here)✓ | (please tick here)✓ | (please tick here)✓ | (please tick here)✓ | (please tick here)✓ | (please tick here)✓ |

| UNIFORM MEASUREMENT | | |
|--|---------------------|--|
| (please tick)✓ | MALE () FEMALE () | PLEASE PROVIDE ACCURATE MEASUREMENT FOR YOUR UNIFORM |
|  | SHIRT | MEDIUM/LARGE/XLARGE |
| | JACKET | MEDIUM/LARGE/XLARGE |
| | NECK | ...INCHES |
| | CHEST | ...INCHES |
| | WAIST | ...INCHES |
| | INSIDE LEG | ...INCHES |
| | TROUSER LENGTH | ...INCHES |
| | FEMALE SKIRT LENGTH | ...INCHES |
| SHOE | INCHES | |

| EMPLOYEE PAYROLL DETAILS | | | |
|--|--|---------------|--|
| Please fill this correctly to avoid delay in payment | | | |
| NAME | | DATE OF BIRTH | |
| ADDRESS | | NI | |
| | | TELEPHONE | |
| START DATE | | | |
| PAY RATE | | | |
| BANK NAME | | | |
| ACCOUNT NAME | | | |
| ACCOUNT NUMBER | | | |
| SORT CODE | | | |

DECLARATION

Please read this carefully before signing this application

I understand that employment with EGUARDS is subject to satisfactory references and security screening in accordance with BS 7858:2019

I undertake to co operate with EGUARDS and its nominated agents, to approach previous employers, schools / colleges character reference or government Agencies to verify that the information i have provided is correct.

I authorise EGUARDS 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 and agree that if so required I will make a Statutory Declaration in accordance with provisions of the Statutory Declaration Act 1835, in confirmation of previous employment or unemployment.

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 EGUARDS reasonable processing of any sensitive personal information obtained for the purpose 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 that any documents provided as evidence of identity and proof of residence may be examined using an Ultra Violet Scanner or other methods to deter identify theft and fraud. Any suspect documents will be reported to the relevant authority.

I hereby certify that, to the best of my knowledge, the details I have given in this application form are complete and correct. I understand that it is a criminal offence to attempt to obtain employment by deception and that any misrepresentation or omission of a material fact or deception will cause for immediate cancellation of employment

Signed..... Print Name.....Date.....

All completed application form must include the following:

1. CV showing your educational qualifications and employment history
2. copy of your SIA licence badge
3. self addressed envelop
4. CRB Check Certificate

Submit either by post or hand delivery to: **EGUARDS LIMITED**
107 Soho Hill, Hockley, Birmingham, B19 1AY