

TITAN SECURITY SERVICES LTD

APPLICATION FOR EMPLOYMENT

PHOTO
SIA Registration No.
Expiry Date:

CONFIDENTIAL (WHEN COMPLETED)

NOTE: Please answer all questions. Write NO OR N/A if the question does not apply to you. Please write in ink or ballpoint pen. Be sure to read and sign the declaration on Page 5.

APPLICATION FOR EMPLOYMENT AS:

PSN:

FRONT LINE/NON FRONT LINE (please delete)

TYPE OF BADGE : DOOR SUPERVISOR
SECURITY OFFICER
OTHER (please specify)

1. <u>SURNAME:</u> MR / MRS/ MISS / MS	2. <u>FORENAMES:</u>
3. <u>ADDRESS:</u>	4. How long have you lived at your present address? House / flat owner, renting, with parents.....(circle which applies)
5. <u>TELEPHONE:</u> <u>MOBILE NO:</u>	5.1 <u>DATE OF BIRTH:</u> 5.2 <u>N.I. NUMBER:</u>
6. <u>PREVIOUS ADDRESS:</u>	6.1 <u>DATE FROM :</u> <u>TO:</u>
7. <u>PLACE OF BIRTH:</u>	<u>COUNTRY OF BIRTH:</u>
8. <u>NATIONALITY:</u> <u>HEIGHT:</u> <u>WEIGHT:</u>	
9. In accordance with the commission for Racial Equality's Code of Practice please describe your ethnic origins (circle as appropriate) : AFRICAN / ASIAN / CARIBBEAN / WEST INDIAN / CAUCASION / OTHER (please specify)	

HEALTH DECLARATION

16. (answer YES or NO to the following by circling – if appropriate give further details below)

- 16.1 Are you physically fit?..... YES / NO
- 16.2 Are you generally in good health?..... YES / NO
- 16.3 Is your hearing normal in both ears, including for telephone use?..... YES / NO
- 16.4 Is your speech defective?..... YES / NO
- 16.5 Have you ever had an operation?..... YES / NO
- 16.6 Have you ever been in hospital for more than two weeks in the last ten years?..... YES / NO
- 16.7 Are you taking a course of injections, pills, tablets or drugs?..... YES / NO
- 16.8 Have you ever had fainting attacks, blackouts or epilepsy?..... YES / NO
- 16.9 Have you ever suffered mental ill-health, nervous breakdown or debility? YES / NO
- 16.10 Have you ever had heart trouble, rheumatic fever or high blood pressure? YES / NO
- 16.11 Have you ever had kidney disease, bladder trouble (incl. Stone, grave)? YES / NO
- 16.12 Have you ever had arthritis, rheumatism or gout?..... YES / NO
- 16.13 Do you suffer from diabetes?..... YES / NO
- 16.14 Have you ever had any ear disease (incl. running from the ears)?..... YES / NO
- 16.15 Have you ever suffered a rupture?..... YES / NO
- 16.16 Have you ever had varicose veins? YES / NO
- 16.17 Have you ever had any other illness, allergy or disease?..... YES / NO
- 16.18 Do you suffer from any other medical condition that may affect your suitability for employment? YES / NO
- 16.19 Have you ever had any back or joint trouble, prolapsed disc, fractures or Skeletal trouble? YES / NO
- 16.20 Are you disabled? If so give details YES / NO
- 16.21 Is your eyesight satisfactory for all normal purposes? (with glasses if necessary) YES / NO

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

Please give details of your Doctors Name:..... Tel. No:.....
Address:.....

EDUCATION AND QUALIFICATIONS

17. (State name and address of last school / college attended)

Secondary School / College / University attended	Dates	Exams taken, qualifications gained
NAME:..... ADDRESS:.....POST CODE..... TEL:.....	FROM M..... Y..... TO M..... Y.....	
Give details of any further training attended since completion of full – time education		
First Aid / Fire fighting certificates held: Foreign languages:		

CHARACTER REFERENCES

PLEASE NOTE: YOU MUST SUPPLY A FULL NAME AND PHONE NUMBER BELOW

Please give details of two people, other than family, who you have known for at least the last **2** years within the last **5** years whom we may approach for character references:

(1)	(2)
Name:	Name:
Address:	Address:
.....
..... POST CODE POST CODE
Tel. No:	Tel. No:
Occupation:	Occupation:
Period known:	Period known:

EMPLOYMENT RECORD

18. Record your total employment history. Include details of any self – employment, military service and part – time work. Please ensure there are no gaps between periods of employment or unemployment.

IF THERE ARE ANY PERIODS OF UNEMPLOYMENT, GIVE ADDRESS OF UNEMPLOYMENT BENEFIT OFFICE TO WHICH YOU REPORTED

GIVE DETAILS OF YOUR OR MOST RECENT EMPLOYMENT FIRST, THEN YOUR PRECEDING EMPLOYMENT, FINISHING WITH YOUR EARLIES JOB. (GOING BACK **5 YEARS** OR TO THE DATE OF LEAVING (AND INCLUDING) FULL TIME EDUCATION)

EMPLOYER NAME.....	NAME OF MANAGER.....	WAGE.....
ADDRESS.....	POSTION HELD.....	
.....	REASON FOR LEAVING.....	
.....POST CODE.....	<u>EMPLOYMENT DATE</u>	
TELEPHONE NO.....	MONTH AND YEAR FROM
FAX NO.....	MONTH AND YEAR TO

EMPLOYER NAME.....	NAME OF MANAGER.....	WAGE.....
ADDRESS.....	POSTION HELD.....	
.....	REASON FOR LEAVING.....	
.....POST CODE.....	<u>EMPLOYMENT DATE</u>	
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TELEPHONE NO.....	MONTH AND YEAR FROM
FAX NO.....	MONTH AND YEAR TO

May we approach your present employer for a reference now?

YES / NO

REFERENCE AUTHORISATION

This letter is an authorisation to release to my prospective employers, Titan Security Services Ltd of Vernon House, 18 Friar Lane, Nottingham, NG1 6DQ with regard to my employment.

Any documents presented to establish identity and proof of residence may be checked using an ultra violet scanner or other method to deter identity theft and fraud,

Any original identity documents that appear to be forgeries will be reported to the relevant authority. Credit history and background history, whether it is through the Inland Revenue, credit agencies, Benefit Agencies, Past Employers, Schools/Colleges or Government Departments.

Signature: _____

Print Name: _____

Date: _____

EUROPEAN WORKING DIRECTIVE REGULATIONS OPT-OUT STATEMENT

I understand that the European Working Directive Regulations stipulate that a limit of 48 hours (including overtime) in a seven-day period (with an averaging period of seventeen (17) weeks, was imposed by the UK Government from October 1st 1998.

As this limit can be disregarded by Employer/Employee agreement, I would like to opt out of the European Working Directive Regulations regarding the limit on working hours per week. I agree to work more than 48 hours in a seven-day period, should I wish.

I understand that I have the right to change my mind on the opt-out at any time by providing a minimum of seven days notice in writing.

Signature: _____

Print Name: _____

Date: _____

In the case of periods of self – employment please give references or name and address of someone who can confirm the details.

TRADE

ACCOUNTANT

(1) Name:.....
Address:.....
.....
Tel. No:
Status:.....

(2) Name:.....
Address:.....
.....
Tel. No:.....
Status:.....

19. If offered employment you will be appointed on probation for a period of 4 months.

20.1 During the probationary period your employer will be able to terminate you by not less than one weeks notice, or by the company by one day in the first four weeks and one week thereafter.

20.2 I authorise the Company to obtain all details of employment and unemployment, and periods of education from previous employers, schools and colleges and Unemployment Benefit Offices.

20.3 I understand that any appointment made will be subject to satisfactory references being received by the Company. The security industry has been exempted from provisions within the Regulations relating to rest breaks after 6 hours continuous work, for working no more than 8 hours at night, to rest periods of 11 hours in 24 hours, and 24 hours in every 7 days provided that compensatory rest is given. I hereby consent to waive my entitlement to this. I understand that I can revoke this waiver by giving not less than 28 days written notice.

20.4 I certify that, to the best of my knowledge, the information that I have given is true and complete, I have never been convicted of any civil or criminal offence or dismissed from employment for any misconduct. I understand that any false statement or omission may render me liable to dismissal without notice. I accept that I may be required to undergo a medical examination where requested by the Company and I consent to the results of such examinations being given to the Company.

20.5 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.

20.6 I completed this application in my own handwriting.

Signature:.....

Date:.....

Name and initials:.....
(BLOCK CAPITAL

22. **FOR OFFICE USE**

SENSE TEST

	PASS	FAIL (Tick Appropriate Box)
Eye Sight	<input type="checkbox"/>	<input type="checkbox"/>
Smell	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Colour Blindness	<input type="checkbox"/>	<input type="checkbox"/>

National Insurance No:.....

Work permit required.....OWL completed.....Expiry

Driving Licence No.....Expires

Passport seen: YES / NO

Proof of name and address seen: YES / NO

Bank Details: SORT CODE.....ACCOUNT NO.....

23. Offer letter date.....

Start Date..... Availability.....

24. **INTERVIEWERS ASSESSMENT** Interviewed by:.....Date:.....

PLEASE CIRCLE APPLICANT REQUIREMENTS TO ESTABLISH SUITABILITY AND FLEXIBILITY

PART-TIME	YES	NO	RETAIL	YES	NO	AREA COVERED	
FULL-TIME	YES	NO	STATIC	YES	NO	CITY ONLY	
DAY-TIME	YES	NO	DRIVES	YES	NO	10 MILE RADIUS	40 MILE RADIUS
NIGHT-TIME	YES	NO	SHORT NOTICE	YES	NO	20 MILE RADIUS	ANYWHERE

Comments.....

