

SECTION 3: EDUCATION

Name & address of Secondary School Attended:	Qualifications Gained:	Date from:	Date to:
Name & address of College/University attended:			
Training/Professional Qualifications Achieved:			
SIA License Number:		Expiry Date:	
Do you hold a First Aid Certificate:	Yes	No	Expiry Date:
Professional Memberships:			
Hobbies & Interests: (Please include any voluntary. Committee, clubs or society memberships)			

SECTION 4: SELF EMPLOYMENT:

If you have ever been self employed, please provide the name and address of your accountant:	
Name:	
Address:	
Post Code:	
Contact telephone number(s):	
If you have been self employed within the last 10years please supply two trade references within the employment history section stating the time that you worked for the company/person	

SECTION 5: ARMED FORCES OR UNIFORM SERVICE DETAILS:

If this section is applicable, please complete the following. Your DISCHARGE PAPERS will be required as proof of your service:

Royal Navy:	Royal Marines:	Army	RAF	Merchant Navy	Police/Prison Service:	Fire Service:
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

Please provide details of Regiment, Corps, Force, Brigade:

Time served:	Rank achieved:	Decorations Received:	Are you a reserve involved in regular training/annual training?
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SECTION 6: CAREER HISTORY

COMPLETION NOTES:

- 1) Due to the nature of our work we need to ask all potential employees to provide a detailed work history for the previous 10 years as a minimum. Please aid the process by providing as much detail as possible.
- 2) Please leave no gaps in your career history. Include all **FULL-TIME, PART-TIME, PAID** and **VOLUNTARY** positions, employed and self employed work, including the Armed Forces, Uniformed Services, training / educational courses, periods of travel and **UN-EMPLOYMENT** within and out with the UK.
- 3) Please **START** with your most recent employment entering **ALL** dates especially **MONTH** and **YEAR**.
- 4) **SELF-EMPLOYMENT** - For such periods you will need to supply details from Customs and Excise, Inland Revenue, Accountant, Solicitor, Trade and or client references where applicable **IN SECTION 4:**

Current Employer/Contractor Details:	Employee Details:	Role & Responsibilities:
Company Name: _____ Company Address: _____ _____ _____ Tel No: Include STD code: _____ Contact Person: _____ Position they hold within the company: Permission to contact current employer YES / NO	Employed: <input type="checkbox"/> Self-Employed: <input type="checkbox"/> Un-employed: <input type="checkbox"/> DATES - From: ___/___/___ To: ___/___/___	Position Held: _____ Reason for Leaving:
Current Employer/Contractor Details:	Employee Details:	Role & Responsibilities:
Company Name: _____ Company Address: _____ _____ _____ Tel No: Include STD code: _____ Contact Person: _____ Position they hold within the company: Permission to contact current employer YES / NO	Employed: <input type="checkbox"/> Self-Employed: <input type="checkbox"/> Un-employed: <input type="checkbox"/> DATES - From: ___/___/___ To: ___/___/___	Position Held: _____ Reason for Leaving:
Current Employer/Contractor Details:	Employee Details:	Role & Responsibilities:
Company Name: _____ Company Address: _____ _____ _____ Tel No: Include STD code: _____ Contact Person: _____ Position they hold within the company: Permission to contact current employer YES / NO	Employed: <input type="checkbox"/> Self-Employed: <input type="checkbox"/> Un-employed: <input type="checkbox"/> DATES - From: ___/___/___ To: ___/___/___	Position Held: _____ Reason for Leaving:

Current Employer/Contractor Details:	Employee Details:	Role & Responsibilities:
Company Name: _____ Company Address: _____ _____ _____ Tel No: Include STD code: _____ Contact Person: _____ Position they hold within the company: Permission to contact current employer YES / NO	Employed: <input type="checkbox"/> Self-Employed: <input type="checkbox"/> Un-employed: <input type="checkbox"/> DATES - From: __/__/__ To: __/__/__	Position Held: _____ Reason for Leaving:
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Company Name: _____ Company Address: _____ _____ _____ Tel No: Include STD code: _____ Contact Person: _____ Position they hold within the company: Permission to contact current employer YES / NO	Employed: <input type="checkbox"/> Self-Employed: <input type="checkbox"/> Un-employed: <input type="checkbox"/> DATES - From: __/__/__ To: __/__/__	Position Held: _____ Reason for Leaving:
Current Employer/Contractor Details:	Employee Details:	Role & Responsibilities:
Company Name: _____ Company Address: _____ _____ _____ Tel No: Include STD code: _____ Contact Person: _____ Position they hold within the company: Permission to contact current employer YES / NO	Employed: <input type="checkbox"/> Self-Employed: <input type="checkbox"/> Un-employed: <input type="checkbox"/> DATES - From: __/__/__ To: __/__/__	Position Held: _____ Reason for Leaving:

SECTION 7: HEALTH QUESTIONNAIRE

Health Questions:

Are you in good health?	YES	NO	Please provide details of the problem, dates from - to does it re-occur
Have you ever had any serious accidents illnesses or operations?			If YES please provide details:
Do you have any problems with vision other than wearing spectacles or contact lenses?			If YES please provide details:
Do you have any problems with hearing?			If YES please provide details:
Do you have a normal sense of smell?			If NO please provide details:
Do you have any chest problems?			If YES please provide details:
Are you currently receiving treatment for a conditions (tablets/cream/inhalers/medication			If YES please provide details:

- Please indicate if you have ever suffered from any of the following:

Heart Trouble:	Stroke:	Drug Addiction:	Migraine:
Rheumatic Complaints	Eating Disorder:	Alcohol Addiction:	Panic Attacks:
Chronic fatigue Syndrome:	Anxiety:	Fainting:	Nervous Disorder:
Epilepsy:	Self Injury:	Serious Skin Disorder:	High Blood Pressure:

- If you have indicated that you have suffered from any of the above conditions please provide details below:

- Have you been off sick for more than 15days in a 12month period in the last 3 years?
If YES please provide details:

- Do you consider yourself disabled as defined by the Disability Discrimination Act 1995? YES / NO

If you have answered Yes please provide details: _____

I declare that I have answered the above accurately. I understand that if I am appointed to the post applied for and it is subsequently found that I have failed to disclose important medical information to Atlas Security Management (Europe) ltd they may take legal action which may lead to my dismissal.

Applicants
Signature _____ Date ____ / ____ / ____

SECTION 8: CRIMINAL OFFENCES DECLARATION

Completion Notes:

Please answer ALL sections in full. Sign & date each section.

If you have nothing to declare please write N/A in relevant box and Sign & date.

Failure to provide factual evidence on unspent convictions may result in an offer of employment being withdrawn/ employment being terminated dependant on the severity of the criminal conviction not disclosed.

BANKRUPTCY PROCEEDINGS AND OUTSTANDING JUDGEMENTS FOR DEBT:

Please provide relevant details and dates:

Please sign and date disclaimer:

Signature:

Date:

MOTORING OFFENCES:

Please provide details including dates of any motoring offences.

Offence:

Points:

Date(s)

Please sign and date disclaimer:

Signature:

Date:

CRIMINAL CONVICTIONS:

This section comes under the Rehabilitation Act 1974, which permits with some exceptions an individual who has had a conviction for an offence to be rehabilitated and for the convictions to be treated as if it never occurred. However the act does not extend to imprisonment for terms exceeding 30 months Provide details of any criminal conviction received for offences not spent.

Convictions:

Date:

Please sign and date disclaimer:

Signature:

Date:

CAUTIONS:

Atlas Security Management (Europe) Ltd request to be made aware of any cautions which the applicant may have received If applicable please provide details and dates when you received such cautions.

Cautions:

Date:

Please sign and date disclaimer:

Signature:

Date:

PENDING PROSECUTIONS:

Please provide information on pending prosecutions which you the applicant are aware of at the time of completing this form.

Prosecutions:

Date:

Please sign and date disclaimer:

Signature:

Date:

SECTION 9: REFERENCES

REFERENCES:

Please provide the name address and telephone number of TWO referees.
 Referees must be persons who has known you for at least 2 years within the last 5 years and have personal knowledge about you and is able to provide a character reference:
 Neither must be a FAMILY MEMBER/PARTNER:

Referee One:		Referee Two:	
Mr Miss Mrs Ms Other	Fore name:	Mr Miss Mrs Ms Other	Fore name:
	Surname:		Surname:
Address:		Address:	
Post Code:		Post Code:	
Tel No (include STD code)		Tel No (include STD code)	
In what capacity do you know this person?	Personal Professional	In what capacity do you know this person?	Personal Professional
How long have you known this person?	Yrs Mths	How long have you known this person?	Yrs Mths
May we contact this referee now?	Yes No	May we contact this referee now?	Yes No

SECTION 10: AVAILABILITY

Do you have any holidays booked within the next 3 month period?

SECTION 11: EQUAL OPPORTUNITY MONITORING:

Atlas Security Management (Europe) Ltd is committed to providing equality of opportunity in employment and in order t o help us ensure our policy is being carried out it would help if you could please complete the following details. Any information you provide will be used for no other purpose that it is 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)		Country of Birth							
African		Date of Birth							
Afro – Caribbean		Sex (Male/Female)							
Black other (Please Specify)									
Polynesian									
Asian (China/SE Asia etc)									
European									
Other (Pease Specify)									
My marital Status is (Please tick)									
Single:		Married		Separated:		Widowed:		Divorced:	
Are you Disabled:								Yes	No
If yes please give details of your disability:									

DECLARATION OF CONSENT

I certify that the information I have provided in this application is true and complete to the best of my knowledge and belief and agree to co-operate by providing any additional information required. I fully understand that it may be a criminal offence to obtain employment by deception under Section 2 of The Fraud Act 2006 and that misrepresentation or omission of a material fact or deception on this application form will give cause for immediate cancellation of consideration for employment or dismissal if already employed.

I further certify that I have completed the application form in my own handwriting and understand that my employment is subject to satisfactory screening in compliance with BS7858: 2006 or as may be amended. I authorise Atlas Security Management (Europe) Ltd and any third party nominated by the company to perform a screening service and to hold the information contained in the application for employment. Such information will be subject to the Data Protection Act.

I understand and agree that any offer of employment is conditional to the verification to Atlas Security Management (Europe) Ltds satisfaction of the information provided on the Application Form. I understand that this will involve verification of the details as specified below:

CHECKS TO BE CARRIED OUT

- Passport / ID & relevant visas right to work in the UK
- Residency check
- Count court judgements / bankruptcy checks
- 10 year employment check.

I understand that all documents supplied will be checked for authenticity and that all forgeries will be reported to the relevant authorities.

I hereby authorise Atlas Security Management (Europe) Ltd to verify information presented on my application form which may include explicit or sensitive personal data for the purpose of the Data Protection Act 1998.

I authorise Atlas Security Management (Europe) Ltd to perform reference checks of my employment including current employment and to contact the Department of Works and Pensions to confirm periods of unemployment (if any) I understand that if an unsatisfactory reference is received from my current employer after I have accepted a post with Atlas Security Management (Europe) Ltd that Atlas Security Management (Europe) Ltd may terminate my employment with immediate effect.

I confirm my consent is explicit, fully informed and freely given for the purposes of Data Protection Act 1998.

Signed:
Print Name:
Date: