Job Application Form Ver: 3, Issue Date: 16 July 2018



Vacancy applied for: This form must be <i>completed in full</i> . Tick	appropria	ate boxes,	if an entry is ir	napplicable i	nsert N/A.		
PERSONAL INFORMATION:							
Title: Mr □ Mrs □ Miss □ Ms □ Other □				All Foren	ames:		
Surname:				Previous Surname (inc. Maiden name):			
Full Current Address:		Tel No:				Lived Here from:	
		Mobile:	:			Previous Address:	
		Email:					
Postcode:							
Are you eligible to work in the UK?	Yes □	No □	With work	permit		ll Insurance No.:	
Do you hold an SIA Licence? Yes □ No □				Type of Licence:			
Licence Number:				Expiry Date:			
Do you hold a full UK or International vehicle licence? Car Do you have your own transport?					No □	Bike: Yes □ No □ If no, how will you travel to this job?	
Do you have any Endorsements or Polif yes, please give dates and details h		oints?			No □		
Have you been subject to bankruptcy judgements for debt or are there any					No □		
Have you ever been dismissed by an Employer for misconduct?				Yes □ No □ (If yes, please give full details		(If yes, please give full details below)	
Are there any prosecutions pending against you?				Yes \square No \square (If yes, please give full details b		(If yes, please give full details below)	
Do you have any criminal convictions which are not spent?				Yes \square No \square (If yes, please give full details below		(If yes, please give full details below)	
Do you require any reasonable adjustments to the interview process?				?? Yes 🗆 No 🗆			
EDUCATION & TRAINING:							
Name and address of Schools, Polyte	echnics, (Colleges	& Universitie	s attended	: Exam	s/Courses Passed:	
Are you a Student at present? Y	′es □ No) 🗆	Full time?	Y Y	es □ No	□ Part time? Yes □ No □	

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		T RECORD:

Please give full details of ALL periods of employment and unemployment. Cover the last 10 years and give reasons for any time lapse between periods of employment. This information is required for compliance with British Standards and SIA Licensing Laws.						
DATES: * (State the mo	nth & year) To *		AND ADDRESSES IOUS EMPLOYERS:	JOB TITLE:	WHO DO WE CONTACT? NAME & TEL NUMBER:	REASON(S) FOR LEAVING:
FORCES SERVICE RECORD:						
I served with:	Ro	oyal Navy □	Army □ RAF □	Police □	Fire Service □ M	lerchant Navy □
Dates served:						
If service was in the Army, state the Regiment or Corps: If service was in the Police or Fire Brigade, state name of Force or Brigade:						
Rank attained: Are you liable to recall? Yes \(\) No \(\) Conduct Record: Reason for leaving: Service Record No.:						
Are you a member of any RESERVE involving Annual Training? Yes □ No □						

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SELF EMPLOYMENT REFERENCES:				
Please give the name, address and occupation of two persons who	can confirm that you were self employed.			
Name:	Name:			
Address:	Address:			
Postcode:	Postcode:			
Tel No.:	Tel No.:			
Email Address:	Email Address:			
Occupation:	Occupation:			
How long known/in what capacity:	How long known/in what capacity:			
PERSONAL REFERENCES:				
Please give the name, address and occupation of two persons who you for at least two years within the last five years and to whom reference.				
Name:	Name:			
Address:	Address:			
Postcode:	Postcode:			
Tel No.:	Tel No.:			
Email Address:	Email Address:			
Occupation:	Occupation:			
How long known/in what capacity:	How long known/in what capacity:			
BENEFITS AGENCY:				
If you have been unemployed for any period, please complete the fo	ollowing in order that we can confirm with the local benefits office.			
Address of benefits office you were claiming from				
I(Full name) Of (Full address)				
If you have claimed from a different address to the one above, pleas	se supply this information on an additional sheet of paper.			
National Insurance Number:	<u> </u>			
I give my consent for all details of benefits claimed by me to be released to: KeyPlus Security Ltd.				
Signature of Applicant: Date:				
DECLARATION:				
I understand that employment is subject to satisfactory vetting, I agree to obtain a Statutory Declaration upon request at my own expense if so required. I hereby declare that the information I have provided is current and truthful and that any false statements on this application form shall be considered cause for dismissal. I agree that my personal information be retained for a further three years after termination or application with KeyPlus but be subject to the General Data Protection Regulations (GDPR). I hereby certify that I completed this Application Form myself and that I have read, understood and agree to abide by this declaration.				
I authorise KeyPlus Security Ltd to approach current and former employers, government departments and individuals providing character references to verify a continuous record of my employment history.				

Signature of Applicant:

__ Date: _____