



INDEPENDENT  
CONTRACTOR  
SECURITY

Excellence Is Our Standard

# APPLICATION FORM

Attach photo

## PERSONAL DETAILS

Mr/Mrs/Miss/Ms ...Surname... Forename(s).....  
 Any Former Names.....Known as.....  
 Address.....  
 .....  
 Postcode.....  
 Telephone no.....Mobile.....  
 Email.....  
 If less than 5 years at current address, state previous address(es)  
 Address 1.....Postcode.....  
 From .....to.....  
 Address 2.....Postcode.....  
 From.....to.....  
 Address 3.....Postcode.....  
 From.....to.....

National Insurance No.....  
 Date of Birth .....  
 Place & Country of Birth.....  
 Nationality.....  
 If not born in the EC, date of entry to UK.....  
 Work Permit/Visa No.....  
 Have you live outside UK for more than 6 months in last 5 years?.....Yes / No  
 If yes, please state country/-ies and date(s).....

**Do you have?**  
 Current driving licence.....Provisional / Full / No  
 Use of a vehicle.....Yes / No  
 Any current endorsements.....Yes / No  
 If so, please give details.....

**Emergency contact name and address**  
 .....  
 Relationship.....  
 Tel No Home.....Work.....Mobile.....

Have you ever been cautioned or convicted of a criminal offence in the UK or any other country, or are there any proceeding pending? (Subject to the Rehabilitation of Offenders Act 1974).....Yes / No  
 If yes, give details.....Date of offence.....  
 Have you ever been subject to bankruptcy proceedings or court judgements for debt, or are there any proceeding pending?.....Yes / No  
 If yes, please give details.....Amount £.....

**BANK DETAILS**

Bank name.....  
 Bank Address.....  
 Account No.....  
 Sort code/ Roll No.....

**EMPLOYMENT DETAILS**

**Give the last 5 years by month and year. Start with the most recent. Include periods of education and unemployment in the last 5 years too. Full addresses and contact phone numbers must be given.**

Current employer name.....  
 Employer address.....  
 Contact person.....  
 Phone number.....Fax number.....  
 Your job title.....  
 Startdate(dd/mm/yy).....Finishdate(dd/mm/yy).....  
 Reason for leaving.....  
 Notice period required.....  
 Permission to contact current employer.....Yes / No

Employer name.....  
 Employer address.....  
 Contact person.....  
 Phone number.....Fax number.....  
 Your job title.....  
 Startdate(dd/mm/yy).....Finishdate(dd/mm/yy).....  
 Reason for leaving.....

Employer name.....  
 Employer address.....  
 Contact person.....  
 Phone number.....Fax number.....  
 Your job title.....  
 Startdate(dd/mm/yy).....Finishdate(dd/mm/yy).....  
 Reason for leaving.....

Employer name.....  
 Employer address.....  
 Contact person.....  
 Phone number.....Fax number.....  
 Your job title.....  
 Startdate(dd/mm/yy).....Finishdate(dd/mm/yy).....  
 Reason for leaving.....

**EMPLOYMENT DETAILS (CONT).**

Employer name.....  
Employer address.....  
Contact person.....  
Phone number..... Fax number.....  
Your job title.....  
Startdate(dd/mm/yy)..... Finishdate(dd/mm/yy).....  
Reason for leaving.....

Employer name.....  
Employer address.....  
Contact person.....  
Phone number..... Fax number.....  
Your job title.....  
Startdate(dd/mm/yy)..... Finishdate(dd/mm/yy).....  
Reason for leaving.....

Employer name.....  
Employer address.....  
Contact person.....  
Phone number..... Fax number.....  
Your job title.....  
Startdate(dd/mm/yy)..... Finishdate(dd/mm/yy).....  
Reason for leaving.....

Employer name.....  
Employer address.....  
Contact person.....  
Phone number..... Fax number.....  
Your job title.....  
Startdate(dd/mm/yy)..... Finishdate(dd/mm/yy).....  
Reason for leaving.....

**UNEMPLOYMENT DETAILS**

**Give any periods of unemployment in the last 5 years by month and year.**

Job Centre name (if registered).....  
Job Centre address.....  
JSA or Incapacity benefit claim?  
Job Centre phone number..... Fax number.....  
Unemployment start date..... Finish date.....

Job Centre name (if registered).....  
Job Centre address.....  
JSA or Incapacity benefit claim?  
Job Centre phone number..... Fax number.....  
Unemployment start date..... Finish date.....

**UNEMPLOYMENT DETAILS (CONT).**

Job Centre name (if registered).....  
Job Centre address.....  
JSA or Incapacity benefit claim?  
Job Centre phone number..... Fax number.....  
Unemployment start date..... Finish date.....

Job Centre name (if registered).....  
Job Centre address.....  
JSA or Incapacity benefit claim?  
Job Centre phone number..... Fax number.....  
Unemployment start date..... Finish date.....

**PERSONAL REFEREES**

**Please give details of at least two people who have known you for at least 2 years in the last 5 years, whom we may approach for character references. They must not be related to you and must not reside at the same address.**

**Referee one**  
Name.....  
Address.....  
Postcode.....  
Home phone number..... Mobile .....

**Referee two**  
Name.....  
Address.....  
Postcode.....  
Home phone number..... Mobile .....

**Referee three**  
Name.....  
Address.....  
Postcode.....  
Home phone number..... Mobile .....

## SELF-EMPLOYMENT REFEREES

If you have been self-employed please give the name, address and telephone number of two professional referees who can confirm this (e.g. solicitor, bank manager or accountant).

### Referee one

Title.....Name.....  
Address.....  
Postcode.....  
Phone number.....  
Email.....  
Occupation.....  
In what capacity do you know this person?.....  
How long have you known this person?.....

### Referee two

Title.....Name.....  
Address.....  
Postcode.....  
Phone number.....  
Email.....  
Occupation.....  
In what capacity do you know this person?.....  
How long have you known this person?.....

## PREVIOUS SECURITY QUALIFICATIONS

### Do you hold any of the following certificates?

NVQ?SVQ in Security, Safety & Loss Prevention.....Yes Level ( ) / No  
C&G Professional/Advances Security Officer.....Yes / No  
NOCN / SITO Basic Job Training Award 2 day course .....Yes / No  
3 day course.....Yes / No  
First Aid.....Yes / No  
Fire Fighting.....Yes / No  
Other professional qualifications.....

## LICENCE STATUS

### Do you hold any of the following SIA licences?

Security Guarding.....Yes / No Expiry Date.....Licence No.....  
Door Supervision.....Yes / No Expiry Date.....Licence No.....  
Cash & Valuables in transit Yes / No Expiry Date.....Licence No.....  
Public Space Surveillance Yes / No Expiry Date.....Licence No.....  
Vehicle Immobilisation ..... Yes / No Expiry Date.....Licence No.....  
Close protection.....Yes / No Expiry Date.....Licence No.....  
Key holding.....Yes / No Expiry Date.....Licence No.....  
CCTV.....Yes / No Expiry Date.....Licence No.....

**SERVICE RECORD**

**Please indicate**

Royal Navy / Army / RAF / Merchant Navy / Territorial Reserve

Date From.....Date To.....

Conduct Record.....

**UNIFORM**

**Uniform size**

Chest.....Collar.....

Waist.....Inside Leg.....

**MEDICAL DETAILS**

Are you currently under any medication?.....Yes / No

If yes, please give details.....

Are you fit to work?.....Yes / No

If no, please give details.....

Name of your doctor.....

Address of your doctor.....

Date last examined by doctor and reason.....

Are you in good health?.....Yes / No

Are you receiving any treatment?.....Yes / No

If yes, please give details.....

Details of major surgery with dates.....

Give total number of days you were unable to work through illness or injury in the past year.....

Reason for absence.....

**The following information is required in the vent that you may wish to become authorised to drive a company vehicle or drive a private vehicle on company business**

Have you ever been refused a driving licence on health grounds?.....Yes / No

Have you ever been banned or prevented form driving?.....Yes / No

If yes, when, for how long and for what reason?.....

.....

**Have you ever?**

Received in-patient treatment for any mental condition.....Yes / No

Been treated for alcohol or drug abuse.....Yes / No

Suffered from any nervous condition.....Yes / No

Suffered from joint or back pain.....Yes / No

Suffered from heart or blood pressure problems.....Yes / No

Suffered from arthritis or rheumatism.....Yes / No

Suffered from diabetes.....Yes / No

Been refused employment or dismissed for health reasons.....Yes / No

Suffered asthma, bronchitis or any other respiratory complaint.....Yes / No

**Do you?**

Suffer from hearing problems.....Yes / No

Have epilepsy, fits or blackouts.....Yes / No

Have a good sense of smell.....Yes / No

Have colour blindness.....Yes / No

## REHABILITATION OF OFFENDERS ACT 1974

The following is a summary of the Rehabilitation of Offenders Act 1974.

Please ensure that you read through this carefully and that you are aware of its meaning.

### What is the Act?

The Rehabilitation of Offenders Act 1974 was introduced to enable criminal convictions to be 'spent' or forgotten after a period of rehabilitation. After this period, with some exceptions, an offender will not normally be obliged to mention the conviction when applying for a job, obtaining insurance, or when involved in other criminal legal proceedings.

### How long is the rehabilitation period?

The period of rehabilitation will depend on the sentence given, not the actual time served in custody.

Sentence	When Convicted:	Age 18 or over	Age 17 or under
2 and a half years or over		Never	Never
A sentence of imprisonment, detention in a young offenders institution, youth custody Or corrective training for a term exceeding 6 months but not exceeding 2 and a half years		10 years	5 years
A sentence of imprisonment, detention in a Young offender institution or youth custody For a term less than 6 months		7 years	3 and a half years
A sentence of dismissal from her Majesty's Service		7 years	3 and a half years
Any sentence of detention in respect of a Conviction in service disciplinary proceedings		7 years	3 and a half years
A fine, compensation, probation (for Convictions on or after February 1995), Community service, combination, action plan, Curfew, drug treatment, testing and reparation Orders		5 years	2 and a half years
Order for detention in a detention centre		3 years	3 years
Absolute Discharge		6 months	6 months
Conditional discharge or bind-over, Probation (for convictions before 3 February 1995), supervision care orders		1 year or until order expires	
Attendance Centre Order		1 year or until order expires	
Hospital Orders		5 years or 2 years after the order expires Whichever is the longer period	
Referral order		(Once the order expires)	

### How does this affect you?

If you have been awarded any of the sentences shown (including suspended sentences) and the period of rehabilitation has been completed, your sentence is regarded as 'spent' and need not be declared. If it has not been 'spent' then it must be included on your Application Form.

**Please now sign the declaration below to confirm you have read the Rehabilitation of Offenders Act 1974, summary above.**

Signature.....

**WORKING TIME DIRECTIVE – 48 HOUR WEEK**

The 48 hour Working Time Directive has been in force since 1<sup>st</sup> October 1998. Under these regulations, Approved Contractors Security Ltd must obtain your written permission if you wish to work more than 48 hours per week. If you do not wish to more than 48 hours per week, you need to sign the agreement below. If you change your mind about this later, you will need to inform your manager in writing giving three month's notice, so that your rota may be amended. The Directive states that the security industry is not bound to comply with regulations relating to night workers working longer than 8 hours in 24, rest periods of 1 1hrs per day or one day per week or a rest period for every 6 hours worked, provided that you are allowed the same rest at later time.

**Please tick one of the following statements and sign below:**

I am prepared to work more than 48 hours per week and wish to 'opt' out of the regulation.....

I do not wish to work more than 48 hours per week.....

Signed.....

Print Name.....

Date.....

**DECLARATION OF CONSENT**

I certify that the information I have provided in the application is correct to the best of my knowledge and belief and agree to co-operate by providing any additional information required. I fully understand that it is a criminal offence to make false statements on this application form under **Section 16 of the Theft Act 1968**. I also understand that any false statements may be sufficient cause for rejection of my application or, if employed, dismissal.  
I further certify that I have completed the application form in my own handwriting and understand that my employment is subject to satisfactory vetting in compliance with BS7858:2006 or as may be amended.  
I authorise the company and any third party nominated by the company to perform a vetting 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 Independent Contractor Security Ltd's satisfaction, of the information provided on the Application Form.  
I confirm that the information I have provided on the Application form is true and complete to the best of my knowledge.  
I understand that the check will involve verification of the details as specified below:

- CHECKS TO BE CARRIED OUT**  
Passport / ID and relevant visa – right to work in the UK  
Residency check  
County Court Judgement/Bankruptcy checks  
5 year employment check

I also understand that it may be a criminal offence to attempt to obtain employment by deception and that any misrepresentation, omission of a material fact or deception will be cause for immediate cancellation of consideration for employment, or dismissal if already employed.  
I hereby authorise Independent Contractor Security Ltd to verify information presented on my Application Form, which may include explicit or sensitive personal data for the purposes of the Data Protection Act 1998 and the obtaining of documents and / or information covered by the European Directive 95 / 46. I authorise Independent Contractor Security 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 role with Independent Contractor Security Ltd, that Independent Contractor Security Ltd may terminate my employment with immediate effect.  
**I confirm that my consent is explicit, fully informed and freely given for the purposes of the Act.**

**SIGNED**.....  
**PRINT NAME**.....  
**DATE**.....