



Excellence Is Our Standard

APPLICATION FORM

Please return to:- ICS Ltd
 B2, Eckington Business Centre
 Market Street
 Eckington
 S21 4JH

PERSONAL DETAILS

Title _____	Surname _____	Forename(s) _____
Any former names _____	Known as _____	
Address _____		Postcode _____
Telephone number _____	Mobile number _____	
E-mail address _____		
If you have lived at your current address for less than 5 years, list your previous address(es)		
Address 1 _____	Postcode _____	From _____ To _____
Address 2 _____	Postcode _____	From _____ To _____
Address 3 _____	Postcode _____	From _____ To _____

National Insurance Number _____	Date of birth _____
Place and Country of birth _____	
Nationality _____	
If you were not born in the EEA, what was your date of entry into the UK? _____	
Work Permit / Visa number _____	
Have you lived outside the UK for more than 6 months in the last 5 years? _____	Yes No
If yes, please state country(s) _____ and dates _____	

Do you have a current driving licence, valid for use in the UK? _____	No
If you have a licence, is it provisional or full? _____	N/A
Do you have the use of a vehicle? _____	N/A
Are there any current endorsements on your licence? _____	_____
If so, please give details _____	

Give the details of someone we should contact in case of emergency.			
Name _____		Postcode _____	
Address _____			
This person's relationship to you _____			
Tel no's.	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 proceedings pending? (Subject to the Rehabilitation of Offenders Act 1974). _____	Yes No
If yes, give details _____	Date of the offence _____
Have you ever been subject to bankruptcy proceedings or court judgments for debt, or are there any proceedings pending? _____	Yes No
If yes, give details _____	Amount _____



EMPLOYMENT DETAILS

Starting with your most recent period of employment, give details - to the nearest month and year - of your last 5 years, including any periods of education. Show details of any unemployment on the next page. Full addresses and contact telephone numbers must be given in all cases

Current/last employer	_____		
Address	_____		Postcode _____
Name of contact	_____	Their job title _____	
Telephone number	_____	Fax number _____	

Your job title	_____	Reason for leaving	_____
Date started	_____	Finished	_____
Do we have permission to contact your current employer?		Notice required	_____
			Yes No

Employer / company name	_____		
Address	_____		

	Postcode _____		
Name of contact	_____	Their job title	_____
Telephone number	_____	Fax number	_____
Your job title	_____	Reason for leaving	_____
Date started	_____	Date finished	_____

Employer / company name	_____		
Address	_____		

	Postcode _____		
Name of contact	_____	Their job title	_____
Telephone number	_____	Fax number	_____
Your job title	_____	Reason for leaving	_____
Date started	_____	Date finished	_____

Employer / company name	_____		
Address	_____		

	Postcode _____		
Name of contact	_____	Their job title	_____
Telephone number	_____	Fax number	_____
Your job title	_____	Reason for leaving	_____
Date started	_____	Date finished	_____

Employer / company name	_____		
Address	_____		

	Postcode _____		
Name of contact	_____	Their job title	_____
Telephone number	_____	Fax number	_____
Your job title	_____	Reason for leaving	_____
Date started	_____	Date finished	_____



EMPLOYMENT DETAILS (Continued)

Employer / company name	_____		
Address	_____		

	Postcode _____		
Name of contact	_____	Their job title	_____
Telephone number	_____	Fax number	_____
Your job title	_____	Reason for leaving	_____
Date started	_____	Date finished	_____

Employer / company name	_____		
Address	_____		

	Postcode _____		
Name of contact	_____	Their job title	_____
Telephone number	_____	Fax number	_____
Your job title	_____	Reason for leaving	_____
Date started	_____	Date finished	_____

Employer / company name	_____		
Address	_____		

	Postcode _____		
Name of contact	_____	Their job title	_____
Telephone number	_____	Fax number	_____
Your job title	_____	Reason for leaving	_____
Date started	_____	Date finished	_____

UNEMPLOYMENT DETAILS

Job Centre name (if registered) _____
 Address _____ Postcode _____
 Job Centre telephone number _____ Fax number _____
 Were you claiming job seekers allowance (JSA) or employment and support allowance (ESA)?
JSA / ESA Date started _____ Date finished _____

Job Centre name (if registered) _____
 Address _____ Postcode _____
 Job Centre telephone number _____ Fax number _____
 Were you claiming job seekers allowance (JSA) or employment and support allowance (ESA)?
JSA / ESA Date started _____ Date finished _____

YOUR BANK DETAILS (so we can pay you!)

Bank name _____
 Address _____ Postcode _____
 Name(s) on the account _____
 Sort code _____ Account no. _____ Roll no. _____



PERSONAL REFERENCES

Give details of at least two people (who have known you well for at least 2 of the last 5 years) who are willing to provide character references for you. They must not be related to you, nor live at the same address as you.

1 Title _____ First name _____ Surname _____
 Address _____

 _____ Postcode _____
 Telephone number _____ E-mail address _____
 Their occupation _____ How do you know them? _____
 How long have you known this person? _____

2 Title _____ First name _____ Surname _____
 Address _____

 _____ Postcode _____
 Telephone number _____ E-mail address _____
 Their occupation _____ How do you know them? _____
 How long have you known this person? _____

3 Title _____ First name _____ Surname _____
 Address _____

 _____ Postcode _____
 Telephone number _____ E-mail address _____
 Their occupation _____ How do you know them? _____
 How long have you known this person? _____

SELF-EMPLOYMENT REFEREES

If you have been self-employed, please provide details of two professional referees who can confirm the circumstances (e.g. your bank manager, accountant or solicitor)

Referee 1 Title _____ Full name _____
 Address _____
 _____ Postcode _____

Telephone number	_____	Fax number	_____
E-mail address	_____		
Occupation	_____		

Referee 2	Title	_____	Full name	_____
Address	_____			
			Postcode	_____
Telephone number	_____	Fax number	_____	
E-mail address	_____			
Occupation	_____			



REHABILITATION OF OFFENDERS ACT 1974

The following is a summary of the Rehabilitation of Offenders Act 1974.
Please read through this section carefully and make sure that you understand it
 This act was introduced to enable criminal convictions to be "spent" - or ignored - after a period of rehabilitation. After this period, with a few 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. Note that the period of rehabilitation depends on the sentence given and not the actual time spent in custody.

Sentence	Age when convicted -	
	18 or over	Under 18
2½ 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 2½ years	10 years	5 years
A sentence of cashiering, discharge with ignominy or dismissal with disgrace from Her Majesty's Service	10 years	5 years
A sentence of imprisonment, detention in a young offenders institution or youth custody for a term not exceeding 6 months	7 years	3½ years
A sentence of dismissal from Her Majesty's Service	7 years	3½ years
Any sentence of detention in respect of a conviction in service disciplinary proceedings	5 years	2½ years
A fine, compensation, probation (for convictions on or after 3rd February 1995) community service, combination, action plan, curfew, drug treatment, testing and reparation orders	5 years	2½ 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 3rd February 1995), supervision care orders	1 year or until the order expires (whichever is the longer)	
Attendance centre order	1 year after the order expires	
Referral orders	Once the order expires	
Hospital orders	5 years or 2 years after the order expires (whichever is the longer)	

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 is not "spent" then details **must** be included in this application form.
Please now sign the declaration below to confirm that you have read and understood the summary of the Rehabilitation of Offenders Act 1974 detailed on this page.

Signed _____ Print name 0 _____ Date _____

European Directive 95 / 46.

I also authorise Independent Contractor Security Ltd to perform reference checks of my employment history, including current employment and to contact the Department for Work 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

0

Date

