

Please complete the application form clearly in black ink and in your own handwriting. Mark boxes clearly with a cross ☒

**Where advertised/Informed by**

**Position applied for**

**Personal Information**

Mr.  Mrs.  Ms.  Miss

First Name ..... Date of Birth ..... Age .....

Surname ..... Nationality .....

Place of Birth ..... If not born in the U.K.—Date and Place of Entry .....

National Insurance Number .....

Work Permit/Visa .....

Expiry Date .....

**Address**

Current Address.....

.....

.....Postcode .....

From .....To .....

Telephone Number .....

Mobile Number .....

Previous Address (If less than 3 years at current)

.....

.....Postcode .....

From .....To .....

**Driving Licence**

Do you hold a full U.K. Driving Licence? Yes  No

Do you have your own transport? Yes  No

Do you have any motoring offences? Yes  No

If Yes, please give details .....

.....

Military Service—Dates from .....To .....

Please give details .....

.....

**Next of Kin**

Name ..... Relationship .....

Address .....

Post Code ..... Tel.....



**Personal References—Please supply us with references of two people you have known for five years or more (not relatives)**

Name .....	Name .....
Relationship .....	Relationship .....
Address .....	Address .....
.....	.....
Tel. No .....	Tel. No .....

**Please supply us with two professional references if you are, or have been self-employed**

Name .....	Name .....
Relationship .....	Relationship .....
Address .....	Address .....
.....	.....
Tel. No .....	Tel. No .....

**Medical Information**

Do you suffer from any of the following medical conditions?

- |                                                     |                                                |                                            |                                                        |
|-----------------------------------------------------|------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Asthma                     | <input type="checkbox"/> Sleeping Difficulties | <input type="checkbox"/> Mobility Problems | <input type="checkbox"/> Epilepsy                      |
| <input type="checkbox"/> Back Trouble               | <input type="checkbox"/> Nervous Disorder      | <input type="checkbox"/> Hearing Problems  | <input type="checkbox"/> Serious Skin Disorders        |
| <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Rheumatic Complaints  | <input type="checkbox"/> Sight Problems    | <input type="checkbox"/> Heart or Circulatory Disorder |
| <input type="checkbox"/> Other (Please state) ..... |                                                |                                            |                                                        |

Are you registered disabled? Yes  No

Are you taking any medication/receiving any medical treatment? Yes  No

If Yes, please give details .....

.....

.....

Name, address and telephone number of your General Practitioner (GP) .....

.....

..... Tel. No .....

**Background Information**

Please list any pending or current convictions, prosecutions, bankruptcies or other offences (excl. motoring)

Date of Conviction	Offence	Sentence





**SIA Licence Information**

Do you hold a current SIA Licence?      Yes  No

Type of licence held (e.g. Door Supervisor) ..... Expiry Date .....

Is this licence for a front line operative?      Yes  No

Licence Number .....

**Bank Details**

Bank ..... Account Name .....

Bank Address ..... Sort Code .....

..... Account Number .....

**Statement**

I agree that the information I have provided, may be used to screen my application, in-line with BS7858, and that a credit reference agency may be consulted, prior to my employment.

I ..... (Full name in capitals) certify that to the best of my knowledge, the information I have given is complete and correct. I understand that misrepresentation of facts is grounds for immediate dismissal and renders me liable for prosecution. I confirm that I clearly understand that I am required to work days, nights and weekends as laid down by Safe and Sound Security (Cumbria) Limited. If offered employment, it will be initially for a probationary period of three months.

I authorise the company to approach any government agencies, former employers and referees to verify the information given.

Signature of Applicant ..... Date .....

**Interview Assessment (For office use only)**

**Interview Assessment/Notes**

- How soon will applicant be available for employment .....
- Appearance ..... 1 2 3 4 5 6 7 8 9 10
- Manner ..... 1 2 3 4 5 6 7 8 9 10
- Experience ..... 1 2 3 4 5 6 7 8 9 10
- Suitability ..... 1 2 3 4 5 6 7 8 9 10

**Comments**

Interviewer ..... Date .....



Safe and Sound Security (Cumbria) Limited is an equal opportunity employer. The aim of our policy is to ensure no job applicant or employee receives less favourable treatment on the grounds of sex, handicap, disability, marital status, creed, colour, race, ethnic origin or disadvantage by conditions or requirements which cannot be justifiable. For no other reason, would you please provide this information below.

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**Gender**

- Male
- Female
- Transgender
- Undeclared

**Ethnic Origin—White**

- British
- Irish
- Travellers of Irish Heritage
- Gypsy/Roma
- Other (White Background)
- (Please specify) .....

**Mixed**

- White & Black Caribbean
- White & Black African
- White & Asian
- Other (Mixed Background)
- (Please specify) .....

**Asian/Asian British**

- Indian
- Pakistani
- Bangladeshi
- Other (Asian Background)
- (Please specify) .....

**Black/Black British**

- White & Black Caribbean
- White & Black African
- White & Asian
- Other (Black Background)
- (Please specify) .....

**Chinese or other ethnic group**

- Chinese
- Other (Please specify)
- .....
- Undeclared

**Religion and Belief**

- Christian
- Jewish
- No religion
- Buddhist
- Muslim
- Other Religion
- Hindu
- Sikh

**Sexual Orientation**

- Heterosexual (Orientation towards people of opposite sex)
- Lesbian or Gay (Orientation towards people of the same sex)
- Bisexual (Orientation towards people of the same & opposite sex)
- Undeclared

