



## Application for employment

Please answer all questions using block capitals  
Or tick where appropriate.  
If an entry is inapplicable insert No or N/A

Place of Interview
Name of Interviewer

<b>Position applied for:</b>
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1. Personal Information	
Surname	Previous Address
Forenames	
Surname at birth	
Other names used	
Current Address	How long have you lived there
	<i>From</i> _____ <i>To</i> _____
	Date of birth
	Place of birth
How long have you lived here since	Sex
	Male _____ Female _____
Telephone	National Insurance Number
Mobile	
Type of accommodation	
House/Flat	Renting
Owner	With Parents
	Lodging

2. Person to contact in an emergency / next of kin	
Name	Relationship
Address	Telephone <i>work</i>
	<i>Home</i>

3 Marital status <i>Tick where applicable</i>	
Married	Divorced
Single	Occupation of wife/husband/partner
Date of marriage	Type of business of employer
Number of children	
Ages of children	

#### 4. Equal opportunity Tick *where appropriate*

We aim to be an equal opportunity employer and we select staff on merit irrespective of colour, sex, disability, religion, race, nationality or ethnic origin, and we ensure that no applicant or employee is disadvantaged by conditions or requirements, which are not essential for carrying out the job.

In order to monitor the effectiveness of our policy, we request applicants to provide the information indicated.

Ethnic origin					
Black	African	Caribbean	If not born in the United Kingdom, state date and place of entry.		
Asian	Indian	Pakistani			
	Bangladeshi	Chinese			
Other please specify					
White	UK	EU	Religion		
Other please specify			Nationality		
			Have you have a work permit	Yes	No
			Do you require a work permit		

5. Driving licence				
Do you hold a current driving licence	Yes	No	Please give details of any current endorsements.	
Date driving test passed				
State type & class		Do you own your transport	Yes	No

6. Education			
<i>State name and address of schools attended from the age of 11years</i>			
Secondary school attended	Dates	Exams taken – qualifications gained	Dates
Further education	Dates	Exams taken – qualifications gained	Dates
Other training courses	Dates	Title	
Membership of professional bodies			

Do you hold a valid certificate for first aid	Yes	No	Expiry date			
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## 7. Employment history

The security screening process requires that we are able to verify your personal employment history for a period of ten (10) years or to date of leaving school. Please give details of your employment history, identify in the space provided **all periods of employment, self-employment, registered or unregistered unemployment, military service and part-time work**. Be sure to give details and **full address** of employers and unemployment benefit offices.

State clearly your reason for leaving each employment. In the case of self-employment, give details of two trade/business references in section 13. **If an employer has ever dismissed you, give full details in "the reason for leaving" section.** Please detail your history starting from today's date.

Details of employment, self employment, registered/unregistered unemployment, military service, part-time work	Employment dates Months & years	Position held, reporting to, works no., salary etc.
Name	From	Position held
Address		Works No.
		Reporting to
	To	Last salary/Wage per week
Telephone		
Reason for leaving		

Name	From	Position held
Address		Works No.
		Reporting to
	To	Last salary/Wage per week
Telephone		
Reason for leaving		

Name	From	Position held
Address		Works No.
		Reporting to
	To	Last salary/Wage per week
Telephone		
Reason for leaving		

Name	From	Position held
Address		Works No.
		Reporting to
	To	Last salary/Wage per week
Telephone		
Reason for leaving		

**8. Service Record**

Police Service		Fire Service		Army		Rank attained
Royal Navy		Royal Marine		RAF		Are you liable for recall?
Regiment or unit						Conduct rating
Dates	From	To		Are you a member of any Reserve annual training		
Service number						

**9. Background information Tick where appropriate**

Do you or any member of your Family have any association with Another security company	Yes	No
Please give details of any criminal convictions except those that are "spent" as described in the Rehabilitation of Offenders Act 1974. If none please state.		

**10. Financial liabilities**

Please identify financial commitments E.g. Mortgages, HP. etc	Have you ever been declared Bankrupt / Insolvent?	Yes	No
	Has a county court judgement ever been awarded against you?		
	If yes, give details		

**11. Personal references**

Please give details of two people who have known you well for a minimum of five years and who we may approach for references. These must not be former employers or relatives.

Full Name	Full Name
Address	Address
Occupation	Occupation
Telephone	Telephone
How long known From To	How long known From To

**12. Self-employment**

In the case of self-employment, please give details of two trade/business references, i.e. of companies with whom you traded and/or persons who can details of your business activities (e.g. your accountant, solicitor, book-keeper).

Name	Name
Address	Address
Occupation	Occupation
Telephone	Telephone
Dates <i>From</i> <i>To</i>	Dates <i>From</i> <i>To</i>

**13. Uniform size**

If this application is successful, it will be necessary to know your measurements in order to provide you with uniform. Please be as accurate as possible.

Height	Weight	Chest
Waist	Cap size	Inside leg
Collar size	Shoe size	

**14. Leisure interests, sports and hobbies****Important Read** *this section carefully before you sign the statement*

1. If offered employment, it will be on a contract basis. The length of these contracts may vary.

**Statement** *To be signed by applicant*

I certify to the best of my knowledge, the information I have given is complete and correct, and I understand that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

I authorise the Company to approach any Government Agencies, former employers and personal referees to verify the information given, and will supply a statutory declaration if required.

I hereby give my authority for rja (uk) ltd to contact my doctor for any further information regarding my state of health.

Applicants signature	Date
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**For office use only** Interviewers *assessment & notes*

How soon will applicant Be available for employment				Interested in day or night work?			
Any holidays booked (dates)				How did applicant hear about the vacancy?			
Training date				Which areas is applicant available to work?			
Notes							
Interviewed by				Date			
Investigating Officer				Date			

**RJA (UK) Limited**  
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**Website: [www.rjasecurity.com](http://www.rjasecurity.com)**

**MEDICAL CLEARANCE QUESTIONNAIRE**

Name.....

Date.....

Please answer **ALL** of the following questions, in order that we may identify those assignments which are most suitable for you.

DO YOU HAVE, OR HAVE YOU EVER SUFFERED FROM:	NO	YES (PRESENT)	YES (IN THE PAST)
1. Impaired Hearing			
2. Ear infection causing discharge			
3. Impaired vision not corrected by wearing glasses			
4. Eye infection including styes			
5. Colour blindness			
6. Migraine or persistent headaches			
7. Sinusitis			
8. Recurring sore throats			
9. Persistent cough producing sputum			
10. Bronchitis			
11. Hay fever			
12. Asthma			
13. Dermatitis, eczema, psoriasis			
14. Boils or ulcers			
15. Persistent chest pains			
16. Heart disease, heart attack, angina			
17. Unusual shortness of breath on exertion			
18. Faints, dizzy spells, blackouts			
19. Epilepsy			
20. Diabetes			
21. Nervous or mental disorder or depression breakdown			
22. Raised blood pressure			
23. Persistent pain in the joints			
24. Severe back or neck pain			
25. Varicose veins			
26. Rupture or hernia			
27. Glandular trouble eg thyroid disorder			
28. Stomach or duodenal ulcers			
29. Frequent indigestion or bowel disorder			
30. Vomiting			
31. Diarrhoea, dysentery, gastro-enteritis, food poisoning			

DO YOU HAVE, OR HAVE YOU EVER SUFFERED FROM:	NO	YES (PRESENT)	YES (IN THE PAST)
32. Kidney or bladder infections			
33. Jaundice			
34. Pneumonia or pleurisy			
35. Tuberculosis			
36. Typhoid, paratyphoid, hepatitis			
37. Scarlet or rheumatic fever			

PLEASE ANSWER THE FOLLOWING QUESTIONS	NO	YES	IF YES GIVE DETAILS
38. Do you smoke?			How many per day
39. Do you drink alcohol?			HOW MUCH PER WEEK
40. Do you wear glasses?			
41. Have you ever had a chest X-Ray?			
42. Have you suffered illness or injuries which required admission to hospital?			
43. Are you presently having treatment from your doctor?			
44. Are you presently taking drugs or medication, prescribed or otherwise?			
45. Are you registered disabled?			
46. Have you recently travelled abroad?			DATES? WHERE?

PLEASE GIVE <b>NAME AND ADDRESS OF YOUR GP</b>	
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I confirm that the above answers are true to the best of my knowledge and I understand that deliberate misrepresentation will result in no further assignments being offered to me.

Signature ..... Date .....

**Nurse**

Signature ..... Date .....