



APPLICATION FOR EMPLOYMENT

If an entry is inapplicable insert No or N/A.
Please use BLOCK CAPITALS or tick where appropriate.

NAME	
PLACE	
DATE	

POSITION APPLIED FOR	
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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	FROM		
			TO		
		DATE OF BIRTH			
		PLACE OF BIRTH			
		AGE			
HOW LONG HAVE YOU LIVED HERE SINCE		SEX	MALE		FEMALE
TELEPHONE		NATIONAL INSURANCE NUMBER			
MOBILE					
EMAIL					
TYPE OF ACCOMMODATION					
HOUSE/FLAT OWNER		RENTING		WITH PARENTS	LODGING

2. PERSON TO CONTACT IN AN EMERGENCY / NEXT OF KIN

NAME		RELATIONSHIP	
ADDRESS			
	WORK		
	HOME		

3. MARITAL STATUS (tick where applicable)

MARRIED	<input type="checkbox"/>	DIVORCED	<input type="checkbox"/>	SINGLE	<input type="checkbox"/>	OCCUPATION OF WIFE/HUSBAND/PARTNER
DATE OF MARRIAGE						
NO. OF CHILDREN						TYPE OF BUSINESS OF EMPLOYER
AGES OF CHILDREN						



4. EQUAL OPPORTUNITY

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.

4.1 ETHNIC ORIGIN (tick where appropriate)

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		YES		NO	

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

6. EDUCATION

STATE NAME AND ADDRESS OF SCHOOLS ATTENDED FROM THE AGE OF 11 YEARS			
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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DO YOU HOLD AN SIA LICENCE?	YES		NO		EXPIRY DATE			
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PLEASE GIVE LICENCE NUMBER:								
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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 five (5) years with no gaps, or to date of leaving school. Please give details of your employment history in the spaces provided **all periods of employment, self-employment, registered or unregistered unemployment, military service and part-time work or education**. Be sure to give details and **full address, tel no and e mail address where possible**, 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 12. **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 etc	EMPLOYMENT DATES MONTHS & YEARS	POSITION HELD, REPORTING TO, WORKS NO., SALARY ETC.	
NAME	FROM	POSITION HELD	
		WORKS NO.	
ADDRESS	TO	REPORTING TO	
		LAST SALARY/ WAGE P/W	
		REASON FOR LEAVING	
TELEPHONE			
EMAIL ADDRESS			

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	
		WORKS NO.	
ADDRESS	TO	REPORTING TO	
		LAST SALARY/ WAGE P/W	
		REASON FOR LEAVING	
TELEPHONE			
EMAIL ADDRESS			

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	
		WORKS NO.	
ADDRESS	TO	REPORTING TO	
		LAST SALARY/ WAGE P/W	
		REASON FOR LEAVING	
TELEPHONE			
EMAIL ADDRESS			

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 CHECKS (*tick where appropriate*)

Please provide a copy of a current Basic Disclosure Certificate, within 3 months to date.
(to apply for Disclosure Scotland please go to www.disclosurescotland.co.uk)

SUBMITTED WITH APPLICATION FORM		APPLIED FOR AND TO BE SUBMITTED UPON RECEIPT	
		DATE APPLIED FOR	

10. 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.				

11. 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?	YES	NO
	IF YES, GIVE DETAILS		

12. 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					
EMAIL				EMAIL					
HOW LONG KNOWN	FROM		TO		HOW LONG KNOWN	FROM		TO	

13. 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).

FULL NAME				FULL NAME					
ADDRESS				ADDRESS					
OCCUPATION				OCCUPATION					
TELEPHONE				TELEPHONE					
EMAIL				EMAIL					
HOW LONG KNOWN	FROM		TO		HOW LONG KNOWN	FROM		TO	



14. 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			

15. LEISURE INTERESTS, SPORTS AND HOBBIES

16. 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	PRINT NAME	DATE



17. FOR OFFICE USE ONLY (INTERVIEWERS ASSESSMENT & NOTES)

HOW SOON WILL APPLICANT BE AVAILABLE FOR EMPLOYMENT				INTERESTED IN DAY OR NIGHT WORK?			
				DAY		NIGHT	
ANY HOLIDAYS BOOKED (DATES)				HOW DID APPLICANT HEAR ABOUT THE VACANCY?			
				WHICH AREAS IS APPLICANT AVAILABLE TO WORK?			
TRAINING DATE							
NOTES							
INTERVIEWED BY				DATE			
INVESTIGATING OFFICER				DATE			

ADDRESS	CONTACT DETAILS
RJA (UK) Limited Hangar 1 Farnborough Airport Farnborough Hampshire GU14 6XA	T: +44(0) 1252 526432 F: +44(0) 1252 526439 E: info@rjasecurity.com W: www.rjasecurity.com



18. DECLARATION

I understand that my employment is subject to satisfactory vetting and references in accordance with the CTC check. I also declare that any documents that I provide as proof of my identity proof of address, proof of the right to work and any other documents are genuine and I give my consent for those documents to be examined under a UV scanner or similar device. I acknowledge that any falsified documents may be reported to the appropriate authority.

I undertake to co-operate with RJA (UK) Ltd in providing additional information required to meet these criteria I authorise RJA (UK) Ltd and/or its nominated agent to approach previous employers, schools/colleges, character references or government agencies to verify that the information I have provided is correct.

I authorise RJA (UK) Ltd to make a consumer information search with a credit reference agency, which will keep a record of that search and may share that information with other credit reference agencies.

Data Protection

The Company will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers.

By returning this form to the Company you consent to our processing personal data about you where this is necessary, for example information about your credit status, ethnic origin or criminal offences. You will also consent to the transfer of your information to your current or future employers where this is necessary. (This may be to companies operating abroad if you apply for work outside the UK)

Your information will be held on our computer database or in a paper filing system. By signing below you agree to this process and confirm that you don't have a criminal record subject to the current rehabilitation of offenders act and any amendments.

Disclosure

You are applying for a position of trust and in the event of being offered employment by the company we may apply for disclosure. However, having a criminal record does not necessarily bar you from employment. Disclosure is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document you allow the company to see a copy of the disclosure. The disclosure information is not retained it is disposed of within time scales recommended in the CRB codes of practise.

I consent to the Company's reasonable processing of any sensitive personal information obtained for the purposes required of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the company. Subject to the Access to Medical Records Act 1988, I consent to the results of such examinations to be given to the company. I understand and agree that if so required I will make a statutory declaration in accordance with the provisions of the Statutory Declarations Act 1835, in confirmation of previous employment or unemployment.

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 hereby certify that I have completed this Application Form myself and that I have read and understood and agree to abide by the above declaration.

SIGNATURE OF APPLICANT	PRINT NAME	DATE		

May we approach your present employer for references immediately **Yes** [] **No** []

(Note: your present employer will not be approached without your permission.)



TO BE COMPLETED AFTER APPLICATION HAS BEEN ACCEPTED

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 e.g. thyroid disorder			
28. Stomach or duodenal ulcers			
29. Frequent indigestion or bowel disorder			
30. Vomiting			
31. Diarrhoea, dysentery, gastro-enteritis, food poisoning			
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 **NAME** AND **ADDRESS** OF YOUR **GP**

GP NAME	
GP ADDRESS	
TEL NO.	

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 OF CANDIDATE	PRINT NAME	DATE		