**Application Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | | | | | | | | | | | | | | | | |
| Position Applied For: |  | | | | | | | | | | | | | | | | | | |
| SIA Badge Type | DS / SG / CCTV | | | | | | | | | | | | | | | | | | |
| SIA Badge No: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Expiry Date: |  |
| SIA Badge Type | DS / SG / CCTV | | | | | | | | | | | | | | | | |  |
| SIA Badge No: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Expiry Date: |  |
| SIA Badge Type | DS / SG / CCTV | | | | | | | | | | | | | | | | |  |
| SIA Badge No: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Expiry Date: | / / |
| Own Transport: | Yes / No | | | | | | | | | | | | | | | | | | |

**Information**

Applications should be completed in **BLOCK CAPITALS** and in **BLACK ink.**

Please check that all the sections have been completed.

Applicants who can demonstrate in their applications that they possess the skills, experience and abilities required for the post, stand the best chance of being short listed and selected for interview.

You can refer to any relevant skills, knowledge and experience you have acquired in paid or unpaid work (that is, outside full-time employment); for example: studying, training, social activities, organising sports, community, or voluntary work.

Please ensure that any continuation sheets are headed with the reference number supplied with this form.

References will be followed up if you are offered employment with Bird Eye Security Services Ltd. Furthermore Bird Eye Security Services must be able to complete a full five year work history, or back to school leaving if less, within twelve weeks of your commencement of work.

Any data about you will be held in completely secure conditions, with access restricted to those involved in dealing with your application and in the selection process. As indicated elsewhere, the data you provide will be used to monitor the effectiveness of Bird Eye Security Services equal opportunities policy. We will be unable to process your application unless we can use your personal data in the ways described above. We shall consider that by signing and submitting the application form, you are giving consent to the processing of your data in the ways described above.

Applications should be returned to:

**HR:**

## Screening/Vetting

Your potential employment within the company is dependent on security screening. This is done following the rules of British Standard 7858.

To ensure that the integrity of each applicant is of a suitable standard to work in a position of great trust, we will need to check either for the last five years or back to your completion of full time education if that was less than five years ago.

In completing the application form you must give as much detail as possible. We will confirm your education history and employment history on a continuous month-by-month basis.

We will contact each of your previous employers and educational establishments within the time period as stated above.

We will need to contact your current employer before we are able to complete 5 year screening. Permission to do so is a condition of the offer of conditional employment. If such permission is withheld this offer will be withdrawn if the security screening is not concluded satisfactorily.

## Previous employment should be detailed as follows:

* Date of start and finish of employment months and years
* Name of line manager and your position within the company at the time of leaving
* Full name and address of company
* Full telephone number of company

It is important to detail each job that you have had no matter how short the contract. In the case of working through an agency it is necessary to give only the agency name, address and contact.

## In the case of unemployment or gaps in employment:

Where you have registered with an employment service office, fill in the appropriate form. You will find this attached to your application form. (Appendix A).

Where you have been unemployed and have not registered with an employment service office, please nominate a character referee who is not related to you and can verify by knowing you at the time that you were unemployed for the dates shown. Please supply name, address and telephone number.

You must seek permission from the character referees sought, as we will write/telephone them to confirm the information you have supplied.

## Previous education should be detailed as follows:

* Name, full address and telephone number of School/College/University.
* Date of start and finish of education at each in months and years.
* The qualifications you gained.

## Character referees:

Please nominate one person who has known you for at least two years immediately prior to the commencement of the screening process. The character reference should not be a previous employer, relative (by blood or marriage) and/or person residing at the same address as you. This person should not be related to you but may be a current or previous colleague.

* Full name, address and postcode
* Full telephone number
* Length of time you have known the character referee

## Conditional period of employment:

After gaining references to confirm your occupation for the previous five years we may offer you a position on a conditional basis whilst we are checking the remaining references. This period will be for no longer than twelve weeks.

Failure to meet the security screening standards of the company will result in the termination of your conditional employment.

## Criminal offences

As part of our security screening process we ask you to declare any previous criminal proceedings you may have had taken against you. Please give full details.

**I HAVE READ THE ABOVE UNDERSTANDING AND I ACCEPT AND AGREE WITH THE COMPANY POLICY.**

|  |  |
| --- | --- |
| **Printed Name:** |  |
| **Signature:** |  |
| **Date:** |  |

***CONFIDENTIAL***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | Application for employment as: | | How did you hear about this vacancy? | |  |   NOTES:  Please answer all questions.  Write No or NIL if a question does  not apply to you.  Please write in black ink or ball point pen, IN BLOCK CAPITALS. | | | | |
| 1. Surname: Mr/Mrs/Miss/Ms   (Block Capitals) | | | 1. Forenames:   (Block Capitals) | |
| 1. Maiden/Former Names: | | | 1. Email Address:     (May we use this email address to send you important information e.g. staff rotas etc?) Yes/No | |
| 1. Full Address: (Block Capitals)           Post Code: | | | 1. How long have you lived at your present address?     Year**:**  Months  House/flat  (Circle present state)  Owner/Renting/Living with parents/Lodging  (Circle present state) | |
| 1. Home Telephone No: | | 1. Mobile Telephone No | | |
| 1. Previous Address: (If you live less than five year on above address – continue on a separate sheet if necessary) (provide five years full address history Block Capitals) | | | | |
| Post Code**:**  Date From: Date To: | | | | |
| 1. Previous Address: | | | | |
| Post Code**:**  Date From: Date To: | | | | |
| 1. National Insurance Number: | | | | |
| 1. Person to be contacted in emergency:     Name: Relationship:    Address:    Their telephone number Home: Work: | | | | |
| 1. Education and Qualifications (State name and address of last school/college attended). | | | | |
| Secondary School/College or  University attended | Dates (From: To: ) | | | Exams taken, qualification  gained |
|  |  | | |  |
|  |  | | |  |
| First Aid/Fire Fighting Certificates: | | | | |
| Foreign languages: | | | | |

1. **Employment History (Vetting Form)**

Starting with your last or present employer, give details of your employment history, with FULL POSTAL ADDRESS, for the last five years or since you left full time education. Include periods of self-employment and military service. Please state any periods of unemployment that you did not register with the department of unemployment as “not registered/unemployed” and give full details of what you were doing. If self-employed you must give name, address and telephone number of your accountant.

May we approach your employer(s)? YES/NO

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer |  | | |
| Address |  | | |
| Telephone |  | | |
| Position Held |  | | |
| Reporting to |  | | |
| Joining Date |  | Leaving Date |  |
| Basic wage |  | | |
| Reason of Leaving |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer |  | | |
| Address |  | | |
| Telephone |  | | |
| Position Held |  | | |
| Reporting to |  | | |
| Joining Date |  | Leaving Date |  |
| Basic wage |  | | |
| Reason of Leaving |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer |  | | |
| Address |  | | |
| Telephone |  | | |
| Position Held |  | | |
| Reporting to |  | | |
| Joining Date |  | Leaving Date |  |
| Basic wage |  | | |
| Reason of Leaving |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer |  | | |
| Address |  | | |
| Telephone |  | | |
| Position Held |  | | |
| Reporting to |  | | |
| Joining Date |  | Leaving Date |  |
| Basic wage |  | | |
| Reason of Leaving |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer |  | | |
| Address |  | | |
| Telephone |  | | |
| Position Held |  | | |
| Reporting to |  | | |
| Joining Date |  | Leaving Date |  |
| Basic wage |  | | |
| Reason of Leaving |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of employer |  | | |
| Address |  | | |
| Telephone |  | | |
| Position Held |  | | |
| Reporting to |  | | |
| Joining Date |  | Leaving Date |  |
| Basic wage |  | | |
| Reason of Leaving |  | | |

1. **Personal References**

Please nominate one person who has known you for at least two years immediately prior to the commencement of the screening process. The character referee should not be a previous employer, relative (by blood or marriage) and/or persons residing at the same address as you. This person should not be related to you but may be a current or previous colleague.

Name:

Address:

Postcode: Tel:

Occupation: How long known:

During the probationary period, your employment will be terminable by you by not less than one weeks’ notice or by the company by one day in the first four weeks and one week thereafter.

I understand that any appointment made will be subject to complete and satisfactory references being received by the company.

**DISCLOSURE**

You are applying for a position of trust and in the event of being offered employment by the Company we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from employment. For more information ask a member of staff for a copy of the CRB Code of

Practice/Disclosure Scotland and/or Company our policy statement regarding ex-offenders. Disclosure information 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 i.e. it is disposed of within the timescales recommended in the CRB Code of Practice. By signing below you agree to this process.

**SCREENING**

Any offer of employment is subject to satisfactory screening, that the applicant consents to being screened and will provide information as required. That the information provided is correct, and the applicant acknowledges that any false statements or omissions could lead to termination of employment.

Applicant Name**:**  NI Number:

Applicant Signature: **..** Date:

PLEASE NOTE

On submission of your application form you must present two original forms of identification, which will be copied and certified as true copies of originals. These will be handed back to you immediately.

ADDITIONAL INFORMATION

Use this space to tell us anything else that would support your application or to add anything where you may have run out of space. Please indicate the number of the question you are answering:

**Appendix A**

Dear Sir/Madam,

Please accept this letter as my authority to provide or their nominated agent with any confirmation, which they may require concerning my period(s) of registered unemployment/claiming sickness benefit/Job Seekers Allowance as recorded by your office.

Yours faithfully

Signed:

Name in Capitals:

**TO:**

**Re:**

**National Insurance No:**

The above named was registered as unemployed/claiming sickness benefit between the following dates:

Yours faithfully

Position:

This section must be completed by all Applicants

I wish to obtain a copy of my personal data as held on National Insurance Recording System computer, in accordance with my subject access rights under Data Protection Act (2018).

I understand that my National Insurance records include reference to all periods of employment, periods of registered unemployment and to periods of non-liability for contributions (for example periods of full-time education, periods spent abroad or in legal custody).

Title: Mr/Mrs/Ms/Miss

Surname:

First Name:

Previous Surname (if applicable):

Address:

Postcode**:**

Previous Address (if applicable):

………………………………………………………………………………….………………..

Postcode**: …………………………**

Date of Birth**: / /**

National Insurance Number**:**

Signed**:**

Date **/ /**

**Bank Details:**

Your full name here:

Please pay all of my wages/salary plus any expenses due into my bank account/ building society account.

|  |  |
| --- | --- |
| Name of Bank: |  |
| Address of Bank: |  |
| Bank Sort Code:  E.G. 12-34-56 |  |
| Bank Account Number:  E.G. 12345678 |  |
| Role Number:  (Applicable to Building  Society Accounts Only) |  |
| Title of Account (Full Name) |  |

**FOR OFFICIAL USE ONLY**

**Restriction on employment**

|  |  |  |  |
| --- | --- | --- | --- |
| Work Permit required: YES/NO | | | |
| Birth Certificate No: | | Origin: | Issued: |
| Date: | | | |
| Driving Licence No: | | Issued: | Expires: |
| Passport No: | | Origin: | Expires: |
| Service Record Book seen: YES/NO | | Conduct: | |
| Details of Education seen: YES/NO | | | |
| Authority from College/Employer to work part time seen: | | | |
| Offer Letter Date: | | Letter Returned: | |
| Induction Date: | Start Date: | | Finish: |
| Position: | Site: | | Availability: |

INTERVIEWERS ASSESSMENT – INTERVIEWED BY: …………………………………………………..

DATE:

Appearance:

Personality:

Comments:

Information to be obtained prior to/at induction:

NOTES: