

Application form

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PERSONAL DETAILS

I AM APPLYING FOR: SIA: STEWARD: OTHER:

TELL US WHERE YOU SAW THIS JOB ADVERTISED:

MR/MRS/MISS/MS:	FORENAME:	SURNAME:
DOB:	TELEPHONE NO:	MOBILE NO:
EMAIL:	NI NO:	
CURRENT ADDRESS:		
POSTCODE:		
IF LESS THAN 5 YEARS AT YOUR CURRENT ADDRESS PLEASE STATE PREVIOUS ADDRESSES COVERING THE PAST 5 YEARS:		
PREVIOUS ADDRESS 1		
POSTCODE:		
PREVIOUS ADDRESS 2		
POSTCODE:		
PREVIOUS ADDRESS 3		
POSTCODE:		

PLACE & COUNTRY OF BIRTH:		
NATIONALITY:	DATE OF ENTRY INTO THE EU/UK (If Applicable):	
RELIGION:	WORK PERMIT/VISA NO:	EXP DATE:
HAVE YOU LIVED OR WORKED OUTSIDE OF THE UK FOR MORE THAN 6 MONTHS IN THE LAST 5 YEARS?		YES NO
ANY DISTINGUISHING MARKS, SCARS OR TATTOOS:		

DO YOU HAVE:					
A CURRENT DRIVING LICENCE:	YES	NO	TYPE:	PROVISIONAL	FULL
DO YOU HAVE USE OF A VEHICLE?	YES	NO			
CURRENT ENDORSEMENTS (Give Details):					

EMERGENCY CONTACT NAME:		
HOME NO:	WORK NO:	MOBILE NO:
ADDRESS:		
POSTCODE:		

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EDUCATION AND QUALIFICATIONS

QUALIFICATION / COURSE DETAILS	DATE FROM	DATE TO	GRADE / RESULT

PREVIOUS SECURITY QUALIFICATIONS

DO YOU HAVE ANY OF THE FOLLOWING CERTIFICATES

NVQ/SVQ IN SECURITY, SAFETY AND LOSS PREVENTION	YES	LEVEL:	NO
C&G PROFESSIONAL/ ADVANCED SECURITY OFFICER	YES	NO	
SKILLS FOR SECURITY/SITO BASIC JOB TRAINING CERTIFICATE	YES	NO	DATE COMPLETED:
CONFLICT MANAGEMENT	YES	NO	DATE COMPLETED:
FIRST AID	LEVEL:	YES	NO EXPIRY DATE:
FIRE FIGHTING	LEVEL:	YES	NO EXPIRY DATE:

LICENSE STATUS

HAVE YOU APPLIED FOR AN SIA LICENSE?	YES	NO	REFERENCE NO & TYPE:
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DO YOU HOLD ANY OF THE FOLLOWING			LICENSE NUMBER:	EXPIRY DATE:
SIA DOOR SUPERVISOR LICENSE	YES	NO		
SIA SECURITY GUARDING LICENSE	YES	NO		
SIA CCTV LICENSE	YES	NO		
SIA CLOSE PROTECTION LICENCE	YES	NO		

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EMPLOYMENT RECORD

YOUR EMPLOYMENT HISTORY FOR THE LAST 5 YEARS (START WITH MOST RECENT)

IMPORTANT: FULL ADDRESS AND CONTACT TELEPHONE NUMBERS ARE REQUIRED. IF YOU ARE STILL EMPLOYED PLEASE GIVE NOTICE PERIOD.

NB: The information on this form is gathered to facilitate screening in accordance with BS 7858 and in order to determine whether individuals are suitable to be employed in a secure environment. Deliberate and negligent omissions may be deemed Gross Misconduct and may result in instant dismissal.

MAY WE APPROACH YOUR CURRENT EMPLOYER FOR A REFERENCE BEFORE YOUR NOTICE PERIOD ENDS? YES NO

EMPLOYER	START DATE	END DATE	COMPANY NAME AND ADDRESS	REASON FOR LEAVING
CONTACT PERSON / TITLE YOUR JOB TITLE:				
CONTACT PERSON / TITLE YOUR JOB TITLE:				
CONTACT PERSON / TITLE YOUR JOB TITLE:				
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CONTACT PERSON / TITLE YOUR JOB TITLE:				
CONTACT PERSON / TITLE YOUR JOB TITLE:				

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UNEMPLOYMENT RECORD

YOUR UNEMPLOYMENT HISTORY FOR THE LAST 5 YEARS (START WITH MOST RECENT)
IMPORTANT: FULL ADDRESS AND CONTACT TELEPHONE NUMBERS ARE REQUIRED



DATE UNEMPLOYMENT COMMENCED	DATE UNEMPLOYMENT ENDED	REGISTERED WITH JOB CENTRE	JOB CENTRE ADDRESS

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DISCLOSURE OF CONVICTIONS / REFERENCES

BECAUSE OF THE NATURE OF THE WORK FOR WHICH YOU ARE APPLYING, THIS POST IS EXEMPT FROM THE PREVIOUS SECTION 4(2) OF THE REHABILITATION OF OFFENDERS ACT 1974; BY VIRTUE OF THE REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975 APPLICANTS ARE, THEREFORE, NOT ENTITLED TO WITHHOLD INFORMATION ABOUT CONVICTIONS WHICH FOR OTHER PURPOSES ARE 'SPENT' UNDER THE PROVISION OF THE ACT, AND IN THE EVENT OF EMPLOYMENT, ANY FAILURE TO DISCLOSE SUCH CONVICTIONS COULD RESULT IN DISMISSAL OR DISCIPLINARY ACTION BY THE COMPANY. ANY INFORMATION GIVEN WILL BE COMPLETELY CONFIDENTIAL AND WILL BE CONSIDERED ONLY ON RELATION TO AN APPLICATION FOR POSITIONS TO WHICH THE ORDER APPLIES.

HAVE YOU EVER BEEN CAUTIONED OR CONVICTED OF A CRIMINAL OFFENCE EITHER IN THE UK OR ANY OTHER COUNTRY OR ARE THERE PROCEEDINGS PENDING (SUBJECT TO REHABILITATION OF OFFENDERS ACT 10974?)	YES	NO
IF YES, GIVE DETAILS INCLUDING DATES		
HAVE YOU EVER BEEN SUBJECT TO BANKRUPTCY PROCEEDINGS OR COURT JUDGEMENTS FOR DEBT OR ARE THERE ANY PROCEEDINGS PENDING?	YES	NO
IF YES, GIVE DETAILS		

I DECLARE THAT ALL THE ABOVE INFORMATION IS CORRECT AND ACCEPT THAT SHOULD THAT TURN OUT NOT TO BE THE CASE I COULD BE LIABLE TO INSTANT DISMISSAL.

PRINT NAME: DATE (DD/MM/YYYY)

SIGNATURE

PERSONAL REFEREES

REFEREE ONE:

TITLE:	FORENAME:	SURNAME:
TELEPHONE NO:	EMAIL:	
IN WHAT CAPACITY HAVE YOU KNOWN THIS PERSON?		
HOW LONG HAVE YOU KNOWN THIS PERSON?		
CURRENT ADDRESS:		
POSTCODE:		

REFEREE TWO:

TITLE:	FORENAME:	SURNAME:
TELEPHONE NO:	EMAIL:	
IN WHAT CAPACITY HAVE YOU KNOWN THIS PERSON?		
HOW LONG HAVE YOU KNOWN THIS PERSON?		
CURRENT ADDRESS:		
POSTCODE:		

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WORKING TIME DIRECTIVE - 48 HOUR WEEK

THE 48-HOUR WEEK WORKING TIME DIRECTIVE HAS BEEN IN FORCE SINCE 1ST OCTOBER 1998. UNDER THESE REGULATIONS SENTURIAN SECURITY LTD MUST OBTAIN YOUR WRITTEN PERMISSION IF YOU WISH TO WORK MORE THAN 48 HOURS PER WEEK.

IF YOU DO WISH TO WORK MORE THAN 48 HOURS PER WEEK, YOU NEED TO SIGN THE AGREEMENT BELOW. IF YOU CHANGE YOUR MIND ABOUT THIS LATER, YOU WILL NEED TO INFORM THE HUMAN RESOURCE DEPARTMENT IN WRITING, GIVING 3 MONTHS NOTICE, SO THAT YOUR ROSTERS MAY BE AMENDED.

THE DIRECTIVE STATES THAT THE SECURITY INDUSTRY IS NOT BOUND TO COMPLY WITH REGULATIONS RELATING TO NIGHT WORKERS WORKING LONGER THAN EIGHT HOURS IN TWENTY FOUR, REST PERIODS OF ELEVEN HOURS PER DAY OR ONE DAY PER WEEK OR A REST PERIOD EVERY SIX HOURS WORKED, PROVIDED THAT YOU ARE ALLOWED THE SAME REST AT A LATER TIME.

IF, HOWEVER, YOU WISH TO WORK AND BE PAID FOR RATHER THAN TAKE REST BREAKS, YOU CAN DO SO, PROVIDED THAT THERE IS WORK AVAILABLE AND YOU HAVE RETURNED THIS SIGNED AGREEMENT ENCLOSED.

IF YOU HAVE ANY QUERIES OR NEED FURTHER EXPLANATION, PLEASE DO NOT HESITATE TO CONTACT THE HUMAN RESOURCES DEPARTMENT OR SPEAK TO YOUR MANAGER.

I DO NOT WISH TO WORK MORE THAN 48 HOURS PER WEEK

I AM PREPARED TO WORK MORE THAN 48 HOURS PER WEEK AND THEREFORE WISH TO 'OPT OUT OF THE REGULATION.

PRINT NAME:

DATE (DD/MM/YYYY)

SIGNATURE

.....

STATUTORY SICK PAY

HAVE YOU MADE A CLAIM FOR ANY OF THE FOLLOWING STATE BENEFITS DURING THE LAST 57 DAYS? THIS INFORMATION IS REQUIRED FOR STATUTORY SICK PAY PURPOSES.

SICKNESS BENEFIT	
MATERNITY ALLOWANCE	
INVALIDITY PENSION	
NON-CONTRIBUTORY INVALIDITY PENSION	
UNEMPLOYMENT BENEFIT WHICH HAS FOLLOWED ENTITLEMENT TO INVALIDITY PENSION (ENTITLEMENT ARISES AFTER 28 WEEKS' SICKNESS)	
MY BENEFIT STOPPED ON	

DECLARATION OF CONSENT

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FULLY UNDERSTAND THAT IT IS A CRIMINAL OFFENCE TO MAKE FALSE STATEMENTS ON THIS APPLICATION FORM UNDER SECTION 16 OF THE THEFT ACT 1968. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY BE SUFFICIENT CAUSE OF REJECTION OF MY APPLICATION OR, IF EMPLOYED, DISMISSAL WITHOUT NOTICE.

I FURTHER CERTIFY THAT I HAVE COMPLETED THE APPLICATION FORM IN MY OWN HANDWRITING AND UNDERSTAND THAT THE EMPLOYMENT IS SUBJECT TO SATISFACTORY REFERENCES AND SCREENING IN ACCORDANCE WITH BS 7858 OR AS IT MAY BE AMENDED.

I AUTHORISE THE COMPANY OR ANY THIRD PARTY NOMINATED BY THE COMPANY TO PERFORM A VETTING SERVICE AND TO HOLD THE INFORMATION CONTAINED IN THE APPLICATION FOR EMPLOYMENT. SUCH INFORMATION WILL BE SUBJECT TO THE DATA PROTECTION ACT 2018 AND THE GENERAL DATA PROTECTOION REGULATION (GDPR).

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STATUTORY SICK PAY CONT.

BY RETURNING THIS FORM TO US YOU HAVE CONSENTED TO US REQUESTING REFERENCES TO INCLUDE: EMPLOYMENT, EDUCATION, SELF-EMPLOYMENT, DWP AND HMRC, PERSONNEL AND DOCUMENTARY EVIDENCE TO COVER ANY UNACCOUNTED PERIODS IN YOUR APPLICABLE HISTORY.

I UNDERSTAND AND AGREE THAT ANY OFFER OF EMPLOYMENT IS CONDITIONAL ON THE VERIFICATION, TO SENTURIAN SECURITY'S SATISFACTION, OF THE INFORMATION PROVIDED ON THE APPLICATION FORM. I CONFIRM THAT THE INFORMATION I HAVE PROVIDED ON THE APPLICATION FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT THE CHECK WILL INVOLVE VERIFICATION OF THE DETAILS AS SPECIFIED BELOW. I ALSO UNDERSTAND THAT IT MIGHT BE A CRIMINAL OFFENCE TO ATTEMPT TO OBTAIN EMPLOYMENT BY DECEPTION AND THAT ANY MISREPRESENTATION, OMISSION OF A MATERIAL FACT OR DECEPTION WILL BE CAUSE FOR IMMEDIATE CANCELLATION OF CONSIDERATION OF EMPLOYMENT OR DISMISSAL IF ALREADY EMPLOYED.

I UNDERTAKE TO COOPERATE WITH THE VETTING PROCEDURE IN PROVIDING ANY ADDITIONAL INFORMATION REQUIRED TO MEET THE CRITERIA.

I HERBY AUTHORISE SENTURIAN SECURITY LTD TO VERIFY INFORMATION PRESENTED ON MY APPLICATION FORM, WHICH MAY INCLUDE EXPLICIT INFORMATION COVERED BY THE EUROPEAN DIRECTIVE 95/46. I AUTHORISE SENTURIAN SECURITY LTD TO MAKE A CONSUMER INFORMATION SEARCH WITH A CREDIT REFERENCE AGENCY, WHICH WILL KEEP A RECORD OF THAT SEARCH AND MAY SHARE THE INFORMATION WITH OTHER CREDIT REFERENCE AGENCIES. I AUTHORISE SENTURIAN SECURITY TO OBTAIN REFERENCE CHECKS OF MY EMPLOYMENT, INCLUDING CURRENT EMPLOYMENT AND TO CONTACT THE DEPARTMENT OF WORKS AND PENSIONS TO CONFIRM PERIODS OF UNEMPLOYMENT (IF ANY).

I UNDERSTAND THAT IF ANY UNSATISFACTORY REFERENCE IS RECEIVED FROM MY CURRENT EMPLOYER AFTER I HAVE ACCEPTED A ROLE WITH SENTURIAN SECURITY, MY EMPLOYMENT MAY BE TERMINATED WITH IMMEDIATE EFFECT.

I CONFIRM THAT MY CONSENT IS EXPLICIT, FULLY INFORMED AND FREELY GIVEN FOR THE PURPOSE OF THE ACT.

PRINT NAME:

DATE (DD/MM/YYYY)

SIGNATURE

.....

**PLEASE CHECK CAREFULLY AND ENSURE ALL PAGES ARE COMPLETED, THEN RETURN THE APPLICATION FORM TO:
HR DEPARTMENT, SENTURIAN SECURITY LTD, DESAI HOUSE, 9-13 HOLBROOK LANE, COVENTRY, CV6 4AD**

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EQUAL OPPORTUNITIES POLICY



SENTURIAN SECURITY LTD VALUES DIVERSITY AND HAS AN EQUALITIES POLICY TO ENSURE THAT ALL APPLICANTS ARE TREATED FAIRLY, THAT THEY ARE APPOINTED SOLELY ON THEIR SUITABILITY FOR THE POST IRRESPECTIVE OF RACE, DISABILITY, SEXUALITY OR AGE.

WE ARE COMMITTED TO ENSURING EQUAL ACCESS TO EMPLOYMENT AND DETAILS FROM THIS FORM WILL ALLOW US TO IDENTIFY ANY GROUPS THAT ARE UNDER-REPRESENTED IN OUR WORKFORCE. YOUR ANSWERS TO THESE QUESTIONS BELOW WILL BE COLLATED ELECTRONICALLY FOR THIS PURPOSE.

FORENAME:

SURNAME:

BRITISH

WHITE & BLACK

CARIBBEAN

INDIAN

CHINESE

IRISH

WHITE & ASIAN

AFRICAN

PAKISTAN

OTHER

OTHER

OTHER

OTHER

OTHER

DESCRIBE

GENDER:

MALE

FEMALE

OTHER

DATE OF BIRTH:

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OFFICE USE ONLY



DOCUMENT	SIGNATURE OF COPIER	DOCUMENT	SIGNATURE OF COPIER
BIRTH CERTIFICATE		WORK PERMIT	
DRIVING LICENSE		PROOF OF NATIONAL INS.	
PASSPORT		PROOF OF HOME ADDRESS	
SIA LICENSE		EDUCATION/TRAINING CERT.	

STARTING RATE OF PAY: £		POSITION:	
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APPEARANCE:

EXPERIENCE:

COMMUNICATION:

SUITABILITY: