

APPLICATION FORM

PRIVATE & CONFIDENTIAL

PLEASE COMPLETE THE APPLICATION FORM IN BLACK INK AND YOUR OWN HANDWRITING

POSITION APPLIED FOR: - _____

SOURCE OF VACANCY: _____ Date Available to Start:- _____

SIA BADGE NO: - _____

SIA BADGE EXPIRY DATE:- _____

PERSONAL DETAILS

Surname: _____ Full forenames: _____

At birth if different/other surnames used: _____

Date of Birth: _____ Age: _____

Place of Birth: _____ Nationality: _____

Present Address: _____

_____ Post Code: _____

Contact Telephone Numbers – Mobile: _____

Home: _____

Email Address: _____

Next of Kin: _____ Contact Number: _____

Next of Kin address: _____

_____ Post Code: _____

Are you permitted to work in this Country? _____

Previous Nationality: _____

If applicable when did you enter the UK _____ And do you have a visa? _____

If yes to the above please enter the expiry date of your visa _____

National Insurance No: _____ Marital Status: _____

**PLEASE COMPLETE THE FOLLOWING BY
PROVIDING FULL DETAILS
(A DASH IS NOT SUFFICIENT)**

| | |
|--|---|
| <p>Have you been fined, sentenced to imprisonment, discharged on payment of costs or had any order made against you by a criminal civil or military court or public authority, or is any action pending?</p> | <p><u>Nature of Offence:</u></p> <p><u>Court:</u></p> <p><u>Date:</u></p> <p><u>Liability Incurred:</u></p> |
| <p><u>CCJ Check</u> Please be aware that Impact Security solutions will be conducting a CCJ Check, Please sign to confirm your agreement to this: -</p> <p>Also if applicable are you happy for a Biometric Residence Permit Check to be carried out</p> | <p>Signed: _____</p> <p>Dated: _____</p> |
| <p>Motoring offences, except for parking offences should be detailed <u>You are not obliged to declare spent convictions</u></p> | |
| <p>If you have been employed by Impact Security Solutions in the past please give details and dates:</p> | |
| <p>Please give details of any relatives or friends already employed by Impact Security Solutions:</p> | |
| <p>Are you connected with any other Business, If yes please give details:</p> | |
| <p>Do you have a driving licence, if so please state if it is a full or provisional and insert your driving licence number</p> | |
| <p>Do you have your own transport?</p> | |
| <p>Other than normal domestic financial commitments are you free from debt?</p> | |
| <p>Are you or have you ever been declared bankrupt or subject to a bankruptcy order?</p> | |

EDUCATION AND TRAINING

Secondary Schools Attended

| <i>Name of secondary school(s) Please give full address</i> | <i>Dates From To</i> | <i>Subjects Studied</i> | <i>Qualifications Gained</i> |
|---|-------------------------------|-------------------------|------------------------------|
| | | | |

University/College Attended

| <i>Name of further education centre Please give full details</i> | <i>Dates From To</i> | <i>Subjects Studied</i> | <i>Qualifications Gained</i> |
|--|-------------------------------|-------------------------|------------------------------|
| | | | |

Please list below any Membership of professional Institution or Bodies

Please list any training courses undertaken

TRAINING QUALIFICATIONS & CERTIFICATES

Please complete this form, if you have any of the below qualifications then please provide copies with your application form.

| <u>Qualifications</u> | <u>Yes</u> | <u>No</u> | <u>Expiry date</u> |
|---------------------------|------------|-----------|--------------------|
| NVQ Level 1 | | | |
| NVQ Level 2 | | | |
| Fire Marshalling | | | |
| First Aid | | | |
| Health & Safety | | | |
| Customer Care | | | |
| City & Guilds in Security | | | |

**You will be automatically enrolled into the NEST Pension scheme if you are eligible. If you wish to opt out of this scheme then you will need to contact NEST on 03000 200 090 to inform them.
(this must be done by the employee)**

NOTE: if you stay opted out your employer will automatically re-enrol you into the pension scheme every 3 years as this is Government Legislation

RECORD OF EMPLOYMENT/PERSONAL HISTORY

Please show **ALL** periods of employment including self-employment. Please provide **FULL POSTAL ADDRESSES & CONTACT INFORMATION** (including any services with armed forces). Periods of unemployment, you will be required to obtain a letter from the Job Centre Confirming the dates you received benefits. Please start with your **PRESENT EMPLOYER** and work backwards, completing a **FULL 5 YEARS**

| Name & address of Employer & Telephone Number/Email Address | Date | Position Held | Reason for Leaving | Office Use |
|---|------------------------------|---------------|--------------------|------------|
| | Start date: End Date: | | | |
| | Start date: End Date: | | | |
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MEDICAL QUESTIONNAIRE

Section A

(Please tick appropriate box)

| | Yes | No |
|--|------------|-----------|
| Have you had any serious operations within the last past 5 years | | |
| Been Dismissed or refused employment on health grounds | | |
| Registered Diabetic | | |
| Been refused a drivers licence through ill health | | |

Section B

(Please tick appropriate box)

| Do you suffer from or have you ever had:- | Yes | No |
|---|------------|-----------|
| Asthma | | |
| Back trouble | | |
| Chest trouble | | |
| Epilepsy | | |
| Heart trouble | | |

Section c

(Please tick appropriate box)

| | Yes | No |
|---|------------|-----------|
| Do you take prescribed drugs | | |
| Are you currently prescribed spectacles | | |
| Have you been prescribed spectacles for VDU use | | |
| Are you colour blind | | |
| Have you had a hearing test | | |

Signed:

Dated:

PERSONAL REFERENCES

Please provide two references who have known you for the past 2 years or since you left full time education. They must not be related to you or live at the same address as you. They must not be a former employer.

| | |
|---|---|
| Name: | Name: |
| Address: | Address: |
| Occupation: | Occupation: |
| Tel Number: | Tel Number: |
| Email Address: | Email Address: |
| Known from () to () | Known from () to () |

Name & Address of your Doctor:-

I confirm that the information that I have given is complete and accurate and I understand that I cannot hold the company responsible for any problems arising if I fail to reveal any relevant information now or during the course of my employment. I am also signing to say that if I provide any documents that are deemed to be false the company reserve the right to retain said documents and notify the relevant governed body and terminate my employment with Immediate effect.

Please note you are also signing to say that you agree to one unpaid days training. This is for your benefit to see if this assignment is right for you, any additional training days will be paid for by Impact Security Solutions. If you are placed on any courses through Impact Security Solutions and then decide to resign from the company within the first year of your course we may deduct the cost of this course from your final wage.

Signature: _____

Date: - _____

DECLARATION AND CONSENT

Please read carefully before signing and dating.

Declarations:-

I certify that to the best of my knowledge the information that I have given in my application form is true and I understand that any false statement or omissions to the company may result in termination of employment without notice. I understand and agree that if required I will make a statutory declaration in accordance with the provisions of the statutory declaration act 1835 in confirmation of previous employment or unemployment. I authorise the company to approach government agencies, former employers, education establishments, criminal justice agencies and personal referees for information relation to and verification of my employment/unemployment record. I consent to the company reasonable processing of any personal information obtained for the purpose 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 access to medical reports Act 1988, I consent to the results of such examinations to be given to the company and authorise the company to make a consumer information search with a credit reference agencies. I further declare that any documents that I provide as proof of my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for theses documents to be examined under UV scanner or similar device, I acknowledge that any falsified documents may be reported to the appropriate authority.

Data Protection Act 1998:-

The company will use the information you have give 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 services providers. By signing this form 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 also consent to the transfer of your information to your current and future potential employers where this is necessary. Your information will be held on our computer database and/or in our paper filing system. By signing below you agree to this process and confirm that you do not have a criminal record subject to the current Rehabilitation of Offenders Act and any amendments you have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

I understand that employment with the company is subject to satisfactory references and security screening in accordance with BS7858. I undertake to cooperate with the company in providing any additional information required to meet theses criteria.

Signed: _____

Print Name: _____

Date: _____

WORKING TIME REGULATIONS

The working time regulations state that in order for an employee to work more than an average of 48 hours per week, the employer must obtain the agreement of the employee.

By signing this agreement I state that I am willing to work in excess of 48 hours on average per week.

I understand that I have the right to request to revert to working to a maximum of 48 hours per week on average at some point in the future. However should I wish to exercise this right then I will give at least one Months notice in writing.

**** Tick ONE box only ****

I am ticking this box to confirm that I am willing to work in excess of an average of 48 hours per week

I am ticking this box to confirm that I do not wish to work more than an average of 48 hours per week.

Name Print

Signed

Date

CONFIDENTIALITY POLICY

All employees of Impact Security Solutions shall keep confidential any and all information they acquire during the course of their employment that would reasonably be considered to be personal or confidential. This includes, but is not limited to:-

- Personal information concerning any clients
- Personal information concerning all employees of Impact Security Solutions
- Confidential information obtained from third parties;
- Confidential information concerning the business or operations of Impact Security Solutions;
- Content of tenders and other contractual negotiations; and
- Details of business operations, financial matters and other confidential records of Businesses which deal with Impact Security Solutions.

No person shall disclose such information unless such disclosure is required within the course of employment. Information covered by this policy shall include information that is written or unwritten or stored electronically.

Subject to legislation and regulations, any personal or confidential information shall be released only as required in the necessary course of employment and only by those persons authorized to release such information. An employee shall make his or her best efforts to ascertain whether or not release of information is authorized, and if uncertain shall direct the inquiry to his or her supervisor.

Any person who knowingly, recklessly or negligently releases personal or confidential information without appropriate authority may be subject to disciplinary action up to and including termination of the employment contract. The Director of the company or delegate shall develop procedures to collect, store and allow access to personal and confidential information in keeping with the requirements of appropriate legislation and provide employees with direction concerning the appropriate release of information that they may encounter during the course of their employment.

All volunteers who may have access to confidential or personal information shall be provided with a copy of this policy and required to adhere to its requirements as a condition of being a volunteer. All Contractors who may have access to confidential or personal information shall be provided with a copy of this policy and required to adhere to its requirements as a condition of their contract.

All supervisors shall ensure that all employees, volunteers and contractors covered by this policy shall be provided with a copy of this policy prior to commencing employment or duties with the company and shall sign an acknowledgement of review of this policy.

Acknowledgement of Review of Policy on Confidentiality

I acknowledge that I have had the opportunity to review the following information provided to me concerning Impact Security Solutions policy on confidentiality.

I understand that I am expected to conduct myself within the requirements of the policy of Impact Security Solutions as set out in the information provided.

If I am unsuccessful at my interview for a position with Impact Security Solutions I would/wouldn't wish them to keep my CV on file for further vacancies that may arise.

Signed:

Dated:

Standards of Behaviour for Security Operatives

Personal Appearance

A security operative should at all times: -

- Wear clothing which is smart, presentable, easily identifies the individual as a security operative, and is in accordance with the employer's guidelines

Professional Attitude & Skills

A security operative should: -

- Greet visitors to the premises in a friendly and courteous manner
- Act fairly and not discriminate on the grounds of gender, sexual orientation, marital status, race, nationality, ethnicity, religion or beliefs, disability, or any other difference in individuals which is not relevant to the security operatives' responsibility
- Carry out his/her duties in a professional and courteous manner with due regard and consideration to others
- Behave with personal integrity and understanding
- Use moderate language, which is not defamatory or abusive, when dealing with members of the public and colleagues
- Be fit for work and remain alert at all times
- Develop knowledge of local services and amenities appropriately.

General Conduct

In carrying out his/her duty, a security operative should: -

- Never solicit or accept any bribe or other consideration from any person
- Not drink alcohol or be under the influence of alcohol or drugs
- Not display preferential treatment towards individuals
- Never abuse his/her position of authority
- Never carry any item which is or could be considered to be threatening
- Report all incidents to the management
- Co-operate fully with members of the police and partners, local authority, SIA, and other statutory agencies with an interest in the premises or the way they are run.

Organisation / Company Values and Standards

A security operative should: -

- Adhere to the employing organisation / company standards
- Be perceptive of the employing organisation / company culture and values
- Contribute to the goals and objectives of the employing organisation / company.

Signed: _____

Dated: _____

NOTES FOR COMPLETING YOUR EMPLOYMENT APPLICATION FORM

Please read the following notes which will help you complete your application form. This will aid our screening department to ensure you are screened and vetted within the required screening period. ***IF YOU DO NOT FULLY COMPLETE THE FORMS AND RETURN THE PROOF OF I.D AND ADDRESS THEN WORK WILL BE GIVEN TO THOSE STAFF WHO ARE CO-OPERATING WITH THE SCRRENING PROCESS.***

1) Application Form

- You must complete your previous education history if you left school or college LESS THAN FIVE YEARS AGO
- You must complete your employment history for the PAST 5 YEARS
- You must, sign your name and date the consent page to allow us to carry out the checks
- You must provide TWO character references. These individuals must have known you for at least 2 years. THEY CANNOT BE RELATED TO YOU OR EACH OTHER IN ANY WAY AND CANNOT RESIDE AT THE SAME ADDRESS AS YOU

2) Please include TWO PROOFS OF IDENTITY. These can be:-

- Passport
- Driving licence (both parts)
- Birth certificate

3) Please include ONE PROOF OF ADDRESS, these can be:-

- A utility bill
- Council tax bill
- Bank Statement/Credit Card Statement

INTERVIEW CHECKLIST FOR OFFICE USE ONLY

| | complete | | complete |
|--|--------------------------|---|--------------------------|
| No Gaps in 5 year history and all information provided i.e. <ul style="list-style-type: none"> • Contact numbers • Email address | <input type="checkbox"/> | Company profile | <input type="checkbox"/> |
| If worked/lived abroad need to provide employment ref or email address | <input type="checkbox"/> | Method of payment | <input type="checkbox"/> |
| If received job seekers allowance/self employment need to advise to obtain info and send to HR | <input type="checkbox"/> | Training explained | <input type="checkbox"/> |
| Contact Details provide:- <ul style="list-style-type: none"> • Mobile number • Email address | <input type="checkbox"/> | Uniform and deductions | <input type="checkbox"/> |
| Personnel references completed (not a previous manager or family member) | <input type="checkbox"/> | Union | <input type="checkbox"/> |
| Relation to any other business or self employment | <input type="checkbox"/> | Booked/holidays | <input type="checkbox"/> |
| Signed:- <ul style="list-style-type: none"> • CCJ Check (page2) • Medical questionnaire (page 7) • Doctors info/signature (page9) • Form of authority (page 10) • Working time regulation (page 11) | <input type="checkbox"/> | Outline of role/types of duty | <input type="checkbox"/> |
| Explain vetting/screening process | <input type="checkbox"/> | Shift patterns/hours of work | <input type="checkbox"/> |
| | <input type="checkbox"/> | Pay and conditions (sickness, Holidays) | <input type="checkbox"/> |

| | |
|---|---|
| Position Applied for: Site Allocated: Region: Training Course Dates: | Rate of Pay: Hours: Support Centre: Training Centre: |
|---|---|

| | |
|---|--|
| INTERVIEWER'S ASSESSMENT AND NOTES | |
| <u>GUIDELINES:</u> | How soon will applicant be available for employment? |
| Appearance | Manner |
| Experience | Suitability |

| | |
|--|-------------------------|
| CONFIRM BELOW IF ORIGINALS DOCUMENTS SEEN AND CHECKED | |
| Birth certificate | Service records |
| Marriage certificate | Applicable certificates |
| Passport | Driving licence |
| Immigration documents | |
| <u>INFORM APPLICANT DOCUMENT ORIGINALS MUST BE BROUGHT TO INTERVIEW</u> | |

INTERVIEWED BY: