

## SECTION 1

(Complete <b>ALL</b> sections below in block capitals)			
Position applied for:			
Where was vacancy seen:		Our Reference:	
<b>PERSONAL DETAILS</b>			
Surname now:		All other surnames used:	
At birth (if different)		Full forenames:	
STATUS (Tick as required)			
Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Single <input type="checkbox"/>	Widow <input type="checkbox"/>
		Divorced <input type="checkbox"/>	Common Law Spouse <input type="checkbox"/>
Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Married <input type="checkbox"/>	Widower <input type="checkbox"/>
		Seperated <input type="checkbox"/>	
Place of Birth:		Date of Birth:	Age:
Nationality:		Home Telephone No:	
National Insurance No:		Mobile No:	
Present address:		Children's Name (s):	Date of Birth
.....		.....	.....
.....		.....	.....
.....		.....	.....
.....Post Code: .....		.....	.....
How long have you been resident at this address? ___ yrs		.....	.....
Please complete the following by providing the full details or answer <b>NONE</b> , a dash is not sufficient.		Nature of offence:	
Have you or your immediate family 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?		.....	
Motoring offences, except for parking offences, should be detailed.		.....	
		.....	
		.....	
		.....	
		.....	
		Court: .....	
		Date: .....	
Have you any relatives or friends working for St James Security Limited?			
Have you been previously employed by St James Security Limited? if <b>YES</b> please give details.			
Are you connected/ involved with any other business? If <b>YES</b> please give details.			
Do you hold a current driving licence? Please tick	Yes	No	Endorsements
If so, is it free from endorsements?	Yes	No	_____
			_____
If NO please give details.			_____

## SECTION 1

<b>EDUCATION AND TRAINING</b>			
<b>Secondary Education</b>	Date DD/MM/YY	Subjects studied/ Course details	Qualifications gained Give grades where appl.
Name of School  Full Address:	From:  ..... To:		
<b>Further Education</b>		Subjects studied/ Course details	Qualifications gained Give grades where appl.
Name of college/ University:  Full address:  Name of tutor:	From:  ..... To:		
Have you had any training in security methods & techniques? If 'yes' please supply a copy certificate			
Please give details of membership of any professional bodies.			
Do you hold a First Aid Certificate      YES <input type="checkbox"/> NO <input type="checkbox"/> Expiry Date: _____			
<b>PERSONAL REFERENCES</b>			
Please provide two referees who have known you for THREE years (or since you left full time education). They must not be related to you, or to each other and not a previous/current employer.			
Name: .....	Name: .....		
Address: .....	Address: .....		
.....	.....		
Post Code: .....	Post Code: .....		
Relationship: .....	Relationship: .....		
How long known: .....	How long known: .....		
<b>RECORD OF EMPLOYMENT</b>			
The security screening in accordance with BS7858, requires that we are able to verify your employment history for a period of at least <b>10 years</b> or to the date of leaving school. Please give details of <u>all</u> employment, self employment, registered or unregistered unemployment, military and part time. <b>Please start with your present employer first and ensure all areas are completed.</b>			
Name and address of employer:	Dates DD/MM/YY	Position held	Reason for leaving
Present employer: Address:  Tel No:	From:  ..... To:		

## SECTION 1

Name and address of employer:	Dates DD/MM/YY	Position held	Reason for leaving
Present employer: Address:  Tel No:	From:  ..... To:		
Present employer: Address:  Tel No:	From:  ..... To:		
Present employer: Address:  Tel No:	From:  ..... To:		
Present employer: Address:  Tel No:	From:  ..... To:		
Present employer: Address:  Tel No:	From:  ..... To:		

Please continue on a separate sheet of paper if applicable (**CVs will not be accepted**)

### SERVICE RECORD

Royal Navy <input type="checkbox"/>	Merchant Navy <input type="checkbox"/>	Army <input type="checkbox"/>	RAF <input type="checkbox"/>
Police Service <input type="checkbox"/>	Fire Service <input type="checkbox"/>		
Regiment or Unit: [            ]	Rank Attained: [            ]		
Service Number: [            ]	Dates From/ To [            ]		
Conduct Record: [            ]	Are you liable for recall? Yes <input type="checkbox"/> No <input type="checkbox"/>		

### SELF EMPLOYMENT

Please provide details of two trade references i.e., companies with whom you traded with or your Accountant, Solicitor

Name: .....  Address: ..... ..... Post Code: .....  Occupation: .....  Tel No: .....	Name: .....  Address: ..... ..... Post Code: .....  Occupation: .....  Tel No: .....
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## SECTION 1

### LEISURE INTERESTS

Please detail hobbies/interests:

.....  
 .....  
 .....

### ADDITIONAL INFORMATION

.....  
 .....  
 .....

### WORK LIMITATIONS

.....  
 .....  
 .....

### STATEMENT TO BE SIGNED BY APPLICANT

Please ensure that ALL sections have been completed together with the supporting documents before returning this application form. Any missing information may prolong your application.

I hereby certify that I PERSONALLY completed this application form and I have given details of civil or criminal convictions against myself or immediate family. I understand that should an offer of employment be made, my employment will be 'provisional' for 16 weeks until full screening and vetting has been carried out. If I have made any misleading or false statements on this form I understand that it will be cause for the termination of my employment.

I agree that my signature on this form gives the company permission to make full enquiries about me. (Your present employer will not be approached until written acceptance of our offer is received from yourself).

Signature: .....

Date: .....

### FOR COMPANY USE ONLY

DOCUMENTS LISTED BELOW WILL BE PHOTOCOPIED AND HELD ON FILE

Birth Certificate	First Aid Certificate (s)
Full Driving Licence	Security Training Certificate (s)
Passport	Other (Please specify)
Service Record	
Fire Training Certificate (s)	Medical Certificate

## SECTION 2

### REHABILITATION OF OFFENDERS ACT 1974

You will appreciate that all companies in the security industry must refuse employment to applicants who have unspent convictions. This means convictions not classed as “spent” under the provisions of the Rehabilitation of Offenders Act 1974.

The purpose of The Rehabilitation of Offenders Act 1974 is to give convicted persons a chance to “live down” their convictions. If you have a conviction, it means that after a certain time has passed since the conviction it becomes “spent” and you are entitled to ignore it when filling in your application form answering questions asked by any of our staff, just as if the conviction has never set out the attached Rehabilitation Periods and Notes at Appendix A.

If you have a criminal conviction, imposed by either Civilian or Military Court, it is your responsibility to find out whether it is “spent” or “unspent”.

Should you be in doubt about whether or not the conviction (s) is/are spent, make sure of your position by contacting a Citizens Advice Bureau, a Community Law Centre, the Clerk of the Court where you were last sentenced, any other authority e.g., Solicitor or our Personnel Manager.

Failure to disclose an unspent conviction is in itself a criminal offence under the theft act.

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### DECLARATION

FULL NAME OF APPLICANT:

If you have **no** convictions please write **NONE** on the first line.

I certify that I have read and understood the advice in this document on spent and unspent convictions as listed above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION 2

### REHABILITATION PERIOD

Imprisonment for over 6 months but not over 30 months Corrective training for the same period	10 years*
Imprisonment for not less than 6 months	7 years*
Fine	5 years
Borstal	7 years
Detention for over 6 months but not only 30 months (only Under Children & Young Persons Act)	5 years
Detention in a detention centre (under section 4 of the criminal Justice act 19610 or under section 7 of the Criminal justice (Scotland) Act 1963	3 years
Hospital Order	5 years or duration of Order plus 2 years, which Ever is longer
Remand Home (Scotland, Wales & Northern Ireland): Attendance Centre: Approved School: Training School (Northern Ireland Only)	Duration of order plus 1 year
Detention in place run by local authority: residential Training: Approved School	1 year or until expiry of order which ever is longer
Conditional Discharge: Bound over, Probation	1 year or until expiry of order recognisance, bond of caution which ever is longer.
Supervision order or requirement: care order: fit person Order	1 year or until expiry of order which ever is longer
Absolute discharge: Discharge by children's hearing (Scotland)	6 months
Disqualification: disability: Probation etc	Until expiry of disqualifications etc
Any other sentence not appearing in this list and subject to rehabilitation	5 years*

**Sentences marked ‘\*’ are subject to reduction by half if aged 17 at the time of conviction**



## SECTION 2

### EQUAL OPORTUNITIES STATEMENT

Our organisation values the rich diversity and creative potential that men and women with differing backgrounds, skills and abilities bring to the workplace.

We are dedicated to a policy of equal opportunities for our staff and oppose any form of discrimination treatment of employees or job applicants on the grounds of sex, race, marital status, disability, nationality, colour and ethnic or national origins.

We will ensure that individuals are selected, promoted and treated on the basis of their relevant aptitudes, skill and abilities. Acts which breach this policy will not be tolerated and all instances of such behaviour, or alleged behaviour will be fully investigated and may be subject to our disciplinary procedure, up to and including summary dismissal.

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

Full Name of applicant:

If not born in the United Kingdom, state date and place of entry

Do you have a work permit

YES

NO

Date permit expire

ETHNIC ORIGIN (Please tick one of the boxes below)

White

Asian – Indian

Black – Caribbean

Asian – Pakistani

Black – African

Asian – Bangladeshi

Asian – Chinese

Black – Other, please specify

Other, please specify

.....

.....

# SECTION 3

## DATA PROTECTION DECLARATION

### To Whom It May Concern

In order to comply with the data Protection Act 1988, we require your consent to approach you r previous employers in order for them to disclose relevant personal information in relation to Employment reference checks.

### Section 1.

**Full Name:** .....

**Address:** .....

.....

**DOB:** .....

**N.I Number:** .....

**Dates of Employment:** .....

**Payroll Number:** .....

### Section 2. – Consent

I confirm that I agree\* \ do not agree\* to.....Disclosing information to the above named. (\*Please delete as appropriate)

**Signed:** .....

**Name:** .....

**Date:** .....

**SECTION 3**

**UNEMPLOYMENT BENEFIT DECLARATION**

Dear Sir/Madam,

Re: .....

National Insurance Number: .....

The above named person has applied to us for employment and confirms that they were registered at your department for Unemployment / Sickness Benefit. We would be obliged if you would inform us of all recorded periods. A prompt reply would be appreciated.

.....  
.....

Will you please supply the name (s) and address (es) of previous employment

.....  
.....  
.....

Signature:..... Date:..... UBO Stamp: .....

Please reply to the address above using the enclosed reply paid envelope.

Yours faithfully

**Lesley Logan (Miss)**  
**SERVICES MANAGER**

**DECLARATION BY APPLICANT**

I give permission for the above details to be provided:

Signed: ..... Date: .....