



Surname: _____ (Mr/Mrs/Miss/Ms)

First Name(s): _____

Home Address: _____

Email _____

Post Code: _____

Telephone Number: Home: _____

Mobile: _____

NI No: _ / _ / _ / _ / _ / _ / _ / _ / _ / _ /

EDUCATION	
Schools/Colleges Attended	Qualifications Gained

Do you have a clean full driving License: Yes/No

Do you have your own Transport: Yes/No

Do you have SIA license yes/No if Yes License no _____

What type of SIA License you have _____

Do you need a work permit: Yes/No

If yes please provide us with proof of your eligibility to work in the UK before employment starts

EMPLOYMENT DETAILS

What type of employment are you looking for FULL / PART TIME employment?

What days are you available during the week?

Mon Tue Wed Thus Fri Sat Sun Nights

Give your full Employment History (at least 5 years employment/educational details required)

Note: The application form will not be processed if the sections marked in stars are not completed properly.

Name & Full address of present/last employer	Position Held	Salary	Period Month/Year	Reason for Leaving
(1) Previous Employer *Employer *Address: * Post Code.....			From To	
Description of Duties			*Referee Name: *Tel: *Fax:	
(2) Previous Employer *Employer *Address: * Post Code.....			From To	
Description of Duties			*Referee Name: *Tel: *Fax:	
(3) Previous Employer *Employer *Address: * Post Code.....			From To	

Description of Duties		*Referee Name:	
		*Tel:	
		*Fax:	
(4) Previous Employer		From	
*Employer		To	
*Address:			
.....			
* Post Code.....			
Description of Duties		*Referee Name:	
		*Tel:	
		*Fax:	
(5) Previous Employer		From	
*Employer		To	
*Address:			
.....			
* Post Code.....			
Description of Duties		*Referee Name:	
		*Tel:	
		*Fax:	
(6) Previous Employer		From	
*Employer		To	
*Address:			
.....			
* Post Code.....			
Description of Duties		*Referee Name:	
		*Tel:	
		*Fax:	

CAUTIONS, REHABILITATIONS AND CRIMINAL RECORDS

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 **must be disclosed**, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES / NO

If YES, please give details

PERSONAL REFEREES

Please give the names and address of two (2) people who have known you for more than 2 years in the table below.

(Please be aware relatives and persons of the same address are not eligible as a personal referee)

Name	Address	Occupation	Years Known
1.			
2.			

DECLARATION (Please read carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organization reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be processed in accordance with the Data Protection Act.
3. I agree that my previous employers may be approached for references. I also agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a standard or enhanced (as appropriate) disclosure. I understand that should I fail to do so, or should the disclosure or reference not be satisfactory, any offer of employment may be withdrawn or my employment terminated.

Signature

Date

OFFICE USE ONLY

Interviewed by _____

Date _____

CHECKLIST

Please enclose as many supporting documents as possible, check the box, which is applicable.

1. Completed Application Form.
2. Proof of Identity (Passport, Driving license etc.)
3. Proof of Address. (Driving License, utility bills etc.)
4. Valid UK Visa (Proof of eligibility to work in the UK)
5. NI card
6. SIA License.
7. If not a License holder, SITO certificate or SIA application reference.
8. Please, make sure you have filled the last 5 years employment history fully.

Please, send the application form along with the all-supporting documents to following address:

**ALPHA SECURITY SOLUTIONS
RECRUITMENT DEPARTMENT
311 HOE STREET
LONDON
E17 9BG**