

Please answer all questions. If any entry is inapplicable, then please insert 'NO' or 'N/A'.

## 1. PERSONAL INFORMATION

All forenames

Surname Mr / Mrs / Miss / Ms

Previous Surname

Address

Post Code

Telephone Number

Previous Address

Post Code

Telephone Number

How long have you lived at this address?

How long did you live at this address?

National Insurance No.

Place of Birth

Marital status

Married

Divorced

Single

Sex

Male

Female

Name and address of next of kin

Post Code

Tel. No.

Relationship

Do you hold a current driving licence

Yes

No

Do you have your own transport

Yes

No

Do you have any motoring offences? If so, please give details and dates.

Do you have a valid First Aid certificate?

Yes

No

If YES - please give the expiry date

## 2. BACKGROUND INFORMATION

Have you ever received a formal caution from the police?  Yes  No

Has any member of your family, a near relative or a common law partner ever been convicted of a civil or criminal offence?  Yes  No

Have you ever been declared bankrupt?  Yes  No

Are there any outstanding County Court Judgements against you?  Yes  No

Have you ever been dismissed from employment?  Yes  No

If the answer is YES to any of the above questions, then please give details and dates.

## 3. EDUCATION

School or College attended	Date from	Date to	Qualifications gained

## 4. ABOUT YOU

Please complete if you are applying for a vacancy within Security / Events

Height

Weight

Colour of eyes

Vision check including colour identification

Hearing Test

Smell Test

## 5. SIA LICENCE INFORMATION

Please complete if you are applying for a vacancy within Security / Events

Licence Held (Y/N) ..... If No, URN is required

Unique Reference Number (URN) .....

Licence Number .....

Date Issued .....

Date of Training Certificate .....

## 6. EMPLOYMENT HISTORY

The security screening process requires that we are able to verify your personal employment history for a period of 5 years or to a date of leaving school. Please show all periods of employment. Be sure to give dates and full addresses of employers.

**If you have ever been dismissed from an employer, please give full details in the 'reason for leaving' section.**

Date (give month & year) from                      to	Name and address of employer <i>Telephone numbers will help. email addresses for employment periods outside the UK</i>	Position held	Reason for leaving	Office use only
1	Tel. No. email Fax			
2	Tel. No. email Fax			
3	Tel. No. email Fax			
4	Tel. No. email Fax			
5	Tel. No. email Fax			

## 7. UNEMPLOYMENT RECORD

Dates from                      to	Full address of the benefit office

## 9. PERSONAL REFEREES

Please give details of two people, other than family, who have known you well for a minimum of three years who we may approach for references. These must not be former employers or from the authorities of former schools or colleges.

Name	<input type="text"/>	Name	<input type="text"/>	
Address	<input type="text"/>	Address	<input type="text"/>	
Tel. No.	<input type="text"/>	Tel. No.	<input type="text"/>	
Occupation	<input type="text"/>	Occupation	<input type="text"/>	
How long known?	From <input type="text"/>	To <input type="text"/>	How long known? From <input type="text"/>	To <input type="text"/>

## 10. BUSINESS AND TRADE REFERENCES

If you have been self employed, give the name and address of two other persons other than the personal referees above, who can confirm this, eg. Solicitor, Accountant, companies with who you traded.

Name	<input type="text"/>	Name	<input type="text"/>	
Address	<input type="text"/>	Address	<input type="text"/>	
Tel. No.	<input type="text"/>	Tel. No.	<input type="text"/>	
Occupation	<input type="text"/>	Occupation	<input type="text"/>	
How long known?	From <input type="text"/>	To <input type="text"/>	How long known? From <input type="text"/>	To <input type="text"/>

## 11. DECLARATION

I declare that to the best of my knowledge, all of the information I have given on this form is true, accurate and complete. I have not knowingly made a false declaration in the medical questionnaire, any other form I have completed and returned, or any other documentation supplied to the company in connection with my TUPE transfer.

I understand that if in the future it is found that I have knowingly made false statements or misrepresented information, I am liable to be summarily dismissed and may face a criminal prosecution. I give my consent to the information I have given being checked and retained by the company in accordance with the Data Protection Act. I understand that information given will remain confidential and may not be made available to me. *NOTE: Your present employer will not be approached without your permission.*

If a statutory declaration is required by the company, I will undertake to make it at my own expense and further authorise the company to obtain details of my National Insurance Contributions, subject to the conditions of the Data Protection Act.

I hereby authorise the company, in compliance with SIA regulations, to seek references based on the information I have provided.

I hereby certify that I have filled in this Application Form myself and that I have read, understood and agree to abide by the above declaration.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### Empire Security Services (UK) Limited

Shire House, Birmingham Road, Lichfield, Staffordshire WS14 9BW  
Telephone: 0845 304 7261 Fax: 0845 304 7235 email: hr@empire-security.co.uk

Please tick where applicable. If any entry is inapplicable, then please insert 'NO' or 'N/A'.

The company supports the principle of equal opportunities in employment. The company opposes all forms of unlawful or unfair discrimination on the grounds of colour, religion, race, nationality, ethnic or national origin, sex, marital status or disability. The company will treat individuals equally and fairly.

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

Ethnic origin  White  Black Caribbean  Black African  Indian  
 Bangladeshi  Pakistani  Chinese  
 Other - please specify

If not born in EC, state date and place of entry

Have you a work permit / Visa

Visa type  Expiry Date

Do you require a work permit?

Please answer all questions. If any entry is inapplicable, then please insert 'NO' or 'N/A'.

Reference Number

Reason for assessment

Pre-employment  Routine  Special

## 1. PERSONAL INFORMATION

All forenames

Surname Mr / Mrs / Miss / Ms

Address

NI Number

Height

Weight

Give the job title for the work you do or will be doing

Post Code

Telephone Number

## 2. YOUR DOCTOR

Your Doctor will not be approached without your specific permission.

Name

Address

## 3. OCCUPATIONAL HISTORY

What was your last job?

Please give details of any health problems associated with your past work?

Have you ever been denied a job on health grounds? If so, please give brief details

How many days sick did you take in the last year?

**Are you on the Disablement Register?**  Yes  No If YES please give your number

If YES what assistance / adjustments do you require?

## 4. MEDICAL HISTORY

Have you had any of the following?	NO	YES	If YES please give brief details
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Chest disease ie. Bronchitis, Asthma, TB, Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	
Repetative Strain Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Indigestion: Gastric / Duodenal Ulcers, Bowel complaints	<input type="checkbox"/>	<input type="checkbox"/>	
Jaundice, Gall Bladder or Liver disease	<input type="checkbox"/>	<input type="checkbox"/>	
Rupture or Hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney disease or infection of urine	<input type="checkbox"/>	<input type="checkbox"/>	
Back or Neck disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Fits, fainting attacks or dizziness	<input type="checkbox"/>	<input type="checkbox"/>	
Migranes or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>	
Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health problems or nervous debility	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety, Depession, Psychiatric or stress related disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Ear trouble or deafness	<input type="checkbox"/>	<input type="checkbox"/>	
Do you wear glasses / contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you suffer from colour blindness?	<input type="checkbox"/>	<input type="checkbox"/>	
Skin diseases ie. Eczema, Psoriasis, Dermatitis	<input type="checkbox"/>	<input type="checkbox"/>	
Allergic conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
If you answered YES to Diabetes, are you Insulin dependent?	<input type="checkbox"/>	<input type="checkbox"/>	
Drug or Alcohol dependancy / use	<input type="checkbox"/>	<input type="checkbox"/>	

Have you had any disease or injury not mentioned above? If so, please provide details	Have you ever received treatment or investigations at Hospital? If so, please provide brief details												
When were you last seen by your doctor?	Are you at present on any treatment, such as injections, tablets or medicine. If so, please provide details												
How would you describe your current state of health?	<table border="1"> <thead> <tr> <th></th> <th>NO</th> <th>YES</th> <th>How much?</th> </tr> </thead> <tbody> <tr> <td>Do you smoke?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Do you drink alcohol?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		NO	YES	How much?	Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>		Do you drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	
	NO	YES	How much?										
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>											
Do you drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>											

## 5. DECLARATION

I declare that, to the best of my knowledge, all of the information given above is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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