



## APPLICATION FORM

Application for: (Please Tick)

- Mobile Security Officer    
  Static Security Officer    
  Sales    
  Administration

### PERSONAL DETAILS

Candidate ID No

Mr/Mrs/Miss \_\_\_\_\_ Surname \_\_\_\_\_ First Name(s) \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Any Former Names \_\_\_\_\_ Known As \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Telephone No \_\_\_\_\_ Mobile No \_\_\_\_\_  
 Email Address \_\_\_\_\_

If less than 3 years at this address, state your previous Addresses

Address _____	Postcode _____	Dates _____
Address _____	Postcode _____	Dates _____
Address _____	Postcode _____	Dates _____
Address _____	Postcode _____	Dates _____
Address _____	Postcode _____	Dates _____

National Insurance No \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place & Country of Birth \_\_\_\_\_  
 Nationality \_\_\_\_\_ If not born in the EC, Date of entry into the UK \_\_\_\_\_  
 Work Permit/VISA No \_\_\_\_\_ Expiry Date \_\_\_\_\_  
 Have you lived or worked outside the UK for more than 6 months in the last 5 years?      YES      NO  
 If yes, please state country and dates \_\_\_\_\_

**Do you have**

A Current Driving Licence?      PROVISIONAL      FULL      NO  
 Use of a vehicle?      YES      NO  
 Any driving endorsements in the passed 5 years?  
 If yes, Please give details \_\_\_\_\_

Emergency Contact Name and Address \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Telephone No \_\_\_\_\_ Mobile No \_\_\_\_\_

Have you ever been cautioned or convicted of a criminal offence either in the UK or any other country,      YES      NO  
 Or are there any proceedings pending? (subject to the rehabilitation of Offenders Act 1974)  
 If yes, Please give details \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Offence \_\_\_\_\_  
 Have you ever been subject to bankruptcy proceedings or court judgements for debt,      YES      NO  
 Or are there any proceedings pending?  
 If yes, Please give details \_\_\_\_\_

# EMPLOYMENT RECORD

Last 10 years (start with the most recent).

Include periods of unemployment and education within the last 10 years

Important - Full Addresses and contact telephone numbers are required. If you are still presently employed, please give notice period.

Employer/Education Details	Start Date	Finish Date	Company Name & Address	Reason for Leaving
Contact Person/Title				
Your Job Title			Tel:	Notice Period Required

Employer/Education Details	Start Date	Finish Date	Company Name & Address	Reason for Leaving
Contact Person/Title				
Your Job Title			Tel:	

Employer/Education Details	Start Date	Finish Date	Company Name & Address	Reason for Leaving
Contact Person/Title				
Your Job Title			Tel:	

Employer/Education Details	Start Date	Finish Date	Company Name & Address	Reason for Leaving
Contact Person/Title				
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Employer/Education Details	Start Date	Finish Date	Company Name & Address	Reason for Leaving
Contact Person/Title				
Your Job Title			Tel:	

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Contact Person/Title				
Your Job Title			Tel:	

Employer/Education Details	Start Date	Finish Date	Company Name & Address	Reason for Leaving
Contact Person/Title				
Your Job Title			Tel:	

# UNEMPLOYMENT RECORD

Last 10 years (start with the most recent).

Include periods of unemployment and education within the last 10 years

Important - Full Addresses and contact telephone numbers are required. If you are still presently employed, please give notice period.

Date Unemployment Commenced	Date Unemployment Ended	Registered with Job Centre?	Job Centre Address
			Tel:

Date Unemployment Commenced	Date Unemployment Ended	Registered with Job Centre?	Job Centre Address
			Tel:

Date Unemployment Commenced	Date Unemployment Ended	Registered with Job Centre?	Job Centre Address
			Tel:

Date Unemployment Commenced	Date Unemployment Ended	Registered with Job Centre?	Job Centre Address
			Tel:

# PERSONAL REFEREES

Please give the name, Address and telephone number and occupation of two persons, not related to you who have known you for at least 2 years in a personal capacity, whom we may approach for character references.

**Referee One**

Mr/Mrs/Miss \_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone No \_\_\_\_\_ Mobile No \_\_\_\_\_

Occupation \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

\_\_\_\_\_

How long have you known this person? \_\_\_\_\_

**Referee Two**

Mr/Mrs/Miss \_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone No \_\_\_\_\_ Mobile No \_\_\_\_\_

Occupation \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

\_\_\_\_\_

How long have you known this person? \_\_\_\_\_

# SKILLS & EXPERIENCE

Please use the space below to highlight the relevant skills and experience you possess that will highlight to us your suitability for this job.

# PREVIOUS SECURITY QUALIFICATIONS

## Do you hold any of the following certifications?

NVQ/SVQ in security, safety & loss Prevention	<input type="radio"/> Yes Level( )	<input type="radio"/> No	
C&G Professional/Advanced security Officer	<input type="radio"/> Yes	<input type="radio"/> No	
SITO Basic Job Training Certificate	2 Day Course <input type="radio"/> Yes	<input type="radio"/> No	Date Completed _____
	3 Day Course <input type="radio"/> Yes	<input type="radio"/> No	Date Completed _____
First Aid	<input type="radio"/> Yes	<input type="radio"/> No	Expiry Date _____
Fire Fighting	<input type="radio"/> Yes	<input type="radio"/> No	Expiry Date _____
Other Professional Qualifications _____			

# LICENCE STATUS

## Do you hold any of the following SIA Licences?

Security Guarding	<input type="radio"/> Yes	<input type="radio"/> No	Expiry Date _____	Licence No _____
Door Supervision	<input type="radio"/> Yes	<input type="radio"/> No	Expiry Date _____	Licence No _____
Cash & Valuables in Transit	<input type="radio"/> Yes	<input type="radio"/> No	Expiry Date _____	Licence No _____
Public Space Surveillance	<input type="radio"/> Yes	<input type="radio"/> No	Expiry Date _____	Licence No _____
Vehicle Immobilisation	<input type="radio"/> Yes	<input type="radio"/> No	Expiry Date _____	Licence No _____

# UNIFORM

Uniform Size \_\_\_\_\_ Chest \_\_\_\_\_ Waist \_\_\_\_\_ Inside Leg \_\_\_\_\_

# MEDICAL DETAILS

Are you currently under medication?  YES  NO  
 If yes, Please give details \_\_\_\_\_

Are you fit to work?  YES  NO  
 If no, please give details \_\_\_\_\_

Name and address of your Doctor \_\_\_\_\_  
 Date last examined by your Doctor and reason \_\_\_\_\_

Are you in good health  YES  NO Are you receiving treatment?  YES  NO  
 If YES, Please give details \_\_\_\_\_

Details of major surgery with dates \_\_\_\_\_  
 Please give total number of days you were unable to work through illness or injury during the past year \_\_\_\_\_  
 Reason for absence \_\_\_\_\_

The following information is required in the event that you may wish to become authorised to drive a Company vehicle or drive a private vehicle on company business.

Have you ever been refused a driving licence on health grounds, or been banned or prevented from driving?  YES  NO  
 If YES, When, for how long and for what reason? \_\_\_\_\_

**Have you ever: (If YES please tick box)**

<input type="radio"/> Received in-patient treatment for any medical condition	<input type="radio"/> Been refused employment or dismissed for health reasons
<input type="radio"/> Been Treated for alcohol or drug abuse	<input type="radio"/> Suffered from asthma, bronchitis or any other respiratory complaint
<input type="radio"/> Suffered from any nervous condition	<b>Do You: (If YES please tick box)</b>
<input type="radio"/> Suffered from joint or back pain	<input type="radio"/> Suffer from hearing problems
<input type="radio"/> Suffered from heart or blood pressure problems	<input type="radio"/> Have Epilepsy, fits or blackouts
<input type="radio"/> Suffered from arthritis or rheumatism	<input type="radio"/> Have a good sense of smell
<input type="radio"/> Suffer from diabetes	<input type="radio"/> Have colour blindness

# REHABILITATION OF OFFENDERS ACT 1974

The following is a summary of the Rehabilitation of Offenders Act 1974 .

Please ensure that you read through this carefully and that you are aware of its meaning.

## WHAT IS THE ACT?

The Rehabilitation of Offenders Act 1974 was introduced to enable criminal convictions to be “spent” or forgotten after a period of rehabilitation.

After this period, with some exceptions, an offender will not normally be obliged to mention the conviction when applying for a job, obtaining

insurance, or when involved in other criminal legal proceedings.

## HOW LONG IS THE REHABILITATION PERIOD?

The period of rehabilitation will depend on the sentence given, not the actual time served in custody.

SENTENCE	PERSON 17 OR OVER WHEN SENTENCED	PERSON UNDER 17 WHEN SENTENCED
2 1/2 years or over	Never	Never
A sentence of imprisonment, detention in a young offender institution, youth custody or corrective training for a term exceeding 6 months but not exceeding 2 1/2 years	10 years	5 years
A sentence of cashiering, discharge with ignominy or dismissal with disgrace from her Majesty's service	10 years	5 years
A sentence of imprisonment, detention in a young offender institution or youth custody for a term less than 6 months	7 years	3 1/2 years
A sentence of dismissal from her Majesty's service	7 years	3 1/2 years
Any sentence of detention in respect of a conviction in service disciplinary proceedings	7 years	3 1/2 years
A fine, other sentence, community service order or probation	5 years	2 1/2 years
Order for detention in a detention centre	3 years	3 years
Absolute Discharge	6 months	6 months
Conditional discharge or bind over	1 year or until order expires	
Attendance Centre Order	1 year or until order expires	
Hospital Orders	5 years or 2 years after the order expires whichever is the longer period	

## HOW DOES THIS AFFECT YOU?

If you have been awarded with any of the sentences shown (including suspended sentences) and the period of rehabilitation has been completed, your

sentence is regarded as “spent” and need not be declared. If it has not been “spent” then it must be included on your application form.

**Please now sign the declaration below to confirm you have read the Rehabilitation of Offenders Act 1974, summary above.**

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

# WORKING TIME DIRECTIVE – 48 HOUR WEEK

The **48-hour week** Working Time Directive has been in force since 1st October 1998.

Under these regulations NightHawk Security Ltd must obtain your written permission if you wish to work for 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 Resources Department in writing giving three months notice, so that your rosters may be amended.

You will receive twenty days annual leave per year accrued at 1.67 days per month.

Employees working at night have the opportunity for a free health assessment, if you wish to avail yourself of the assessment, please contact the Human Resources Department.

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 for every 6 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 the 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 Customer Service Manager

**Please tick one of the following statements and sign below: -**

- 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.

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

# 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 for rejection of my application or, if employed, dismissal.

I further certify that I have completed the application form in my own handwriting and understand that my employment is subject to satisfactory vetting or as may be amended.

I authorise the company and 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.

I understand and agree that any offer of employment is conditional to the verification, to NightHawk Security Ltd'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:

## CHECKS TO BE CARRIED OUT

- ID & relevant visas - right to work in the UK
- Residency check
- County Court Judgement/Bankruptcy checks
- 3 year employment check
- Criminality check

I also understand that it may 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 for employment, or dismissal if already employed.

I hereby authorise NightHawk Security Ltd, to verify information presented on my Application Form, which may include explicit or sensitive personal data for the purposes of the Data Protection Act 1998 and the obtaining of documents and/or information covered by the European Directive 95/46. I authorise NightHawk Security Ltd to perform 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 an unsatisfactory reference is received from my current employer after I have accepted a role with NightHawk Security Ltd, that NightHawk Security Ltd may terminate my employment with immediate effect.

I confirm that my consent is explicit, fully informed and freely given for the purposes of the Act.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY