

B. EDUCATION AND QUALIFICATIONS

QUALIFICATIONS: Please give details of examinations attempted and results (including any examinations failed)

| Name(s) and Address(es) of School(s)/College(s) | Dates | | Subject/Courses Studied & Level | Examination Result/ Grade (include any examinations failed) |
|----------------------------------------------------|-------|----|------------------------------------|-------------------------------------------------------------------|
| | From | To | | |
| | | | | |

FURTHER AND HIGHER EDUCATION: Please give details of all further and higher education since leaving school including training courses and details of qualifications.

| University/College/ Institute Attended | Dates | | Subjects Studied Type of Training | Qualifications Obtained |
|-------------------------------------------|-------|----|--------------------------------------|----------------------------|
| | From | To | | |
| | | | | |

PROFESSIONAL ASSOCIATIONS: Please state whether you are a member of any technical or professional association, and if so, which:

FOREIGN LANGUAGES: Please list any foreign languages you speak and your level of competence, both oral and written:

C. EMPLOYMENT HISTORY

Please list starting with the most recent, all the organisations for which you have worked during the last 20 years:

| Name(s) and Address(es) and telephone number of Employer(s) | Dates | | Position Held | Starting/Leaving Salary | Reason for Leaving |
|-------------------------------------------------------------|-------|----|---------------|-------------------------|--------------------|
| | From | To | | | |
| | | | | | |

| Name(s) and Address(es) and telephone number of Employer(s) | Dates | | Position Held/ Main Duties | Starting/ Leaving Salary | Reason for Leaving |
|-------------------------------------------------------------|-------|----|----------------------------|--------------------------|--------------------|
| | From | To | | | |
| | | | | | |

E. SUPPLEMENTARY INFORMATION

Please give details of any experience, skill or achievements which you feel may be relevant in your application for employment. (Continue on separate sheet if necessary). eg SITO trg, first aid, fire etc

Please give dates of any holidays arranged:

Are you currently subject to any contractual "restraints of trade" clauses? Yes / No

If Yes, please give further information:

Do you have any commitments, which might limit your working hours? Yes / No

If Yes, please give details:

Do you attend College or School full time Yes / No

Do you attend College or School part time Yes / No

Salary Range Expected:

How much notice are you required to give to leave your present employment?

Have you worked for us before? Yes / No

If Yes, give details of reason for leaving:

Please list your interests, sports, hobbies, etc.

F. REFERENCES

Please give the names and addresses of two referees who are not related to you, who we can approach for a confidential assessment of your suitability for this job. (One of these must normally be a previous employer).

Can we approach your present/most recent employer? Yes / No

(Tick in box if you do not wish your employer to be contacted before an offer of employment is made)

| Name, Position, Address and Telephone Number | Name, Position, Address and Telephone Number |
|----------------------------------------------|----------------------------------------------|
| | |

G. Uniform

Collar Size:..... Chest size:.....
Waist Size:..... Leg Length:.....
Shoe Size:.....

H. Bank Details:
Please ensure these details are clear

Name of Bank/Building Society:.....
Sort Code.....
Account No.....
Building Society Role Reference Number.....

DECLARATION OF APPLICANT

I confirm that the above information is correct.

I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.

I consent and understand that it is a condition of my employment to work both days and nights including weekends as rostered by the Control Room.

I consent to the Organisation using and keeping information I have provided on this application or elsewhere as part of the recruitment process and/or personal information supplied by third parties such as referees, relating to my application or future employment. I understand that the information provided will be used to make a decision regarding my suitability for employment and if successful the information will be used to form my personnel record and will be retained for the duration of my employment. If I am not successful, I understand that the Organisation will retain the form for as long as is deemed necessary and that the Organisation may use it to contact me in the event of there being any other vacancies for which I may be suitable.

Signed: _____ Dated: _____

FOR OFFICE USE ONLY

INTERVIEW RECORD

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Interviewed by: _____ | Date: _____ |
| Comments/Areas to Examine: | |
| Decision: Reject <input type="checkbox"/> Further Interview <input type="checkbox"/> Accept <input type="checkbox"/> (Tick as applicable) | |
| Interviewer's report and reasons for decision: | |
| Rejection letter sent: | Yes / No |

APPOINTMENT RECORD (To be completed where there has been an offer of employment).

| | |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| CONDITIONAL OFFER LETTER Date sent: Response: Acceptance/Refusal/No reply | REQUESTS FOR REFERENCES Date sent: Response: Good/Satisfactory/No Reply/Suspect/Unsuitable |
| MEDICAL/MEDICAL REPORT Date sent: Response: Good/Satisfactory/Suspect/Unsuitable | OTHER CONDITIONS Further proof of N.I. number or right to work requested: |
| Starting Date: _____ Grade: _____ Starting Salary: _____ | Job Title: _____ Personnel/Clock Number: _____ |

To whom it may concern

Date:

Dear Sirs

I am seeking employment with 1SC Guarding Ltd and, as part of the vetting process, I need to confirm my history of employment / unemployment. Would you please provide 1SC Guarding Ltd with a detailed listing of the relevant dates due to me under the Data Protection Act.

My personal details are as follows:

Full Name:.....

Current Address:.....

.....

Previous Address:.....

.....

National Insurance No.:.....

Date of Birth:.....

Previous Surname / Maiden Name:

Thanking you in anticipation of your assistance.

Yours Faithfully

Signature.....

Consent to Obtain a Medical Report

I have been informed of my statutory rights under the Access to Medical Reports Act 1988 and consent to **1SC Guarding Ltd** seeking medical information from my Doctor and/or my Consultant as detailed below:

Name of my GP is: _____

Address _____

Telephone Number: _____

Name of my Consultant is: _____

Address _____

Telephone Number: _____

I do not wish to see the report before it is sent

I wish to see the report before it is sent

I consent, under Data Protection legislation, to the Organisation processing the information received from my Doctor and/or Consultant for the purpose of assessing my health and suitability for employment. I understand and agree that the information will be retained for as long as the Organisation deems necessary.

I withhold consent
(Please tick one box only)

Name (please print) _____

Department: _____

Signature: _____ Date: _____

Working Time Regulations - 48 Hour Week Opt Out

The Working Time Regulations 1998 (as amended), effective from 1 October 1998, state that a worker's average working time shall not exceed 48 hours per week on average over a 17 week period (or other reference period as agreed), unless the worker agrees in writing that the limit shall not apply in his/her case.

You have indicated your agreement to work in excess of an average of 48 hours per week. Please sign the declaration below and return the form to **1SC Guarding Ltd**

The Company is required to retain this form to allow for inspection by the enforcing authority.

DECLARATION

I agree to work, when necessary, in excess of 48 hours per week. I understand that I may terminate this agreement at any time subject to giving 3 months' notice in writing.

Name (Block Capitals):

Signature:

Date:

Health Assessment for Day & Night Workers

As you may be aware, the Working Time Regulations require employers to provide night workers with the opportunity of a free health assessment. The following questionnaire has been devised in order to comply with our obligations and your co-operation would be appreciated.

Please complete the questionnaire fully. The questionnaire will only be seen by the appointed person and, where appropriate, the medical adviser appointed by the Company.

Your normal hours of work are: various days and nights rostered

A job description (or 'a brief description of your duties') is attached.

1) Do you suffer, or have you ever suffered, from any of the following medical conditions:

| | Yes | No |
|-------------------------------------------------------------------------------------------------|-----|----|
| Are you physically fit | | |
| Are you generally in good health | | |
| Is your hearing normal in both ears including for telephone | | |
| Is your speech defective | | |
| Any medical condition affecting your sleep | | |
| Any condition requiring regular medication | | |
| Have you ever had an operation | | |
| Have you been in hospital for more than two weeks in the last ten years | | |
| Are you taking a course of injections, tablets, pills or drugs | | |
| Have you ever had fainting attacks, black-outs or epilepsy | | |
| Have you ever suffered mental ill health, nervous breakdown or debility | | |
| Have you ever had heart trouble, rheumatic fever, high blood pressure | | |
| Have you ever had kidney disease, bladder trouble (inc. stone or gravel) | | |
| Have you ever had arthritis, rheumatism or gout | | |
| Have you ever had diabetes | | |
| Have you ever had an ear disease (inc. running from the ears) | | |
| Have you ever suffered a rupture | | |
| Have you ever had varicose veins | | |
| Have you ever had any other illness, allergy or disease | | |
| Do you suffer from any other medical condition which may effect your suitability for employment | | |
| Have you ever had any back or joint trouble, prolapsed disc, fractures, skeletal trouble | | |
| Are you registered disabled (if yes give green card No) | | |
| Is your eyesight satisfactory for all normal purposes (with glasses if necessary) | | |

Give details of any declared illness or incapacity shown above including any periods off work in the last three years of more than fourteen days.....

If you have answered 'yes' to any of the above, please give details:

2) Do you suffer from any health problems, physical or mental, that you feel your employer should know about to ensure your best care and welfare?

Yes No
(if yes, please give details below)

3) Have you any health problems that you feel might/could be made worse by working those hours stated above 12 hours both days and nights?

Yes No
(if yes, please give details below)

4) Having regard to the job described, have you any health problems or disabilities that could restrict or otherwise hamper your ability to carry out the job?

Yes No
(if yes, please give details below)

- 5) **Please declare below if you have any other information which the Company might need to know in order to consider properly whether you are medically fit to carry out the night work to which you have been assigned.**

Declaration

PLEASE READ CAREFULLY BEFORE SIGNING

1. I declare the above answers to be true and correct in every respect.
2. I understand and accept that if any of the information given by me in this questionnaire is incorrect or untrue, that the Company have the right to terminate my employment summarily.
3. Although I understand that I have the right to refuse, I hereby give my permission for the Company/ Company Doctor to approach my own medical practitioner for further and better particulars of my medical history/records should the Company/Company Doctor so decide and for the submission of these facts/medical report to the Company.
4. I understand that should the above prove necessary, I have the following rights:
 - a) To have access to the report prior to it being supplied to the Company.
I understand that I may be charged if I request a copy.
I do/do not* wish to exercise this right.
(*Please delete as appropriate).
I understand that if I choose not to exercise this right I have the right to have access to the report at any time during the six months following its issue.
 - b) If I exercise my rights under 4(a) above and do not respond to my Doctor within 21 days of the application for the report, I understand that the report will be forwarded to the Company.
 - c) I understand that within the 21 days referred to in 4(b) above, I may request my Doctor in writing to amend any part of the report which I consider to be misleading or incorrect and if the Doctor is not prepared to do so, that a statement of my views is attached to the report prior to it being sent to the Company.
- 6) **I am prepared to undergo a full medical examination at the Company's request if this is required.**

Signed.....

Date.....