

Employment Application

Please affix photo.	

Candidate Full		
Name:		
Position Applied		
For:		
National Insurance		
No:		
S.I.A. licence	Expiry	
Number:	Date:	

ISG-FM-14v3, Effective date: 01/06/24. Review date: 31/05/25.



PLEASE COMPLETE ALL SECTIONS

If you are completing by pen, then please provide the below information accurately and legibly in block Capital letters.

Personal Details			
Mr/Mrs/Miss/Ms	(Or other):		
Sure Na	me:		
First Na	me:		
(Changed by ma	Previous Surname (Changed by marriage, deed poll etc.):		
Date Name cha reaso	-		
Date of E	Date of Birth: Place of Birth:		
Home Pho	ne No:		
Mobile Pho	Mobile Phone No:		
Email Add	Email Address:		
Emergency Contact Details			
Next of Kin:			
Relationship:			
Contact Number:	Contact		
Right To Work			
Do you have right to work in the UK?			
Visa type (if applicable):			
Date of entry (or re-entry) into the UK			
Visa Expiry date:			
Do you hold a valid passport?			□YES /□ NO
Passport Expiry	date:		
Nationality:			



Five Year Address History Please provide all addresses where you have lived in the past 5 years. There must be no gaps in the dates; however, overlapping dates are acceptable. All field must be completed for each address.		
Current Address:		
Town:	County/City:	
Postcode:	Country:	
Date Move in:		
(Month & Year)		
Prev	ious addresses (start with the most recent):	
Previous Address:		
Town:	County/City:	
Postcode:	Country:	
Date Move in:	Date Move Out:	
(Month & Year)	(Month & Year)	
	r	
Previous Address:		
Town:	County/City:	
Postcode:	Country:	
Date Move in:	Date Move Out:	
(Month & Year)	(Month & Year)	
Previous Address:		
Town:	County/City:	
Postcode:	Country:	
Date Move in:	Date Move Out:	
(Month & Year)	(Month & Year)	
If the space is not suf	ficient, please continue on a blank shee	t.



Subject to the Rehabilitation of Offenders Act please answer the following questions: Please cross the box with correct answer:

<u></u>	
Have you ever been cautioned by the Police?	□YES /□ NO
Have you ever been prosecuted for a criminal offence or are there any prosecutions pending?	
Have you ever been prosecuted for a motoring offence or are there any prosecutions pending?	□YES /□ NO
Have you ever been a party to an action in any court or tribunal?	□YES /□ NO
Have you ever been declared bankrupt or made a deed by arrangement?	
Have any orders been made against you by a Civil or military Court or Public Authority?	
If the answer to any of the above questions is 'YES', give full details below:	



Employment/Unemployment History for 5 years.			
 For each previous employer please provide the information requested below. 			
• If you have been unemployed, please supply details of the unemployment benefit			
office and dates that dealt with your claim & any reference number you may have.			
 Please do not leave gaps in dates – we must have a continuous record for the last FIVE years. 			
~	/ will result in a delay in processing your appli	cation	
	school & college details if attended within the		
Employer/College	<u> </u>		
Name:		-	
From Date (dd/mm/yy):	To Date		
	(dd/mm/yy):		
Full Address:			
	Destanda		
Tal Na	Postcode:		
Tel No: Contact	Job title:		
person/Manager:			
Reason for Leaving			
reason for Leaving			
Employer/College			
Name:			
From Date (dd/mm/yy):	To Date		
	(dd/mm/yy):		
Full Address:			
Tal Na	Postcode:		
Tel No: Contact	Job title:		
person/Manager:			
Reason for Leaving			
Employer/College			
Name:			
From Date (dd/mm/yy):	To Date		
	(dd/mm/yy):		
Full Address:			
	Postcode:		
Tel No:	Job title:		
Contact			
person/Manager:			
Reason for Leaving			
Employer/College			
Name:			
From Date (dd/mm/yy):	To Date		
	(dd/mm/yy):		
Full Address:			



	Postcode:	
Tel No:	Job title:	
Contact		
person/Manager:		
Reason for Leaving		

FULL TIME AND ANY PART TIME SPECIALIST COURSES ATTENDED & DETAILS OF PROFESSIONAL QUALIFICATIONS OBTAINED (EG. NVQ, CITY IN GUILDS ETC)

Name, Address & Phone of School/college/university	Date To:	Date From:	Result

PLEASE CONTINUE ON A SEPARATE BLANK SHEET IF NECESSARY



SELF EMPLOYMENT:

If you have been self-employed for any period, please give name, nature, and address of your business and two business referees Accountant/Solicitor only (not included under personal referees) whom we can approach to confirm the periods stated.

Please note the following must be supplied for each period of selfemployment please continue a separate piece of paper if necessary.

	Referee 1		
Name and address of			
Business:			
Profession:			
FIDIESSIDII.			
From:			
То:			
Referee 2			
Name and address of			
Business:			
Profession:			
FI016351011.			
From:			
To:			
If you have been calf amplayed	ter environmented places give name peture and address		

If you have been self-employed for any period, please give name, nature, and address of your business and two business referees Accountant/Solicitor only (not included under personal referees) whom we can approach to confirm the periods stated.

Please note the following must be supplied for each period of self-employment please continue on a separate piece of paper if necessary.

PERSONAL REFEREES:

These must be persons who have known you continuously for at least five years and can vouch for your good character – they may not be a previous employer or relative		
	Referee 1	
Name:		
Address:		
Post code		
Tel:		
Profession		
How long		
Known		
	Referee 2	
Name:		
Address:		
Post code		
Tel:		
Profession		
How long		
Known		

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SCREENING & VETTING DECLARATIONS:

I understand that employment with this company is subject to references and screening in accordance with BS7858. I confirm that the information I have provided on my application is true and complete to the best of my knowledge. I understand that any false statement or omission may render me liable to prosecution or dismissal without notice. I fully understand the consequences which may arise as a result of knowingly making a false declaration to gain employment or pecuniary advantage. (Theft Act 1968 Section 16). I accept that I may be required to undergo a medical examination where requested by the Company and I consent to the results of such examination being given to a Company Director. I further understand that a credit agency check may be carried out on me, and I give my consent to this.

I understand and agree that if so, required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835, in confirmation of previous employment or unemployment. I authorize the company to approach Government agencies, former employers and personal referees for verification of my employment/unemployment record.

DISCLOSURE:

You may be employed in a position of trust by a company or one of its subsidiary companies we may have to apply for a Disclosure from the Criminal Records Bureaux. However, having a criminal record does not necessarily bar you from employment. If you wish to obtain more information please ask The Company Personnel Department for their Code of Practice or their policy statement regarding exoffenders. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. The Disclosure information is not retained i.e. it is disposed of within the timescales; recommended in the CRB Code of Practice. By signing below, you agree to this process.

DATA PROTECTION ACT 2018:

We will use the information you have given on this form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment within certain contracts managed by your employers. It may be necessary to disclose your information to our agents and other service providers.

By returning this form to us you consent to our processing sensitive personal data about you where this is necessary, for example information about your past employment, finances, ethnic origin or criminal offences. You also consent to the transfer of your information to your employers where this is necessary.

We will only retain your data for as long as necessary for the recruitment process. If your application is unsuccessful, we will securely destroy your data after 12 months.

Your information will be held on our computer database and in our paper filing systems. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.



Signature Applicant	of	Date	
PRINT NAME			

Bank Details:	
Bank Name:	
Account Holder	
name:	
Account number:	
Sort Code:	