



Application for Employment

When complete please return to;
 Personnel Dept.,
 FGH Security Ltd.,
 White Cross Industrial Estate,
 Lancaster,
 LA1 4XQ

THIS FORM MUST BE COMPLETED IN FULL OTHERWISE YOUR APPLICATION WILL BE REFUSED. Please use N/A where a question does not apply to you.

GENERAL INFORMATION

How did you find out about FGH Security? _____

Position applied for: _____ Date: _____

PERSONAL DETAILS

First Name: _____ Surname: _____

Former Names: _____

Tel: Home: _____ Mobile: _____

Current Address: _____

Postcode: _____ Height: ____ ft ____ Weight: ____ st ____

Email Address: _____

N.I.Number: _____

D.O.B: ____ / ____ / ____ Place and Country of Birth: _____

Nationality: _____ If not born in EEC, date of entry to UK: ____ / ____ / ____

Work Permit / Visa Number: _____ Expiry Date: ____ / ____ / ____

Have you previously applied for a position with FGH and if so please specify:

EMERGENCY CONTACT DETAILS

First Name: _____ Surname: _____

Home Tel No: _____ Mobile: _____ Work: _____

Current Address: _____

Postcode: _____ Relationship: _____

TRANSPORT

Do you have a full UK driving licence? Yes No Own transport? Yes No

Driving License Number: _____ Issue/Expiry Date: _____

Any endorsements please disclose details: _____

MEDICAL HISTORY

Disability – Please indicate if you have any of the following.

DYSLEXIA	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	DETAILS
BLIND/PARTIALLY SIGHTED	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	DETAILS
HEARING PROBLEMS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	DETAILS
MENTAL HEALTH PROBLEMS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	DETAILS
UNSEEN DISABILITIES (e.g. Asthma, diabetes, heart problems, blood pressure)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	DETAILS
MULTIPLE DISABILITIES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	DETAILS
ANYTHING THAT MAY AFFECT YOUR WORK	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	DETAILS
WOULD YOU BE PREPARED TO UNDERGO A MEDICAL?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	DETAILS

OPT OUT AGREEMENT – WORKING TIME REGULATIONS

I agree that I may need work for more than an average of 48 hours a week.

If I change my mind I will give my employer 3 months notice in writing to end this agreement.

- Please Tick / Un-Tick as appropriate

QUALIFICATIONS & LICENSING

Have you carried out any training towards an SIA licence in the past year? Yes No

If yes please give details including dates _____

Have you completed any other training that may be applicable to your position? Yes No

If yes please give details including dates _____

Are you in possession of any SIA licences? Yes No Security Sector _____

Licence Number _____ / _____ / _____ / _____

Expiry Date ____/____/____

CRIMINAL CONVICTION AND OFFENCES AFFECTING LICENSING

Please note: Individuals are only asked to give information on criminal convictions and/or cautions not classed as spent under the Rehabilitation of Offenders Act 1974. Any convictions classed as spent under this act need not be mentioned. Failure to disclose an unspent conviction is in itself a criminal offence. Under the Security Industry Authority's criminal guidelines certain offences may / will affect the decision of you gaining an SIA licence.

Have you ever appeared in court charged with a:

Criminal Offence: Yes No

Civil Matter: Yes No

Military Offence: Yes No

Have you ever been cautioned by the police for ANY offence? Yes No

Have you any alleged offences or cautions outstanding against you? Yes No

If yes then please give following details: sentence type, sentence length, sentence date and your age at that date:

PERSONAL REFERENCES

Please give two referees that have known you for at least TWO of the LAST FIVE YEARS and can confirm the employment and education records that you have provided. These references can NOT BE BLOOD RELATED (or related by marriage or by civil partnership) OR BE A RESIDENT AT THE SAME ADDRESS. Home addresses must be given.

FAILURE TO COMPLY WITH THIS REQUEST WILL RESULT IN YOUR APPLICATION BEING SUBSTANTIALLY DELAYED OR IN SOME CASES REJECTED.

Name: _____ Occupation: _____	Name: _____ Occupation: _____
Address: _____	Address: _____
Postcode: _____ Tel No: _____	Postcode: _____ Tel No: _____
How long have to known this person:	How long have to known this person:
From: _____ To: _____	From: _____ To: _____
How do you know this person: _____	How do you know this person: _____

SELF EMPLOYMENT REFERENCES

If you have been self-employed please give the name, address and telephone number of two professional referees who can confirm your self employment. (e.g. Solicitor, bank manager, tax office or accountant)

Name: _____ Occupation: _____	Name: _____ Occupation: _____
Address: _____	Address: _____
Postcode: _____ Tel No: _____	Postcode: _____ Tel No: _____
How long have to known this person:	How long have to known this person:
From: _____ To: _____	From: _____ To: _____
How do you know this person: _____	How do you know this person: _____
_____	_____

EDUCATION AND TRAINING - PAST 5 YEARS

Secondary School name, full address and telephone No.	Dates	Exams taken / Qualifications achieved
Contact Name: _____ School Name: _____ Address: _____ _____	From: _____ ____/____/____ To: _____ ____/____/____	
Tel No: _____		
Further Education e.g. College / University name, address and telephone No.	Dates	Exams taken / Qualifications achieved
Contact Name: _____ School Name: _____ Address: _____ _____	From: _____ ____/____/____ To: _____ ____/____/____	
Tel No: _____		

EMPLOYMENT RECORD - Past 5 years

IT IS HIGHLY IMPORTANT THAT THIS SECTION OF THE FORM IS COMPLETED IN FULL AND CORRECTLY. FAILURE TO DO SO THROUGH OVERSIGHTS ON THE APPLICANT'S PART OR PROVIDING INCORRECT INFORMATION WILL SIGNIFICANTLY DELAY YOUR STARTING DATE WITH US AND IN PREVIOUS CASES HAS RESULTED IN APPLICANTS BEING REJECTED.

Your potential employment in the security industry is dependent upon successful security screening. Please include details below of all positions held during the last FIVE YEAR PERIOD or since leaving school. If you were unemployed or unregistered for any period of time then please NOTE DOWN THE JOB CENTRE OF BENEFITS OFFICE YOU ATTENDED if applicable. THERE MUST BE NO GAPS IN YOUR HISTORY. Details shall be used to ensure you are screened to British Standard 7858:2006, if you would not like us to contact your current employer then please state this to us clearly.

If you are currently employed please give notice period: _____ days.
(Please see next page)

Employers name, full address (including post code) and telephone No.	Your job title (COMPULSORY)	Dates (MUST BE CORRECT TO WITHIN 1 MONTH)	Reason for leaving (MUST BE VALID AND FULLY EXPLAIN YOUR ACTIONS)
Contact Name: _____ Company Name: _____ Address: _____ _____ _____ Tel No: _____		From: _____ ____/____/____ To: _____ ____/____/____	
Contact Name: _____ Company Name: _____ Address: _____ _____ _____ Tel No: _____		From: _____ ____/____/____ To: _____ ____/____/____	
Contact Name: _____ Company Name: _____ Address: _____ _____ _____ Tel No: _____		From: _____ ____/____/____ To: _____ ____/____/____	
Contact Name: _____ Company Name: _____ Address: _____ _____ _____ Tel No: _____ Contact Name: _____ Company Name: _____ Address: _____ _____ _____ Tel No: _____ Contact Name: _____ Company Name: _____ Address: _____ _____ _____ Tel No: _____ Contact Name: _____ Company Name: _____ Address: _____ _____ _____ Tel No: _____		From: _____ ____/____/____ To: _____ ____/____/____ From: _____ ____/____/____ To: _____ ____/____/____ From: _____ ____/____/____ To: _____ ____/____/____ From: _____ ____/____/____ To: _____ ____/____/____	

TRAINING COSTS**

The cost of the Door Supervision training course provided by Tactical training Services is **£180 inc VAT**
This fee is for 30 hrs training covered over 4 days (Saturday and Sunday on two consecutive weekends)
Part 1 – Roles and responsibilities of Door Supervisors in the security industry environment
Part 2 – Communication skills and Conflict management
Two hours of exams

An £80 deposit is payable to FGH Security Ltd or full payment is required within at least 14 days prior to commencement of the course start date. If for any reason you need to cancel your place on the course you must give 7 days notice in writing to receive return payment of deposit or full payment. Deposits are not refundable after this deadline.
If the deposit is paid, then the remaining balance is due on the first day of commencement of the course to Tactical Training Services Ltd. Dates and Venues may change due to circumstances beyond our control. Upon receiving your application, successful at interview and deposit, you will be sent confirmation of you course booking and a receipt.
**** (Applicable to all persons not in possession of a current valid SIA licence or valid training certificates received in last 12 months)**

DECLARATION OF CONSENT

Please read this carefully before signing this application form

I understand that employment with FGH Security is subject to satisfactory references and security screening in accordance with BS 7858. I acknowledge the fact that until my vetting has been completed in full my employment with the company is only provisional and they reserve the right to terminate my employment if they deem that unsatisfactory references have been provided.

I undertake to cooperate with FGH Security in providing any additional information required to meet these criteria;

I authorise FGH Security to approach previous employers, schools/colleges, character referees or Government Agencies to verify that the information I have provided is correct;

I authorise FGH Security to make a consumer information search with a credit reference agency, which will keep a record of that search and may share that information with other credit reference agencies.

I understand that some of the information I have provided in this application will be held on a computer and some or all will be held in manual records.

I consent to FGH Security's reasonable processing of any sensitive personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by FGH Security. Subject to the Access to Medical Records Act 1998, I consent to the results of such examinations to be given to FGH Security. 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 hereby certify that, to the best of my knowledge, the details I have given in this application form are complete and correct.

I understand that any false statement or omission to FGH Security or its representative may render me liable to dismissal without further notice.

I also understand that if an unsatisfactory reference is received from my current employer after I have accepted a position with FGH Security Ltd, that FGH may terminate my employment with immediate effect.

SIGNATURE: _____ PRINT NAME: _____ DATE: ____ / ____ / ____

RETURNING YOUR APPLICATION

Thank you for taking the time to complete this application form. Before you can commence work this application form must be completed in full especially the parts relating to career history. There are also some pieces of your personal identification that our screening department at Head Office need to see and take photocopies of. Please send this completed application form to our head office address. On receiving your application form and it being successful you will be asked to attend an interview at a convenient location. If you have been resident in the UK for less than five years then you must provide a criminal record check from the country you lived in. A copy of this must be included with your application. If the criminal record check is not in English then it must be translated into English by a registered translator.
Do not send original document though the post. FGH will not be held responsible for original document lost in the post.

TERMS AND CONDITIONS IF SUCCESSFUL

If you already hold an SIA licence or in the process of applying for a licence you may be able to start work straight away dependent upon our availability and the sector you are to be working in. Subject to your security screening being successful you will be asked to sign a code of conduct, given uniform, an induction, an employment contract and staff hand book.

HEAD OFFICE USE ONLY

Bank Details (N1)	Initial _____ (Mgr)	Acceptance of Loan (N2)	Initial _____ (Mgr) (if applicable)
P46 / P45 (N3)	Initial _____ (Mgr)	Code of Practice Signed (N4)	Initial _____ (Mgr)
Equal Opportunities Form (N5)	Initial _____ (Mgr)	Employment Contract Signed (N6)	Initial _____ (Mgr)
Uniform Issued / Charged	Initial _____ (Mgr)	Staff Handbook Issued	Initial _____ (Mgr)
Induction complete	Initial _____ (Mgr)	ID Verified for BS 7858	Initial _____ (Mgr)

Reviewed 10/05/2010 DT DH PH



Thank you for taking the time
to fully fill in this application.

You'll be hearing from us
in the near future.