



Sentry Security Limited

Helping you to stop them from helping themselves



APPLICATION FOR EMPLOYMENT PRIVATE & CONFIDENTIAL

PERSONAL DETAILS

Surname		Mr/Mrs/Miss/Ms	Photo
Forename(s)			
Current Address			
Postcode			
Tel: (Home)		(Mobile)	
Email:			

If less than 5 years at this address, state your previous address/es

Address		
Postcode	From	To
Address		
Postcode	From	To
Address		
Postcode	From	To

National insurance No / / / /	Date of Birth	Place of Birth
Nationality	Do you require a visa to work in the UK?	
Visa No	Expiry Date	

Emergency Contact Details

Name	Relationship	
Address		
Tel: Home	Work	Mobile

Licence Details

Do you hold an SIA licence?	Type
Licence number	Expiry date

Uniform Sizes

Chest	Waist	Hat	Inside Leg	Collar
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Application for (please tick)

Security	<input type="checkbox"/>	Retail	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	S/visor	<input type="checkbox"/>	Admin	<input type="checkbox"/>
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Sentry Security Ltd, Evans House, Norman Street, Warrington WA2 7HW

Tel: 01925 659052 / 656577 Fax: 01925 320044



PERSONAL DETAILS (cont)

Are you known by any other name?	
Marital Status: Married / Single / Divorced / Separated / Widowed (delete as applicable)	
Number of Dependants	Age(s) of dependants
Partners Occupation	

Background Information (Please answer YES or NO to each question)

Have you ever been:		If yes to any, please provide details here
Cautioned	<input type="checkbox"/>	
Discharged on payment of costs	<input type="checkbox"/>	
Fined	<input type="checkbox"/>	
Sentenced to Imprisonment	<input type="checkbox"/>	
Placed on Probation	<input type="checkbox"/>	
Or had any order made against you by a criminal, civil or military court or public authority	<input type="checkbox"/>	
Are there any prosecutions pending	<input type="checkbox"/>	
Have you ever been dismissed from employment for misconduct?	<input type="checkbox"/>	
Have you ever been declared bankrupt?		
Are there any outstanding judgements for debt against you?		
If Yes, please give details		

Driving Licence

Do you hold a current driving licence?	<input type="checkbox"/>	Provisional	<input type="checkbox"/>	Full	<input type="checkbox"/>	No
How long held?			<input type="checkbox"/>	Years	<input type="checkbox"/>	Months
Do you have access to a vehicle			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Give details of any endorsements or driving restrictions						

SERVICE RECORD

Have you ever served in HM Civil or Military Forces?

Regiment / Force	Branch or Division
Rank attained	Service No
Date joined	Date discharged
Reason for leaving	

QUALIFICATIONS & TRAINING

Education

Give details of schools/college attended and qualifications gained

Do you hold certificates in:

NOCN/SITO Basic Job Training	Date Completed
NVQ Level II in Security	Date Completed
Fire Fighting	Expiry Date
First Aid	Expiry Date

MEDICAL DETAILS

	Yes	No
Have you been absent from, or been unable to work during the last 2 years?		
Are you currently receiving any form of medication/medical treatment?		
Do you consider yourself to be suitably fit to work at night?		
Have you ever received treatment for drug or alcohol abuse?		
Have you ever been refused a driving licence on health grounds?		
Do you have a good sense of smell?		
Do you have normal vision <div style="text-align: center; font-size: small;">(with glasses/contact lenses)</div>		
Are you registered disabled?		
Registration Number:		

Have you ever suffered from any form of:

<input type="checkbox"/> Epilepsy/fits/blackouts	<input type="checkbox"/> Nervous disorders	<input type="checkbox"/> Joint/back pain
<input type="checkbox"/> Colour blindness	<input type="checkbox"/> Hearing difficulty	<input type="checkbox"/> Diabetes
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Mental condition	<input type="checkbox"/> Asthma
<input type="checkbox"/> Low blood pressure	<input type="checkbox"/> Arthritis/Rheumatism	<input type="checkbox"/> Heart disease

If Yes to any of the above, please give details

Name and address of your doctor

Name	Telephone
Surgery Address	

EMPLOYMENT RECORD

Please provide details of your previous employment for the last 10 years or since leaving full time education

Start with the **most recent job first.**

Start Date	Finish Date
Your Employer	Contact Name
Your Job Title	
Address	
Postcode	Telephone
Reason for leaving	

Start Date	Finish Date
Your Employer	Contact Name
Your Job Title	
Address	
Postcode	Telephone
Reason for leaving	

Start Date	Finish Date
Your Employer	Contact Name
Your Job Title	
Address	
Postcode	Telephone
Reason for leaving	

Start Date	Finish Date
Your Employer	Contact Name
Your Job Title	
Address	
Postcode	Telephone
Reason for leaving	

Start Date	Finish Date
Your Employer	Contact Name
Your Job Title	
Address	
Postcode	Telephone
Reason for leaving	

PERSONAL REFEREES

Please provide details of at least two persons, not related to you, who have known you for over three years who we may approach for a character reference

Referee One

Mr/Mrs/Miss	Forename	Surname
Address		
Postcode	Telephone	
Occupation	How long have you known this person?	
In what capacity do you know this person?		

Referee Two

Mr/Mrs/Miss	Forename	Surname
Address		
Postcode	Telephone	
Occupation	How long have you known this person?	
In what capacity do you know this person?		

Referee Three

Mr/Mrs/Miss	Forename	Surname
Address		
Postcode	Telephone	
Occupation	How long have you known this person?	
In what capacity do you know this person?		

SELF EMPLOYMENT REFEREES

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

Referee One

Mr/Mrs/Miss	Forename	Surname
Address		
Postcode	Telephone	
Occupation	How long have you known this person?	
In what capacity do you know this person?		

Referee Two

Mr/Mrs/Miss	Forename	Surname
Address		
Postcode	Telephone	
Occupation	How long have you known this person?	
In what capacity do you know this person?		



Declaration and Authority to Provide Information

I..... (insert full name in capitals) certify that the information I have provided in this application is correct and true to the best of my knowledge and belief and agree to co-operate by providing any additional information required.

I fully understand that it is a criminal offence to obtain employment by deception under **Section 16 of the Theft Act 1968**. I also understand that any misrepresentation of facts is grounds for immediate dismissal and possible prosecution.

I further certify that I have completed this application form in my own handwriting and I understand that any employment is subject to satisfactory screening in compliance with **BS7858:2012** or as may be amended.

I understand and agree that any offer of employment is conditional on the verification, to Sentry Security Ltd's satisfaction, of the information provided in the Application Form.

I understand that the check will involve verification of the details specified below:

CHECKS TO BE CARRIED OUT

- * Passport/ID & relevant visas – right to work in the UK
 - * Residency check
 - * County Court Judgement/Bankruptcy checks
 - * 10-year employment check
 - * Criminal Records Check
 - * SIA Licence Status
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I hereby authorise Sentry Security Limited to approach previous employers, government agencies, credit agencies and referees to verify and support the information I have given and confirm that my consent is explicit, fully informed and freely given.

Signature of Applicant	Print Name
Date	  