



For Office Use Only

Attach Photo Here

ID NO \_\_\_\_\_

**CONFIDENTIAL APPLICATION FORM**

(PLEASE COMPLETE IN BLOCK CAPITALS AND IN BLACK INK)

Fill all the sections. If you have any difficulties in completing this form please ask someone to help you.

**1. PERSONAL DETAILS**

Surname  
(Mr/Miss/Mrs/Ms/Other) \_\_\_\_\_

Forenames \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Permanent  
Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Contact telephone nos: landline: \_\_\_\_\_ mobile: \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_ If less than 5yrs, please  
give the previous address(es) for the last 5 years

i) \_\_\_\_\_

ii) \_\_\_\_\_

Do you have a valid work permit? Yes /No. Please provide evidence.

National Insurance No. \_\_\_\_\_ Driving Licence No \_\_\_\_\_

SIA Licence Number \_\_\_\_\_

Licence Type: Door Supervisor/ Static Security Guard/Retail Security/ CCTV/ Other  
(Please specify) \_\_\_\_\_

Licence Renewal Date \_\_\_\_\_

**Next of Kin Details.**

|                                      |  |
|--------------------------------------|--|
| Name                                 |  |
| Relationship                         |  |
| Address                              |  |
| Phone Number                         |  |
| Do you have any dependants under 18? |  |

**Bank Details**

|                      |  |
|----------------------|--|
| Account Holders Name |  |
| Bank                 |  |
| Branch               |  |
| Sort Code            |  |
| Account Number       |  |

**2. EDUCATION AND TRAINING**

| Name and Address of School, College or Training Provider | Courses or Subjects Taken and Qualifications Gained | From: Month/Year | To: Month/Year |
|--|---|------------------|----------------|
|  |   |                  |                |

**4. EMPLOYMENT HISTORY FOR THE LAST TEN YEARS****(Continue on a separate sheet if necessary)**

| Name and Address of the Previous Employers (Starting with the most recent) | Position Held | From:<br>Month/Year | To:<br>Month/Year |
|--|---------------|---------------------|-------------------|
|  |               |                     |                   |

## 5. HEALTH DECLARATION

Below is a questionnaire of your health status. If the answer to any of the illnesses is yes, please give the full details in the space provided of the dates, duration and outcome of the illness or the condition. **You must, immediately inform McPear Services Ltd if your health changes.**

| Have you ever had?   |     |    | Additional information to the 'yes' response |
|--|-----|----|--|
| Tuberculosis, asthma, bronchitis, or suffered chest pains?   | Yes | No |  |
| Chest pain, heart condition or raised blood pressure?  | Yes | No |  |
| Blackouts, fits or attacks of giddiness?   | Yes | No |  |
| Depression, mental illness or nervous breakdown?   | Yes | No |  |
| Rheumatism or arthritis?   | Yes | No |  |
| Back trouble?  | Yes | No |  |
| Typhoid, paratyphoid or dysentery?   | Yes | No |  |
| Digestive or bowel disorder?   | Yes | No |  |
| Diabetes, thyroid or gland trouble?  | Yes | No |  |
| Bladder or kidney trouble?   | Yes | No |  |
| Dermatitis or skin trouble?  | Yes | No |  |
| Vericos veins?   | Yes | No |  |
| Any other, accident, operation or illness?   | Yes | No |  |
| Have you any reason to believe that you may have been infected with any communicable disease?  | Yes | No |  |
| Any other current or recent medical condition or treatment, which might affect your attendance or performance at work?                               | Yes | No |  |
| Any illness or medical condition that prevented you from attending work or your normal duties or activities more than one week during the past year? | Yes | No |  |
| Any physical disabilities, including sight and hearing?  | Yes | No |  |
| Do you smoke?  | Yes | No |  |
| Do you take Alcohol? If yes, how many units per week? 1 Unit= ½ pint of beer=1 glass of wine= 1 single whisky  | Yes | No |  |

## 6. MEETING THE SECURITY NEEDS OF OUR CLIENTS

Have ever been convicted of any criminal offence? Yes/No. If yes, Please give details in the box below.

| Date | Nature of conviction |
|------|----------------------|
|      |                      |

Do you agree that checks may be carried out concerning you? Yes/No

Should work be offered, it is a condition that any future conviction should be disclosed. This will not result into automatic removal from our register but each case will be reviewed on its own merit using the relevant guidelines.

Failure to disclose may result in an automatic removal from McPear Services Ltd register.

## 7. REFERENCES

Please provide details of 2 references who can be contacted to provide information relating to your competences. One should be your most recent employer. For school leavers, a letter from the college/school will be acceptable.

|  |
|--|
| Name_____Position_____   |
| Company_____   |
| Address_____   |
| Post Code_____ Tel No _____                                    |
| May we approach the above for the references? Yes/No.<br>..... |
| Name_____Position_____   |
| Company_____   |
| Address_____   |
| Post Code_____ Tel No _____                                    |
| May we approach the above for the references? Yes/No.          |

## Guidance Notes

According to new legislation, we carry out security screening on you to ensure that all employees are not a present or potential future security risk. This is in compliance with the British Standard BS7858:2006.

Under the guidelines laid down by BS7858, you are required to provide evidence of previous employers, periods of self-employment, periods of unemployment, periods spent in full-time education, periods spent abroad as well as periods spent in prison. The purpose of this is to verify your whereabouts on a continuous basis for the last 5 years. It is also necessary to verify your name and address and take up two Character References. This must all be completed within three months of employment.

Please complete the attached Application for Employment form fully and accurately signing all relevant sections. This will provide enough information for your screening to proceed without delay. By signing the declarations you are authorizing McPear Services Ltd to take up your references.

Please use the following as a check- list to ensure you have included all the required information. If there is any information which you do not have, you may submit the application form without it, but please let us know when we can expect to receive it.

NAMES AND ADDRESSES. Please ensure that all names and addresses are accurate. Provide Post Codes and telephone numbers including area codes. Provide the full and accurate name of the company or school to which you refer. Ensure that surnames are spelled correctly and all information is clearly written and legible.

CHARACTER REFERENCES should be people who have known you on a continuous basis for at least two years out of the most recent five. Neither referee should be related to you or be someone you live with. Please state their relationship to you and state for how long you have known them continuously. Seek the referee's permission before putting their names on the application form.

PREVIOUS EMPLOYERS: State who your immediate employer (the Company) and the person to whom you reported. State also your job title at the time of leaving and your reason for leaving. Ensure all dates are recorded as month and year both for starting and for leaving employment with a company. A character

reference will be requested from your immediate superior from your most recent period of employment.

PERIODS OF SELF-EMPLOYMENT should be accompanied by details of your professional advisers (Accountants, Solicitors, and Bankers) during that period. Additionally, provide a letter instructing them to

release details of your claims to McPear Services Ltd.

PERIODS OF UNEMPLOYMENT should be accompanied by details of the office at which you were claiming benefits.

PERIODS OF FULL-TIME EDUCATION should be accompanied by accurate dates of courses. This should state the month and the year of the start and finish of the course, since leaving full time education.

PERIODS SPENT ABROAD should be accompanied by the relevant visas, Passport Stamps, Hotel Bills, Wage Slips, Bank and Credit Card Statements, etc, as proof.

PERIODS SPENT IN PRISON should be accompanied by exact dates. Full addresses of the prisons are required including any prison reference numbers. If you have a Certificate of Discharge or similar please submit with the application form.

A RECENT PHOTOGRAPH of yourself is attached.

A PHOTOCOPY OF YOUR ID which could be a passport (any nationality), a UK Driving licence (full or provisional) or any other acceptable form of identification.

A PHOTOCOPY OF YOUR SIA LICENCE training certificate.

A PHOTOCOPY OF YOUR SIA LICENCE. Make sure you indicate the licence expiry date in the relevant section.

A PHOTOCOPY OF YOUR proof of address. This could be a utility bill, bank statement, tenancy agreement, mortgage statement or council tax bill.

HEALTH DECLARATION. This is important so that you do not put yourself or others at risk. It does not stop you taking up employment.

BINDING DECLARATION. This is to authorize McPear Services Ltd to carry out the necessary checks and also certifies that the information you have provided is true and accurate to the best of your knowledge.

**Declaration**

- I understand that employment with the Company is subject to satisfactory references and security screening in accordance with BS 7858.
- I undertake to cooperate with the Company in providing any additional information required to meet these criteria;
- I authorize the Company and/or its nominated agent to approach previous employers, schools/colleges, character references or Government Agencies to verify that the information that I have provided is correct;
- I understand that some of the information that I have provided in this application may be held on an Electronic database and some or all may be held on manual records.
- I consent to the Company's reasonable processing of any sensitive personal information obtained for the purposes of establishing any medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the Company. Subject to the Access to Medical Records Act 1988, I consent to the results of such examinations to be given to the Company. 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 the Company or its representatives may render me liable to dismissal without notice.

SIGNATURE: .....

PRINT NAME: .....

DATE: .....



**For Office Use Only**

**Interviewing Panel**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Document Check list**

- 1. ID seen?
- 2. Photograph?
- 3. Proof of Address?
- 4. Work Permit?  Expiry date.....
- 5. SIA Licence?  Expiry date.....
- 6. References taken?   Reference 1.   
  Reference 2.

Additional Comments Regarding the Applicant.

[PDF to Word](#)