

Passport
photo



Surname:..... Forenames:.....

Date of birth: / / Nationality:.....

NI Number:..... Email Address

Address Postcode:.....

Home phone:..... Mobile:..... Work:.....

Criminal Record

Are you eligible to work in the UK in line with the Asylum and Immigration Act 1996
(Amended Regulation 2004)? Yes/No

Have you ever been convicted of a criminal offence, which is not a spent conviction within
the terms of the Rehabilitation of Offenders Act 1974? Yes/No
If yes please provide details below?

Have you ever had any Cautions Yes / No
If yes please state the offence and caution date.

Equal Opportunity

Please tick the most appropriate box

Are you

- Male Female Prefer not to say

Marital Status

- Divorced Married Other Single
 Widow Civil Partnership Prefer not to say

How many hours are you available to work a week? Working week starts Monday and ends Sunday. (Please circle most appropriate)

Up to 16 hours

16 to 30 hours

30 to 48 hours

Are you able to work weekends?

VEHICLE LICENCE

Do you drive Yes/No

Tick box as appropriate

Full UK Driving Licence

Provisional Licence for a car

Provisional Licence for a bike

Valid UK Driving Licence

Do you have any Points on your Licence?

Do you have any convictions for driving?

Are willing to help transport another employee to his or hers place of work? Yes/No

Are you able to drive a mini bus?

Driving licence number

start date

expiry date

Do you authorise Safe Hands Security LTD to carry out a licence check? Yes / No

If no please give reasons below

PASSPORT

Have you ever held a passport? Yes / No if yes when was this?

Do you still have possession of the passport Yes / No if yes please provide

Passport number

start date

expiry date

YOUR HEALTH

Have you had any major illnesses or operations in the last five years? Yes/ No

Do you Suffer/ suffered from any skin complaints?

Yes/No

Do you suffer with any back pain when standing for short periods of time.

As you will be required to stand minumem of five hours

Yes/No

Had any medical condition requiring medication?

Yes/No

Is there any other medical condition or long term illness which may affect your work?

Yes/No

If so please provide details of your condition and names with doses of the medication. State below.

Do you consider yourself to have any disabilities?
If yes please provide details below

Yes/No

How many days off work have you had in the last year?

Do you have to take any medication?
If yes please state details below.

Yes/No

DOCTORS DETAILS

Name of doctor

Tel

Address of your doctor

In a emergency who do we contact:

Name

Relationship

Address

Home number

Work

Mobile

EXPERIENCE

Have you any experience within the security industry Yes / No
If yes, what type of experience and in what capacity?

How many years of experience have you had?

Have you got your S.I.A licence Yes / No

Have you ever had an S.I.A licence Yes/ No

If yes then what is the licence number?

What is the expiry date

What type of licence do you hold?

Do you have any other type of licence? (e.g CCTV, CP)

COMMITMENTS

Have you got any commitments that may affect your work? Yes /No

Are there any restrictions on the hours you can work at any one time Yes/ No

Are there any restrictions on you working away between one day to seven days
As we supply staff to festival to which they last up to seven days. Yes/ No

Remember if you have any commitment's or health problems and you do not mention it may affect your request to work within the company. If you do not mention any problems and ask to work and you cannot make it then for those reasons then it may lead you to be dismissed from work.

I.....agree, and have read and fully understand that Safe Hands Security Ltd has a policy is to only employ and recruit team member who are looking to do there security license (S.I.A) and as part of your employment it is to agree to follow and attend all training course provided. Safe Hand Security Ltd will allocate you with a booking for every event, you will be paid on completion of the booking not per hours or shift completed.

I have given my consent for Safe Hands Security LTD and there personnel or person connected to Safe Hands Security LTD permission to contact me via Personal phone number given above, my personal email address, given above and also my Facebook page via there Safe Hands Security LTD Facebook page and there group chat. I also give consent for my name, national insurance number, address, date of birth, copy of my I.D and my SIA detail over to current clients, other sub contract who Safe Hands Security LTD supply and any local authority.
We at Safe Hands Security LTD will not release any information or details to any persons or person or any third party.

Education

Please provide any details regarding any education you have undertaken.

Qualifications and Training

Please provide us with details and results of any qualifications and training you have taken. (Training within the last 3 years)

Employment History

Please provide us with your past 5 years employment history.

Have you been dismissed or handed your
Notice in at any point in the past 5 years?

Yes/No

If yes please provide details below

References

Please provide us with two references below.

Employment Reference

Name of Company:

Company Telephone:

Company Address:

Manager Name:

Company Postcode:

Character Reference

Name:

Relationship To You:

Contact Details

Please be aware that you cannot use a family member to give you a reference

I..... agree that if I turn down work or any training courses which is offered to me without good reason it may affect my employment.

Also any cost the company loses i.e. booking fees, profit from lost revenue from myself missing shifts or none completion of shift / booking provide then the company have the right to deduct any costs/ loses from wages.

Sign.....

Date.....

Print.....

Declaration

I acknowledge that all the information I have given is complete, correct and not misleading and I understand that if any statement is subsequently found false or misleading then my employment may be terminated. Safe Hands Security LTD reserves the right to request a basic Criminal Records check.

Sign.....

Date.....

Print name:.....

Bank details

Must be in your name and must be your account can't use any other persons.

Name on the Account

Sort code

Account number

Name of bank

Uniform Sizes

Female / Male

Shirt Size:

T shirt:

Coat size hi viz:

Boomer jacket hi viz :

Blazer / waste coat size :

When you are given your uniform you must keep it in good condition at all times. Any damage to the uniform may lead to a deduction from your pay for a replacement.

When you leave the company you must hand in your uniform if not a deduction will be made from your pay.

Please sign and date to confirm that you have read and agree that any damage to uniform, lost or unreturned uniform may lead to a deduction from your wages.

Sign.....

Date.....

Office use only

Shirt Yes / No

T shirt Yes / No

Coat hi viz Yes / No

Boomer jacket hi viz Yes / No

Blazer / waste coat Yes / No

Tie Yes / No

When given a tie you must pay for it

Sign.....