

INTACEPT MANAGEMENT LIMITED

Security House, Vicarage Farm Road
Peterborough, Cambridgeshire, PE1 5TP
Tel No. 01733 565070 Fax No. 01733 313111
Email: info@intacceptsecurity.com www.intacceptsecurity.com

APPLICATION FOR EMPLOYMENT (Private and confidential once completed)

Please complete in **BLOCK CAPITALS** using **BLACK BALLPOINT PEN**. Answer all questions or tick where appropriate. If an entry is inapplicable insert "No" or "N/A". To be completed in the applicant's own handwriting

POSITION SOUGHT: _____ DATE: _____

1. PERSONAL INFORMATION

Title: MR / MRS / MISS / MS / OTHER	
Surname:	
Forenames: (Include middle names)	
Previous Surname / Maiden Name:	
Aliases:	

Address: Number / Street / Road:	
Town / City:	
County:	
Postcode:	
How long have you lived here? Since	Month: _____ Year: _____

Tel No:	Mobile No:
Email address:	

Previous Address: (If less than 5 years at current address)	
How long did you live there? Month & Year	From: _____ To: _____

Date of Birth:	
Place of Birth: (Town, County and Country if outside UK)	

Gender Please Tick	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Nationality:	
National Insurance Number:	
Date of Entry into EU/UK (if applicable)	

Marital Status: Tick where applicable	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Co-habiting <input type="checkbox"/>
	Single <input type="checkbox"/>	Widower <input type="checkbox"/>	Widow <input type="checkbox"/>	

Date of Marriage if applicable	
Number of Children (under 18)	Ages: _____

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2. DRIVING LICENCE

Do you hold a current UK driving licence? YES <input type="checkbox"/> NO <input type="checkbox"/>	Full <input type="checkbox"/> HGV <input type="checkbox"/>	Provisional <input type="checkbox"/> Motor bike <input type="checkbox"/>	Manual <input type="checkbox"/> PSV <input type="checkbox"/>	Automatic <input type="checkbox"/> Other <input type="checkbox"/>
If other please state				
Please give details of any endorsements and dates:				

Do you have transport? YES <input type="checkbox"/> NO <input type="checkbox"/>	Car <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	Bicycle <input type="checkbox"/>	Other <input type="checkbox"/>
If OTHER please specify:				

3. OFFENCES CAUTIONS AND CONVICTIONS

Enter details for either in the UK or any other Country for criminal or motoring offences

	YES	NO
Have you ever been cautioned by the Police?		
Have you ever been convicted, fined or had any order made against you by a Criminal, Civil or Military Court ?		
Are you aware of any Police investigations in which you may be involved?		

If you answer YES to any of the above please give details of offence and dates:
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NB: Disclosure is not required where there is a conviction to which the provisions of the Rehabilitation of Offenders Act 1974 applies. **Failure to disclose an unspent conviction may result in summary dismissal. If you are unclear about any of these questions ask the interviewer.**

4. FINANCIAL LIABILITIES

	YES	NO
Have you any outstanding debts or attachments of earnings?		
Have you ever had any proceedings against you either in a Civil or Criminal Court, including motoring Offences?		
Have you ever been declared bankrupt / insolvent?		

If you answer YES to any of the above please give details:

5. NEXT OF KIN

Please give details of your next of kin. Should you enter employment with the Company, unless instructions are given to the contrary this will be the person the company will contact on your behalf in case of emergency.

Name:	
Relationship:	
Telephone Number: Home/Work/Mobile	

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6. EMPLOYMENT HISTORY

Please provide details of your last five years' employment / unemployment history, or from the date of leaving school or full time education in date order, commencing with the most recent. Details should include all periods of employment, self-employment, registered or unregistered unemployment, part time or voluntary work. Give dates and full addresses of employers and job centres. Please continue on a separate sheet if necessary. **Important:** Full address and contact numbers are required. Please give notice period if currently employed.

May we approach your current employer for a reference before your notice period? YES NO

Employer/Education Details	Start Date	Finish Date	Company Name & Address	Reason for Leaving
Contact Person/Title:				
Your Job Title:				
			Tel No:	Notice Period:

Employer/Education Details	Start Date	Finish Date	Company Name & Address	Reason for Leaving
Contact Person/Title:				
Your Job Title:				
			Tel No:	

Employer/Education Details	Start Date	Finish Date	Company Name & Address	Reason for Leaving
Contact Person/Title:				
Your Job Title:				
			Tel No:	

Employer/Education Details	Start Date	Finish Date	Company Name & Address	Reason for Leaving
Contact Person/Title:				
Your Job Title:				
			Tel No:	

Employer/Education Details	Start Date	Finish Date	Company Name & Address	Reason for Leaving
Contact Person/Title:				
Your Job Title:				
			Tel No:	

Employer/Education Details	Start Date	Finish Date	Company Name & Address	Reason for Leaving
Contact Person/Title:				
Your Job Title:				
			Tel No:	

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7. MILITARY SERVICE

Please give details of all periods of service in the Forces (Regular or Reserve), full time Civil Defence etc., that you have undertaken within the past five years.

Description of Service (RN, Army, RAF, MN, TA, RM)			
Regiment, Branch or Division			
Date of Joining:		Date of Discharge / Retirement:	
Rank:		Personal / Regimental No.	
Decorations & Medals:		Conduct / Character on leaving:	

8. SELF EMPLOYMENT

Please give title, nature and address of your business.

Name and Address of business: _____ _____ _____		
Nature of business:		
Date of business:	From:	To:

BUSINESS REFERENCES

Please give details of trade/business references ie., companies with whom you traded and/or persons who can confirm details of your business activities e.g your Accountant, Solicitor or Book Keeper acting on your behalf during the course of the business.

Referee One			Referee Two		
Title:	Forename:	Surname:	Title:	Forename:	Surname:
Address:			Address:		
Post Code:			Post Code:		
Tel No:			Tel No:		
Occupation:			Occupation:		
In what capacity have you known this person?			In what capacity have you known this person?		
How long have you known this person?			How long have you known this person?		

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9. PERSONAL REFERENCES

Please give the name and full address of **ONE** person **who is NOT** a relative, company personnel, doctor, dentist, solicitor, minister of religion, former employer, serving police officer or bank official (unless known to you in a personal capacity) who has known you well for at least the past two years, is still in contact with you and who will be prepared to give a personal reference. This person should not reside at the same address as yourself.

Referee One

Title:	Forename:	Surname:
Address:		
		Post Code:
Tel No:		
Occupation:		
In what capacity have you known this person?		
How long have you known this person?		

10. QUALIFICATIONS

Course	Tick as applicable	Date Completed	Level (if applicable)
NVQ/SVQ in Security , Safety and Loss Prevention	<input type="checkbox"/> YES <input type="checkbox"/> NO		
C&G Professional/Advanced Security Officer	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Basic Job Training	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Conflict Management	<input type="checkbox"/> YES <input type="checkbox"/> NO		
First Aid: First Aid at Work or Emergency First Aid at Work	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Fire Fighting: Fire Marshal	<input type="checkbox"/> YES <input type="checkbox"/> NO		

OTHER: Please give details of all full-time and part-time educational / professional courses you have undertaken including examination results (e.g., C.S.E, G.C.S.E, "A" Level, First Aid etc)

Do you hold any of the following:	Expiry Date	Licence No.
SIA Security Licence	<input type="checkbox"/> YES <input type="checkbox"/> NO	
SIA Door Supervisor Licence	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other SIA Licence Type: Please State	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Have you applied for an SIA Licence?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, give Unique Reference No & Type:	

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11. PHYSICAL RECORD

The following information will be retained in the strictest confidence and will assist us in protecting, as far as is reasonably practicable, your health, safety and welfare. Should any additional information be required from your medical practitioner, the law requires us to inform you of our intention and to obtain your written consent beforehand.

Please read the following questions carefully and answer as accurately as possible.

Are you currently suffering or have you ever suffered from any of the following conditions? *(Please circle)*

Fainting, blackouts, epilepsy or fits	YES / NO	Claustrophobia or Vertigo	YES / NO
Diabetes	YES / NO	Back pain	YES / NO
Typhoid, paratyphoid or cholera	YES / NO	Difficulty in standing for long periods	YES / NO
Dysentery or recurring diarrhoea	YES / NO	Difficulty in climbing stairs	YES / NO
Tuberculosis (TB)	YES / NO	Difficulty in bending to lift weights	YES / NO
Eczema or skin trouble	YES / NO	Serious injury or fracture	YES / NO
Asthmatic attacks or chest problems	YES / NO	Mental / emotional illness	YES / NO
Heart trouble or high blood pressure	YES / NO	Recurrent infections or illness	YES / NO
Arthritis, rheumatism or gout	YES / NO	Difficulty in writing	YES / NO
Joint, ligaments or tendon trouble	YES / NO	Colour blindness	YES / NO
Bronchitis	YES / NO	Pneumonia or pleurisy	YES / NO
Persistent headaches or migraine	YES / NO	Dyslexia	YES / NO
Rupture or hernia	YES / NO	Any major operations	YES / NO
Currently taking prescribed medication	YES / NO	Loss of sense of smell	YES / NO

Defective vision (not corrected by glasses or contact lens) YES / NO

Deafness or difficulty hearing speech (not corrected by hearing aid) YES / NO

Any medical condition that may affect your suitability for employment YES / NO

Are you currently or do you expect to receive medical treatment in the near future YES / NO

Do you smoke YES / NO

How many days sickness have you had in the last 12 months _____

If you answer **YES** to any of the above please give details:

The following information is required in the event that you may wish to become authorised to drive a Company/Client vehicle or drive a private vehicle on Company business.

Have you ever been refused a driving licence on health grounds or been banned or prevented from driving? YES NO

If **YES**, when, for how long, and for what reason:

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12. LEISURE INTERESTS, SPORTS, HOBBIES & MEMBERSHIP OF CLUBS

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13. UNIFORM SIZES

Neck:	Do you prefer short or long sleeved shirts?	Chest:	Waist:	Trousers Length: Short 29" / Regular 31" / Long 33"

14. AVAILABILITY

Date you are able to commence work:	
Are you prepared to be called into work at short notice?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you prepared to work on rest days if required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any holidays booked?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please give dates of holidays booked?	

15. EQUAL OPPORTUNITIES MONITORING

Intacept Security values diversity and has an equality policy to ensure that all applicants are treated fairly, that they are appointed solely on their suitability for the post irrespective of protected characteristics. We are committed to ensuring equal access to employment and details from this form will allow us to identify any groups that are under-represented in our workforce. Your answers to these questions below will be collated electronically for this purpose.

Are you registered disabled? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES please state registered disablement number:
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ETHNIC ORIGIN *Please tick appropriate box*

White	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other *	<input type="checkbox"/>	
Mixed	White & Black	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Other*	<input type="checkbox"/>	
Asian or Asian British	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other* <input type="checkbox"/>
Black or Black British	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other*	<input type="checkbox"/>	
Chinese or Other	Chinese	<input type="checkbox"/>	Other*	<input type="checkbox"/>			

*If other specify:

NATIONALITY

E.E.C (Including British) Non E.E.C

If you are not an E.E.C citizen do you have a valid work permit? YES NO N/A

Work Permit/Visa Number:	Expiry Date:
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DECLARATION

Please read this carefully before signing this application

To be completed by **ALL APPLICANTS**

DECLARATIONS

I certify that to the best of my knowledge, the information that I have given in my application for employment is true and complete and understand that any false statement or omission to the Company or its representatives may render lead to termination of employment without notice. 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 or its agents to approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment/unemployment record. I consent to the Company's reasonable processing of any 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 the Company. Subject to the Access to Medical Reports Act 1988, I consent to the results of such examinations to be given to the Company and authorize the Company 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 further declare that any documents that I provide as proof of my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined under a UV scanner or similar device. I acknowledge that any falsified documents may be reported to the appropriate authority.

DATA PROTECTION ACT 1998

The Company will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers

By returning this form to the Company you consent to our processing personal data about you where this is necessary, for example information about your credit status, ethnic origin or criminal offences. You also consent to the transfer of your information to your current and future potential employers where this is necessary (this may be to companies operating abroad if you apply for work outside of the United Kingdom).

Your information will be held on our computer database and/or in our paper filing systems. By signing below you agree to this process and confirm that you do not have a criminal record subject to the current Rehabilitation of Offenders Act and any amendments. You have the right to apply or a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

DISCLOSURE

You are applying for a position of trust and in the event of being offered employment by the Company we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from employment. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document you allow the Company to see a copy of the Disclosure.

SCREENING

Any offer of employment is subject to satisfactory screening, that the applicant consents to being screened and will provide information as required, that the information provided is correct and the applicant acknowledges that any false statements or omissions could lead to termination of employment.

SIGNATURE

DATE

PRINT NAME (Name and Initials in block letters)

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WORKING TIME DIRECTIVE - 48 Hours Week

Agreement / Disagreement to Opt Out of Regulation 4 (1) of the Working Time Regulations 1998 about Maximum Weekly Working Time.

1. I, (the employee) agree with INTACEPT SECURITY of Security House, Vicarage Farm Road, Peterborough (the employer) that the limit in Regulation (4) 1 of the Working Time Regulations shall not apply to me and that my average working time may therefore exceed 48 hours for each seven day period (as defined by and calculated in accordance with the Working Time Regulations 1998).
 I AM prepared to work more than 48 hours per week and therefore wish to "opt out" of the regulation.
2. I DO NOT wish to work more than 48 hours per week
3. This agreement shall apply from the date below until further notice
4. I agree that I will comply with any and all policies of the employer, from time to time in force, which relate to its maintenance of records of my hours of work.

This agreement can be terminated by me giving three months' notice in writing to my employer.

SIGNATURE **DATE**

PRINT NAME (Name and Initials in block letters)