

# 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:		
First Name: (Include middle names)		
Maiden Name/Former Name (list all previous first names and surnames):		
Aliases:		
Current Address Number/Street/Road:		
Town / City:		
County:		
Postcode:		
How long have you lived here?	From 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)		
National Insurance Number:		
Are you subject to Immigration Control?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, do you have an unrestricted entitlement to take up employment in the UK?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date of Entry into EU/UK (if applicable)		
Work Permit/Visa Number:	Expiry Date:	
Do you hold an SIA Licence:	YES <input type="checkbox"/> NO <input type="checkbox"/>	
(Tick all that apply): Security Guarding <input type="checkbox"/> Door Supervisor <input type="checkbox"/> CCTV <input type="checkbox"/> Other <input type="checkbox"/> (state)		
SIA Licence Number:	Expiry Date:	

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## 2. DRIVING LICENCE

Do you hold a current valid UK Driving Licence? YES  NO

Tick all that apply: Full  Provisional  Manual  Automatic  HGV  Motor Bike  PSV

If OTHER please state:

Please give details of any endorsements and/or driving convictions and dates within the past five years:

Do you have transport? YES  NO

Tick all that apply: Car  Motorcycle  Bicycle  Other

If OTHER please state:

## 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 or Public Authority?		
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:

**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?		
Have you any Court Judgements against you, whether satisfied or not?		

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

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## 5. 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. **Important:** Full address and contact numbers are required. Please continue on a separate sheet if necessary. Please give notice period if currently employed.

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

Company Name:		Start Date:	
Tel No.		Finish Date:	
Address (in full):		Position Held:	
		Reason for Leaving:	
		Notice Period:	

Company Name:		Start Date:	
Tel No.		Finish Date:	
Address (in full):		Position Held:	
		Reason for Leaving:	

Company Name:		Start Date:	
Tel No.		Finish Date:	
Address (in full):		Position Held:	
		Reason for Leaving:	

Company Name:		Start Date:	
Tel No.		Finish Date:	
Address (in full):		Position Held:	
		Reason for Leaving:	

Company Name:		Start Date:	
Tel No.		Finish Date:	
Address (in full):		Position Held:	
		Reason for Leaving:	

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## 6. 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. If not applicable please strike through.

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:	

## 7. SELF EMPLOYMENT

Please give title, nature and address of your business. If not applicable please strike through.

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

### BUSINESS REFERENCES (Self Employment)

Please give details of trade/business references i.e., 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. If not applicable please strike through.

	Referee One	Referee Two
Name: Forename & Surname		
Address (including Postcode):		
Tel No.		
Occupation:		
In what capacity have you known this person?		
How long have you known this person?		

## 8. PERSONAL REFERENCES

Please give the name and full address of **ONE** person **who is NOT** a relative (by blood or by marriage), former employer and/or persons residing at the same address as yourself, 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.

### Referee

Title:	Forename:	Surname:
Address (including Postcode)		Tel No.
Occupation:		
In what capacity have you known this person?		
How long have you known this person?		

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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 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 2018

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 for a copy of your information 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 applicant) 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)