



## APPLICATION / ENROLMENT FORM

**We would like to thank you for applying for a position of employment with Pro-Tect UK Security.**

Please find below some notes and advice on completing this application form.

**SECTION 1** – please complete all relevant sections, including contact numbers etc where possible.

**SECTION 2** – please complete this section and include your license number. Please also bring your license with you for any interview process as well, as we will require a copy of your license for your personnel file. If you have a license then go straight to **section 4**.

**SECTION 3** – this is only to be completed if you do not have an SIA license.

**SECTION 4 & 4a** – please complete this section and sign it.

**SECTION 5** – complete as necessary.

**SECTION 6** - please complete this section and sign it.

**SECTION 7** - complete as necessary.

**SECTION 8 & 8a** – this needs to be completed in detail. Please ensure you provide full details of ALL employers for the past 5 years, including any periods of unemployment. It is vital that we have the correct information so we can confirm your employment history, in accordance with BS7858:2006.

**SECTION 9** - Please give details of two parties who are not related to you, whom you have known for a considerable period and whom we may approach for a personal character reference. In addition we also require one professional reference, preferably from your last employer, but this may be someone you have worked for or with during the last 2 years. Under BS7858 screening and vetting, we must be able to gather sufficient references in order to secure your employment. Please note References from relatives or people residing at the same address as you are unacceptable.

**DATA PROTECTION AND DECLARATION** – please Read, sign, print your name and date these sections accordingly.

### Checklist:

Have you completed?

License number –	yes	no
Signed section 4 -	yes	no
Signed section 6 –	yes	no
Fully completed section 8 –	yes	no
Provided 3 references for section 9 –	yes	no
Read and signed data protection –	yes	no
Read and signed declaration –	yes	no
Provided 1 household bill for identification purposes –	yes	no
Provided photocopy of driving license –	yes	no
Provided photocopy of training certificates –	yes	no
Provided photocopy of SIA license -	yes	no

### Company Contact Details

Pro-Tect UK Security & Training  
Unit A1  
10 Allenbrook Road  
Rosehill Industrial Estate  
Carlisle  
Cumbria  
CA1 2UT  
0843 289 1875  
information@pro-tect.co.uk

## SECTION 1 – PERSONAL DETAILS

Position applied for: \_\_\_\_\_ How did you here of this vacancy?: \_\_\_\_\_

Surname: \_\_\_\_\_

Surname at birth: \_\_\_\_\_

Forename(s) \_\_\_\_\_

N.I Number:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Address (if less than 5 yrs): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Town / country of birth: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male / Female

Marital Status: Married / Single

Driving License: Yes / No

Transport: Yes / No

Person To be contacted in case of emergency / Next of Kin:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Number: \_\_\_\_\_

## SECTION 2 – BADGE INFORMATION

Do you have a current SIA Registered license?: Yes / No

License Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### IF YES MOVE TO SECTION 4

## SECTION 3 – BACKGROUND INFORMATION

Have you appeared at court charged with a : **criminal offence?** Yes / no **civil matter?** Yes / no

Military offence? Yes / No

Have you ever been cautioned by the police for any offence? Yes / No

Have you any alleged offences outstanding? Yes / No

If YES, please give details:

DATE	OFFENCE	SENTENCE

## SECTION 4 – HEALTH QUESTIONNAIRE

The purpose of this questionnaire is to ensure that you are suited to work at night. All the information you provide will be kept confidential.

Do you suffer from any of the following health conditions?

- . Diabetes Yes / No
- . Heart or Circulatory disorders Yes / No
- . Stomach or intestinal disorders Yes / No
- . Any condition which cause difficulties sleeping Yes / No
- . Chronic chest disorders, especially if night-time symptoms are troublesome Yes / No
- . Any medical condition requiring medication to a strict timetable Yes / No
- . Any other health factors that might affect fitness at work Yes / No

If you have answered yes to the above question, you may be asked to see a doctor or nurse for further assessment, please give any details below if you have answered yes to any of the above questions.

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I, the undersigned, confirm that the above is correct to the best of my knowledge.

Signed .....

Date .....

### **Assessment**

(this gives an indication of whether the worker is fit to work nights or should see a doctor or nurse for a medical examination)

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.....

.....

Signed ..... Date .....





## SECTION 8a – EMPLOYMENT AVAILABILITY

**Available for Work**

**Please Tick**

Sun  Mon  Tue  Wed  Thurs  Fri  Sat

## SECTION 9 – CHARACTER REFERENCES

Please give details of two parties who are not related to you, whom you have known for a considerable period and whom we may approach for a personal character reference. In addition we also require one professional reference, preferably from your last employer, but this may be someone you have worked for or with during the last 2 years. Under BS7858 screening and vetting, we must be able to gather sufficient references in order to secure your employment.

References from relatives or people residing at the same address as you are unacceptable.

### **Reference 1 – personal**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Occupation \_\_\_\_\_

### **Reference 2 - personal**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Occupation \_\_\_\_\_

### **Reference 3 - Professional**

Name \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Position in company \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Postcode \_\_\_\_\_

## DATA PROTECTION

**Please read this carefully before signing the application form**

I understand that employment with the company is subject to satisfactory references & security screening in accordance with BS7858.

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 referees or government agencies to verify that the information I have provided is correct;

I authorize the company to make a consumer information search with a credit reference agency which may keep a record of that search within my personnel file;

I understand that some of the information I have provided will be held on a computer and some or all will be held in manual records;

I consent to the company's reasonable processing of any sensitive personal information obtained for the purpose of establishing my medical position 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 of 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 for 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:

NAME:

DATE:

## DECLARATION

### DECLARATION

I certify that to the best of my knowledge, the information I have given is correct. I understand that should any false information be given, maybe grounds for immediate dismissal and or liable to prosecution.

I have read and understood the terms and conditions of contract and agree to abide by them.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**For office use only:**

## ***Applicant Evaluation***

Candidate:

Date:

Position Applied for:

Department:

Interviewer:

Employed

Not employed

Poor

Fair

Satisfactory

Good

Excellent

Knowledge of Specific Job Skills

Related Job Experience

Related Education or Training

Initiative

Communication/Listening Skills

Attitude

Interest in Company/Position

Strengths:

Weaknesses:

Additional Comments: