



# Emperor Security Services Limited.

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## Job Application – (PRIVATE AND CONFIDENTIAL)

Please complete legibly using black ink continuing on separate sheet if necessary.

### PERSONAL DETAILS

<b>Application for the post of</b>		
<b>Surname</b>	<b>Middle Name</b>	<b>Forename</b>
<b>Date of Birth</b>	<b>Home Tel No:</b>	<b>Mobile No:</b>

<b>Address</b>	
<b>Postcode</b>	<b>Email</b>
<b>Nationality</b>	<b>Work permit required</b>
<b>NI Number</b>	

Do you own a car or motorcycle?  
(Tick where appropriate)

YES NO

Do you have a driving license?  
(Tick where appropriate)

YES NO

<b>Emergency Contact Name</b>	<b>Emergency Contact Number</b>
<b>Emergency Contact Address</b>	

**EDUCATION**

State name and address of last school attended and give details of any further.

School Attended	Dates	Exam Taken	Qualification Gained	Month/Year

**VOCATIONAL TRAINING**

State any profession qualification or work related training you have undertaken.

Qualification/Training	Institution	Grade/Level	Dates

Do you hold a valid First Aid Certificate

YES

NO

If YES please put Expiry Date \_\_\_\_\_

SIA Registration Number	
Registration Number	



Tel:		
Fax:		

Name:	Position Held:	From:
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Address:	Reporting To	To:
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Postcode:	Reason for Leaving	
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Tel:		
Fax:		

Name:	Position Held:	From:
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Address:	Reporting To	To:
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Tel: Fax:		

Name:	Position Held:	From:
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Address:	Reporting To	To:
Postcode:	Reason for Leaving	
Tel: Fax:		

**HEALTH SCREENING**

Are you in good health? (If NO explain further) YES NO

Height: ..... Weight: .....

Remarks:

Are you at present taking any drugs or medication that could affect your work YES NO

If yes, please give details.....

How many days in past 5 years have you been off work for medical reasons? .....

What was the principal cause? .....

Have you ever left a job for medical reasons? YES NO

If yes, give details: .....

Have you ever suffered from any of the following (tick as appropriate)

Diabetes YES NO

Heart trouble or high blood pressure? YES NO

Gastric or Duodenal Trouble? YES NO

Circulation Trouble (affecting hands or feet)? YES NO

Rheumatism or joint trouble? YES NO

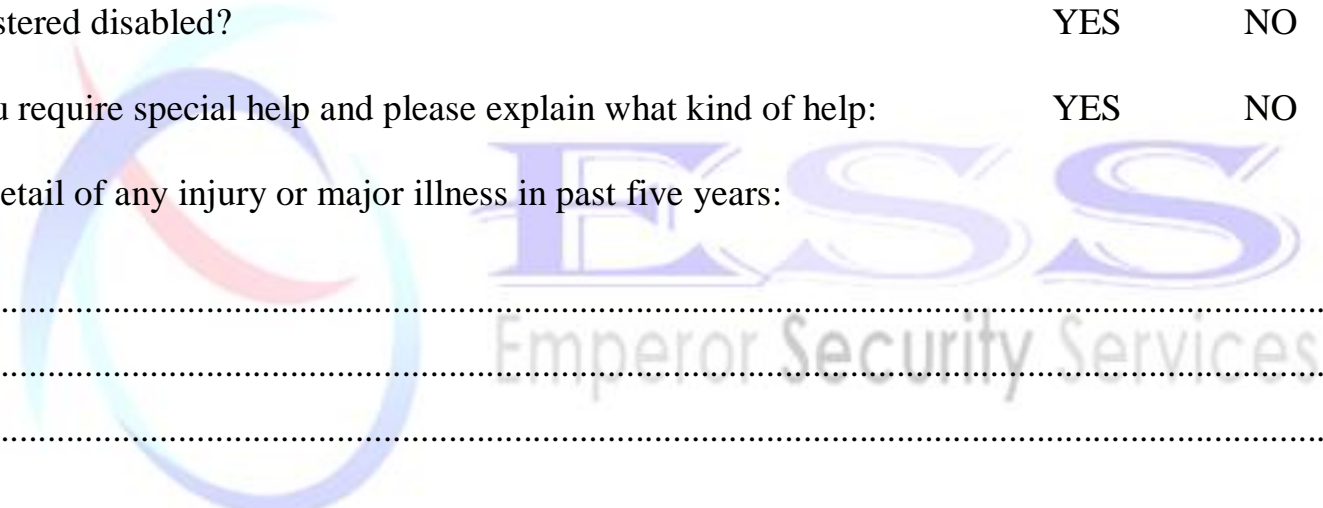
Chest trouble (asthma, bronchitis, pleurisy or pneumonia)?	YES	NO
Skin trouble (dermatitis, exczema, psoriasis)?	YES	NO
Back trouble (slipped disc, lumbago, back pain of any kind)?	YES	NO
Bowel trouble (dysentery, bowel infection)?	YES	NO
Blackouts, fits, fainting, turns of dizziness (epilepsy)?	YES	NO
Ear trouble or deafness?	YES	NO
Any foot condition preventing the wearing of protective footwear?	YES	NO
Do you have any physical disability?	YES	NO
Are you registered disabled?	YES	NO
If yes, do you require special help and please explain what kind of help:	YES	NO

Please give detail of any injury or major illness in past five years:

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## **Authorization and Compliance**

### **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. 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 it's 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 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**

ESS Ltd 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 us you consent to our processing sensitive personal data about you where this is necessary, for example information about your health, your credit status, ethnic origin, qualifications 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 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 (for which we may charge a small fee) and to have any inaccuracies corrected.

### **DISCLOSURE**

To verify gaps in your employment record we may ask for your permission to apply for a Disclosure. ESS Ltd is an Umbrella Registered Body as defined by the Criminal Records Bureau (CRB). You are applying for a position of trust and in the event of your being offered employment by ESS Ltd or one of its clients we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from employment. For more information ask one of our helpful staff for a copy of the CRB Code of Practice and/or our policy statement regarding ex-offenders. 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 agree to show a copy of the Disclosure to your employer on request. The Disclosure information is not retained i.e. it is disposed of within the timescales recommended in the CRB Code of Practice. By signing below you agree to this process.

**Applicant Name** ..... **NI Number** .....

**Applicant Signature** ..... **Date** .....