



Ace Consult
Security Services

Job application form

Office Use: Vac No: ID No:		
Application for the position of:		
How did you hear about this vacancy?		
Surname: Mr/Mrs/Ms/Miss <small>(please delete as applicable)</small>		
First Name:		
Other names		
Address:	<p>.....</p> <p>.....</p> <p>.....</p> <p>Post code:</p> <p>VERY IMPORTANT Clearly indicate in which county you are able to work for example Kent, Berkshire etc</p> <p>.....</p> <p>.....</p>	
Date of Birth:		
National Insurance No:		

If in possession of any of the following please provide details of the SIA licence number & expiry date:	Yes No
	Type of Licence
	Licence no:
	Expiry date:
Do you have a current Driving Licence?	Yes/No *delete as applicable

Do you have your own transport for travel to work?	Yes/No *delete as applicable
If you are not a British national, give your nationality and date of entry into the UK:	
Do you require a Work Permit? If yes, what is your status?	
How soon would you be available to join us if offered this position?	
Home telephone:	
Mobile:	

EMPLOYMENT RECORD

The BSI security screening process requires that we are able to verify your personal employment history for a period of ten years or to the date of leaving school. Please give all details of your employment/educational history for the last 10 years, including your reasons for leaving e.g. redundancy, resigned, dismissed etc (these reasons will be verified) and details of periods of self-employment and military service. For any period of unemployment, give the address of the benefit office to which you reported and the dates. If you were unemployed/unregistered please supply details of what you were doing. Start with your

PRESENT/MOST RECENT EMPLOYER and work backwards ensuring there are no gaps.

Your job title and Payroll or employment no. Where possible	FROM:/...../..... date month year TO:/...../.....	Employers' name, address, telephone number, Dates (include month Reason for leaving and your job title and year)
1.		
2.		

3.		
4.		
5.		

EDUCATION AND TRAINING (in the last ten years)

Name and address of Institution	Dates (include month Exams taken)	Qualifications gained

Do you consider yourself to have a disability?	Yes/No *delete as applicable	
If yes please state the nature of your disability and if there are any reasonable adjustments we could Consider to help you with the application process, or to perform the job applied for?		

OFFENCES & CONVICTIONS

Have you ever been convicted of any civil or criminal offences? Are there any alleged offences or cautions outstanding against you? Yes/No *delete as applicable	Yes/No *delete as applicable
Have you ever been declared bankrupt?	Yes/No *delete as applicable
Do you have any outstanding court judgements?	Yes/No *delete as applicable
If you answer 'yes' to any question, please provide details:	

N B: disclosure is not required where there is a conviction to which the provisions of the Rehabilitation of Offenders Act, 1974 apply. Failure to disclose an unspent conviction is, in itself, a criminal offence. If you are unclear about any of these questions please ask the interviewing officer.

PROFESSIONAL REFERENCES

If you have been self-employed please provide details of your accountant, solicitor or tax office who can verify these dates.

TO BE COMPLETED BY APPLICANTS WHO HAVE BEEN SELF-EMPLOYED

1. Name:.....

Address:.....
 Occupation:.....
 Tel
 How long have you known this person:.....
 FROM:.....
 TO:.....

The information given in the application form, to the best of my knowledge, is correct. I understand that any false Statement or omission will automatically invalidate any Contract of Employment issued to me by the Company.

I authorise the Company to approach Government agencies, former employers and personal referees for verification of my employment record. I agree, if requested by the Company, to make a Special Access Enquiry under the Data Protection Act and sign a Statutory Declaration to confirm the dates of previous employment.

Signed: Date:

.....
OUTSIDE INTERESTS
PERSONAL REFERENCES

Please provide details of two referees who have known you for at least two years within the last five years and who can confirm that you have been employed/unemployed at the dates you have provided. These referees cannot be blood related or related by marriage or by civil partnership.

Name of referee	Job Title	Address and telephone contacts

TO BE COMPLETED BY ALL APPLICANTS

MONITORING FORM

The completion of this form is voluntary but we appreciate it when candidates take the time and trouble to do so as the information it contains helps us to monitor and improve our equal opportunities policies and procedures. This section will be detached from your application form before decisions about shortlisting are made, thus ensuring that all such decisions are based on merit. The information you have given us will / may be held on our computerised records whether you are successful or otherwise.

Post applied for:

.....
 Date of Birth:(Age):

Sex: Male / Female

Ethnic Origin: please circle category below as applicable:

- White - British White - European White - Other
- Black - African Black - Caribbean Black - Other
- Black - British Asian - Indian Asian - European
- Asian - Bangladeshi Asian - British Asian - Pakistani
- Asian - Other Chinese - British Chinese
- Chinese - Other
- Other - please specify:

.....

Dependants: No of children Under 16:

.....
Parents or other adults who depend on you for daily care:

.....
Disabilities: Do you consider yourself to have a disability under the Disability
Discrimination Act 1996? Yes/No