



Golden Crown Security

NAME: _____

POSITION APPLIED FOR: _____

SIA LICENCE NUMBER: _____

DATE APPLIED: _____

Golden Crown Security Application Form

Information:

1. Applications should be completed in BLOCK CAPITALS and in BLACK ink.
2. Please check that all the sections have been completed.
3. Page 12; if applicable for periods of unemployment only section A is to be completed.
4. Applicants who can demonstrate in their applications that they possess the skills, experience and abilities required for the post, stand the best chance of being short-listed and selected for interview.

You can refer to any relevant skills, knowledge and experience you have acquired in paid or unpaid work (that is outside full-time employment); for example: studying training, social activities, organising sports, community or voluntary work.

5. Please ensure that any continuation sheets are headed with the relevant question(s).
6. Reference will be followed up if you are offered employment with Golden Crown Security. Furthermore, Golden Crown Security must be able to complete a full five year working history, or back to school leaving if less, within twelve weeks of your commencement of work.
7. Section 8 of the 1996 Asylum and Immigration Act make it a criminal offence for an employer to take on a new employee, whose immigration status prevents him or her from taking up the post in question. This applies to all types of employment, including part-time temporary and casual appointments.
8. Any data about you will be held in completely secure conditions, with access restricted to those involved in dealing with your application and in the selection process. As indicated elsewhere, the data you provide will be used to monitor the effectiveness of Golden Crown Security' Equal Opportunities Policy. We will be unable to process your application unless we can use your personal data in the ways described above. We shall consider that by signing and submitting the application form, you are giving consent to the processing of your data in the ways described.
9. Documents presented for identity or proof of residency will be scanned through an ultra violet scanner or other method to deter identity theft and fraud. Any original documents that appear to be forgeries will be reported to the relevant authority.

Applications should be returned to:

**Golden Crown Security.
Sandway Business Centre
Shannon Street
Leeds
LS9 8SS**

Security Screening & Vetting:

Your potential employment within the Security Industry is dependant on security screening. This is done following the rules of British Standard 7858:2006.

To ensure that the integrity of each applicant is of a suitable standard to work in a position of great trust, we will need to check either for the last five years or back to your completion of full-time education if that was less than five years ago.

In completing the application form you must give as much detail as possible. We will confirm your education history and employment history on a continuous month-by-month basis.

We will contact each of your previous employers and educational establishments within the time period as stated above.

We will need to contact your current employer before we are able to complete five year screening.

Previous employment should be detailed as follows:

- Date of start and finish or employment months and years
- Name of line manager and your position within the company at the time of leaving
- Full name and address of company
- Full telephone number of company

It is important to detail each job that you have had no matter how short the contract. In the case of working through an agency, it is necessary to give only the agency name, address and contact details.

In the case of unemployment or gaps in employment:

Where you have registered with an employment services office, fill in the appropriate form. You will find this attached to your application form. (Appendix A – Page 12)

Where you have been unemployed and have not registered with an employment service office, please nominate a character referee who is not related to you and can verify by knowing you at the time that you were unemployed for the dates shown. Please supply name, address and telephone number.

You must seek permission from the character referees sought, as we will write/telephone them to confirm the information you have supplied.

Previous education should be detailed as follows:

- Name, full address and telephone number of School / College / University
- Date of start and finish of education at each in months and years
- The qualifications you gained

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Character referees:

Please nominate two people who have known you for at least two years within the last five years. These people should not be related to you but may be a current or previous colleague.

- Full name, address and postcode
- Full telephone number
- Length of time you have known the character referee

Credit Check:

From 1st January 2007, all applicants have to be credit checked in accordance with screening and vetting BS 7858:2006.

Probationary period of employment:

After gaining references to confirm your occupation for the previous five years, we may offer you a position on a probationary basis whilst we are checking the remaining references. This period will be for no longer than 12 weeks.

Failure to meet the security screening standards of the company will result in the termination of your probationary employment.

Criminal offences:

As part of our security screening process we ask you to declare any previous criminal proceedings you may have had taken against you. Please give full details.

We would point out that the company complies with the provisions of the Rehabilitation of Offenders Act 1974 stating that convictions that have been 'spent' must be ignored.

I HAVE READ THE ABOVE UNDERSTANDING AND I ACCEPT AND AGREE WITH THE COMPANY POLICY.

Name (Please PRINT)	
Signed	
Date	

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Confidential:

Please answer all questions. Write 'No' or 'N/A' if a question does not apply to you. Please write in **black** ink or ball point pen, and in **BLOCK CAPITALS**.

Application for Employment As:

How did you hear of this vacancy?

Personal Details

Surname: Mr / Mrs / Miss / Ms		Forenames	
Maiden / Former Names			

Present Address			
		Post Code	

How long have you lived at your present address?		Years		Months
a. House / Flat	(Please circle present state)			
b. Owner / Renting / Living with Parents / Lodging				

Home Tel No.		Mobile Tel No.	
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If less than 3 years at your present address, state your previous address(es) including post codes and dates from and to.

Address		Dates	
Address		Dates	

In accordance with the Commission for Racial Equality's Code of Practice, please describe your ethnic origins:

African / Asian / Caribbean and West Indian / Caucasian / British Black / Other (please specify)	
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Date of Birth		Place of Birth	
National Insurance No.		Country of Birth	
Nationality			
If not born in the EEC, date of entry into the UK			

Married / Single / Divorced / Separated / Widow(er) (Circle present state)

Number of children		State their present age	
Religion / Belief			

Next of Kin Details

Name		Relationship	
Address		Their telephone number at work	
Home Tel No.		Mobile Tel No.	

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Please complete the following providing full details. Circle the appropriate response. Please state your relationship with any person if not yourself.

1. Have you or any of your immediate family ever been convicted, fined, imprisoned, placed on probation, discharged on payment of costs or had any order made against you by a criminal, civil or military court or public authority? (Excluding minor motoring offences)

State YES or NO: If YES, give details:

2. Do you have any Police Cautions?

State YES or NO: If YES, give details:

3. Do you have any prosecutions pending against you?

State YES or NO: If YES, give details:

4. Have you ever been subject to bankruptcy proceedings?

State YES or NO: If YES, give details:

5. Are there any outstanding County Court Judgements for debt?

State YES or NO: If YES, give details:

6. Have you any relatives working for Golden Crown Security?

YES / NO

If YES, please state Name:

7. Have you previously applied for or obtained a position with Golden Crown Security?
NO

YES /

If YES - Dates:

8. Do you own a motor vehicle or motor cycle?

YES / NO

9. Do you possess a full, clean, current UK Driving Licence?
NO

YES /

10. How long have you held a full Driving Licence?

Years

Months

11. Driving Licence No.

Issue Date

Expiry Date

12. Please give details of any endorsements (if any) or other motoring convictions during the last 5 years:

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Security Sector Licensing: (Security Positions Only)

If in possession of any of the following, please provide details of your SIA / CSCS Number(s) and Expiry Date:

Security Guarding																Expiry Date	
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CCTV																Expiry Date	
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Door Supervisor																Expiry Date	
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CSCS Registration Number															Expiry Date	
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Education and Qualifications: (State name and address of last school / college attended).

Secondary School / College or University Attended	Dates From, To	Exams Taken, Qualifications Gained

First Aid / Fire Fighting Certificates:	
Foreign Languages:	

Employment History:

Starting with your last or present employer, give details of your employment history, with FULL Postal Address, for the last ten years, or since you left full time education. Include periods of self-employment and military service. Please state any periods of unemployment that you did not register with the Department of Unemployment as "Not registered / unemployed" and give full details of what you were doing. If self-employed, you must give name, address and telephone number of your accountant.

May we approach your previous Employer/s	YES / NO
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Company Name		Position Held		Dates (Month / Year)	
Address				From	To
Post Code	Reporting To				
Telephone No.	Basic Wage				

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Reason for Leaving	
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Employment History: Continued

Company Name		Position Held		Dates (Month / Year)	
Address				From	To
Post Code		Reporting To			
Telephone No.		Basic Wage			
Reason for Leaving					

Company Name		Position Held		Dates (Month / Year)	
Address				From	To
Post Code		Reporting To			
Telephone No.		Basic Wage			
Reason for Leaving					

Company Name		Position Held		Dates (Month / Year)	
Address				From	To
Post Code		Reporting To			
Telephone No.		Basic Wage			
Reason for Leaving					

Company Name		Position Held		Dates (Month / Year)	
Address				From	To
Post Code		Reporting To			
Telephone No.		Basic Wage			
Reason for Leaving					

Company Name		Position Held		Dates (Month / Year)	
Address				From	To
Post Code		Reporting To			
Telephone No.		Basic Wage			
Reason for					

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During the probationary period, your employment will be terminated by you by not less than one weeks notice or by the Company by one day in the first four weeks and one week thereafter.

I understand that any appointment made will be subject to a complete and satisfactory references being received by the company.

Medical History

Have you ever suffered from any of the following?			
Heart Disease	YES / NO	Stomach Ulcer	YES / NO
Blood Pressure	YES / NO	Abdominal Complaint	YES / NO
Lung Disease	YES / NO	Diabetes	YES / NO
Jaundice	YES / NO	Migraine	YES / NO
Kidney Disease	YES / NO	Urinary Disorder	YES / NO
Back Pain	YES / NO	Joint Pain	YES / NO
Psoriasis	YES / NO	Eczema	YES / NO
Ear Disease	YES / NO	Deafness	YES / NO
Eye Disease	YES / NO	Poor Vision	YES / NO
Fits / Blackouts	YES / NO	Asthma	YES / NO
Allergies	YES / NO	Serious Accident	YES / NO

If you are registered disabled, please can you confirm your registration number:

Do you have any other long term illness? YES / NO

Have you ever had any operations? YES / NO

Details of any illness or complaint:

Are you, at present, taking any medication? YES / NO

If Yes, Please specify:

Do you wear Spectacles or Contact-lenses?	YES / NO	Please specify which:	
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Do you Smoke? YES / NO

If Yes:	Cigarettes	YES / NO
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	Pipe	YES / NO
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	Cigars	YES / NO
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	Quantity per day:	
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If No:	Have you ever Smoked?	YES / NO
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I certify that the information given is true to the best of my knowledge:

Signature:		Date:	
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DECLARATION

I understand that employment with the Company is subject to satisfactory references and security screening in accordance with British Standards 7858:2006.

I undertake to co-operate with the Company in providing any additional information required to meet these criteria.

I authorise the Company and/or its nominated agent to approach previous employers, schools/colleges, character references or Government Agencies to verify that the information I have provided is correct.

I authorise 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 understand that some of the information I have provided in this application 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 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 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 the application form 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:		Date:	
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Appendix A: (Section A)

Dear Sir/Madam,

Please accept this letter as my authority to provide GOLDEN CROWN SECURITY. or their nominated agent with any confirmation, which they may require concerning my period(s) of registered unemployment / claiming sickness benefit / Job Seekers Allowance as recorded by your office.

Yours faithfully,

Signed:

.....

Name in CAPITALS:

Appendix A: (Section B) -- For Office Use Only --

To:

Re:

National Insurance Number:

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Dear Sir/Madam,

The above named was registered as unemployed / claiming sickness benefit between the following dates:

From: To:

Yours faithfully,

Signed:

.....

NAME IN CAPITALS:

Position: Date:

This section must be completed by all applicants:

I _____ wish to obtain a copy of my personal data as held on National Insurance Recording System computer, in accordance with my subject access rights under Data Protection Act 1984 (Section 21 & 34B) revised 1998.

I understand that my National Insurance records include reference to all periods of employment, periods of registered unemployment and to periods of non-liability for contributions (for example, periods of full-time education, periods spent abroad or in legal custody)

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Title	Mr / Mrs / Ms / Miss
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Surname	
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Previous Surname	(If applicable)
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Forename(s)	
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Address	
Post Code	

Previous Address	(If applicable)
Post Code	

Date of Birth	
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National Insurance Number	
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Signed:		Date:	
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