

Madden Security Services Ltd

18 Westonbirt Close

St Mellons CF3 0JJ

Email : [security@maddensecurityservices.co.uk](mailto:security@maddensecurityservices.co.uk)

www.maddensecurityservices.co.uk

APPLICATION FORM FOR EMPLOYMENT

**How did you**

**Position Applied For………………………………. hear about us**…………………..

Surname…………………………… First Name(s)………………………………………………

Current Address:

………………………………………… National Insurance No……………………………

……………………………………………… Tel No…………………………………..

Mobile………………………………….

……………………………………………… e-mail……………………………………

Postcode…………………………

Do you hold a full UK car licence: YES NO Licence Number…………………………………………

Do you have any motoring offences: YES NO

Do you have your own transport: YES NO if yes indicate; Car, Moped, Cycle etc…………........................

State the approx distance/area you are able/prepared to travel to work ………………………miles/locations

Do you need a Work permit to work within the UK: NO YES (Expiry Date :………….…)

**SIA LICENCE DETAILS:** LICENCE HOLDER: YES NO APPLIED Date……………….…

(Please note if you have not yet received your SIA license your application must be at checks in progress stage before you apply via application form)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Expiry** |  | **Licence Number:** |  |
| **Date of Expiry** |  | **Licence Number:** |  |

**ADDRESS DETAILS FOR PAST 5 YEARS**

Please list below all the address’s that you have lived at for the last 5 years

### Start with the Most Recent address after your current address listed above. (Continue on a separate sheet of paper if necessary)

**Month/Year Month/Year**

**Moved in Moved out Full Address and postcode**

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| --- | --- | --- |
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**EDUCATION HISTORY:** Detail all education from 16 years old and qualifications obtained

# Month & Year School/College Qualifications

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| --- | --- | --- |
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**Training:** List all training courses attended and certificates/qualifications obtained

# Month & Year Provider Qualifications

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**Financial History: List any Bankruptcy Orders, county court judgements, debt management plans or IVA’S (including any pending)**

|  |  |  |
| --- | --- | --- |
| **Date(s)** | **Court(s)** | **Details** |
|  |  |  |

**Criminal Record**

State any Criminal convictions (subject to Rehabilitation of Offenders Act 1974) **If none please state NONE**

Do not leave this box blank

## **Personal History:** WE MUST HAVE MINIMUM **COMPLETE 5 YEARS HISTORY** (or to school leaving age) PLEASE INCLUDE DETAILS OF ANY PERIODS OF UNEMPLOYMENT, SICKNESS or SELF EMPLOYMENT **(THIS IS COMPLULSARY AND WILL EFFECT OFFER EMPLOYMENT IF INCOMPLETE)**

### Start With Current or Most Recent Job First. (Continue on a separate sheet of paper if necessary)

## Please circle or highlight the chart below to show that a full five years have been covered

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2008** | **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** |
| **2009** | **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** |
| **2010** | **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** |
| **2011** | **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** |
| **2012** | **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** |
| **2013** | **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start**  **month/year** | **Finish**  **month/year** | **Name & Address of Employer** | **Job Title** | **Reason for Leaving** |

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|  |  |  |  |  |
| **Contact Name** | | | **Contact Number** | |
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| SCREENING All applications will be screened for SUITABILITY. Any failure to provide relevant and accurate information or if supplied information is unsatisfactory, we may have no alternative but to reject your application and/or withdraw any offer of employment. This is in accordance with BS 7858. YOU MUST THEREFORE SUPPLY ALL THE INFORMATION REQUIRED | | | | |

**References**

|  |  |
| --- | --- |
| Before we can proceed with your application we require 2 character referees: They must be persons not related to you or that live at the same address and you must have known them for over 5 years. **(these persons can not be a previous employer or current employer)** | |
| Name:  Address:  Telephone:  How long has this person known you:  Relationship: | Name:  Address:  Telephone:  How long has this person known you:  Relationship: |

**Other Employment**

Please list all other employment you would continue to do if you were successful in obtaining employment

**Leisure**

Please note here your leisure interests and hobbies and to what level you pursue them

**General**

**Please give details of any days/hours/shifts you cannot work**

**Please give details of any holiday commitments already booked or planned**

Date Period Reason

**Name and Address of Contact in cases of Emergency**

Name Relationship Address

Tel No

**DECLARATION BY APPLICANT**

All employees would be subject to the company drugs and alcohol screening, in particular those who are to be considered to work within the railway industry. Full details of which can be found in the company drugs and alcohol policy. If an employee is successful to work within the railway industry, checks will be made to ensure that the applicant has not been dismissed for railway related transgressions within the last five years.

I agree not to divulge any information however acquired relating to the Company, its Business or its Customers to any other Person, Company or Organisation without written consent from the Company either during or after employment is determined.

I agree to abide by the rules and procedures of the company at all times and agree to a personal search as and when required.

I agree to attend Training Courses and /or First Aid training appropriate to my employment as identified and mutually agreed by the company and myself.

If accepted I consent to a medical examination carried out by a company nominated Doctor if required.

I have detailed my previous 5 years employment history and consent to the company contacting such persons including character references as necessary to verify those details in accordance with British Standards 7858.

I understand and agree that if so required I will make a statutory declaration in accordance with the provision of the statutory declarations act 1835 in accordance of previous employment or unemployment.

**I AGREE** to my present employer being contacted BEFORE an offer of employment is made. I understand my present employer will be contacted after any provisional offer of a job, is accepted by myself.

I agree to obtain a statutory declaration should it be deemed necessary by the Company.

I understand that any offer of employment is subject to the satisfactory 5 year screening process, and a credit reference check

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 my false statements or omissions could lead to termination or employment.

I understand that if any information I have provided on this form is subsequently found to be false or misleading I will be liable to disciplinary procedures that could result in dismissal without notice.

I understand that it is a criminal offence to make false statements on this Application Form.

I understand that should my SIA Licence be revoked at any time I cannot be employed as a Security Officer

I confirm that if I commence employment with your company and if I am registered as unemployed, I will immediately inform the relevant authorities of my revised employment status.

I agree to provide documentation to confirm my identity and proof of residence. I understand these documents may be checked using an ultra violet scanner and should they appear to be forgeries the relevant authorities will be notified.

**SIGNATURE OF APPLICANT…………………………..…………**

**NAME…………..………………………..DATE…………………….**

**Working Time Regulations Opt Out**

The following opt out is optional. The Company will not expect you to work more than 48 hours per week unless you indicate you wish to. Furthermore your ‘opt out’ can be withdrawn at a later date. However for operational planning reasons you do need to give us three months notice if you decide to opt back in to the maximum 48 hour working week.

I agree that I may work more than an average 48 hour working week. If I change my mind I will give Shield three months notice in writing to withdraw my opting out.

……………………………………. …………………………………….

Employee signature Employee name printed

……………………

Dated

**OFFICE USE ONLY**

**Interviewed By……………………………………………….Date……………………Accept or Reject**

**Start Date……………………Site……………………………………………………...Rate of Pay……….…..**