

Please attach a recent passport size photograph here

STANDARD SECURITY GUARD (UK) LIMITED
 477 High Road, Leytonstone E11 4JU, London
 Tel: 0208 988 4155, Fax: 0208 988 1722
 Email: info@ssgu.co.uk

Return Address:

Position Applied for:

SSGU Application Form

Title

First name(s)

Surname

Address

 Town:

Post Code:

Tel: Landline

Tel: Mobile

Email address

Marital Status DOB

Have you been CRB checked? Yes [] No []
 If yes, reference number/date:

Have you any holidays booked? Yes [] No []
 If yes, please give dates:

Date available to Commence employment

Please indicate the days and hours you are available to work

Full Time Part Time

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
AM							
PM							
EVE							

Do you have a current UK Driving Licence?
 Yes No

Do you own your own vehicle?
 Yes [] No []

SIA LICENSE? Yes () No ()

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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National Insurance Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do you need a work permit to take up employment in the UK?
 Yes No

Nationality at birth and PRESENT

General Details

How did you hear about the vacancy/training scheme you are applying for, please tick, Jobcentre plus [], Internet business directory /website [], Staffs [], Friends [], Press Advertisement []. If other, please specify:

Have you been employed by other security Group before?

If so, give position and location, including dates.

Position:

Location:

From:

To:

Education

Date	Name & Address of School/College	Qualifications	Grade	Year Taken

Further Education

Date	Name & Address of School/College	Qualifications	Grade	Year Taken

Training Qualifications

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Interests & Hobbies

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Employment Record (please start with most recent)

It is a condition of BS7858 that you must be able to account the 10 full years preceding your application. Any gaps in your work history MUST be accounted for. Start with your present or most recent employer. Give details of your employment history for the last 10 years or since you left full time education .Include periods of self employment and military service. For any period of unemployment, give the name of the benefit office. Any period outside the U.K. may be covered by Passport Entry/Exit Visas where applicable.

NOW USE PAGES 3 AND 4 FOR YOUR 10 YEARS CHECKABLE HISTORY

(1) Name and address of Company.....
.....
.....
Town.....Postcode:.....
Position Held/Duties.....
Dates from:...../...../..... Date To:...../...../.....
Reason for leaving:.....
Name of Contact person:.....
Contact Telephone number:.....Mobile number

(2) Name and address of Company.....
.....
.....
Town.....Postcode:.....
Position Held/Duties.....
Dates from:...../...../..... Date To:...../...../.....
Reason for leaving:.....
Name of Contact person:.....
Contact Telephone number:.....Mobile number

(3) Name and address of Company.....
.....
.....
Town.....Postcode:.....
Position Held/Duties.....
Dates from:...../...../..... Date To:...../...../.....
Reason for leaving:.....
Name of Contact person:.....
Contact Telephone number:.....Mobile number

(4) Name and address of Company.....
.....
.....
Town.....Postcode:.....
Position Held/Duties.....
Dates from:...../...../..... Date To:...../...../.....
Reason for leaving:.....
Name of Contact person:.....
Contact Telephone number:.....Mobile number

(5) Name and address of Company.....
.....
.....
Town.....Postcode:.....
Position Held/Duties.....
Dates from:...../...../..... Date To:...../...../.....
Reason for leaving:.....
Name of Contact person:.....
Contact Telephone number:.....Mobile number

(6) Name and address of Company.....
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.....
Town.....Postcode:.....
Position Held/Duties.....
Dates from:...../...../..... Date To:...../...../.....
Reason for leaving:.....
Name of Contact person:.....
Contact Telephone number:.....Mobile number

(7) Name and address of Company.....
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.....
Town.....Postcode:.....
Position Held/Duties.....
Dates from:...../...../..... Date To:...../...../.....
Reason for leaving:.....
Name of Contact person:.....
Contact Telephone number:.....Mobile number

(8) Name and address of Company.....
.....
.....
Town.....Postcode:.....
Position Held/Duties.....
Dates from:...../...../..... Date To:...../...../.....
Reason for leaving:.....
Name of Contact person:.....
Contact Telephone number:.....Mobile number

MEDICAL HISTORY QUESTIONNAIRES

Surname: First Name:

Address.....

.....Postcode.....Tel No.....

Date of Birth:/...../..... Age: Sex.....

Name and address of GP

.....

.....Tel.No.....

Have you, or any member of your family ever suffered from:

Epilepsy? YES () NO ()

Diabetes YES () NO ()

High Blood pressure or Stroke? YES () NO ()

Heart Disease? YES () NO ()

Impaired Hearing? YES () NO ()

Respiratory Disorder? YES () NO ()

Mental illness or Depression? YES () NO ()

If yes to any of the above, please give
details: __________

Have you ever had an operation? YES () NO ()

If YES, state the nature, date and recuperation
period _____

Do you have HIV or a blood related disorder such as Hepatitis B?

YES () NO ()

Do you have normal vision (or normal vision when corrected by glasses or other
method? YES () NO ()Within the last six months, have you taken any injections, pills or drugs prescribed by
a Doctor? YES () NO ()

Standard Security Guard (UK) LTD reserves the right to request applicant to undergo a medical examination prior to any offer of employment that may be made.

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I agree to undergo a medical examination by the company's Doctor and I authorise SSGU (UK) LTD. to contact my Doctor to verify the above information

APPLICANT SIGNATURE:

PRINT NAME.....

DATE:

Uniform Details

Indication of Uniform Size Required: Please Tick

Male	S	M	L	XL	XXL	Female	10	12	14	16	18	20	22	24
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you been convicted of a criminal offence which is not spent as defined in the Rehabilitation of Offenders Act 1974?

Yes No if yes, give details

Please give details of any illness or injuries relevant to your application

Are you willing to be medically examined? Yes No How many days have you been absent from work in the last 12 Months due to sickness?

Do you consider yourself to have or have had a disability, which is relevant to your application?
Yes No

If you answered Yes, is there anything we should know about your requirements in order to offer you a fair selection interview or make reasonable adjustments to work arrangements? (E.g. Interrupter or any form of assistance)? Please specify

References

Please give the name of two references we can contact who can support the information in this application. They should include previous/current employer or an educational professional. (NOT A RELATIVE)

Name:

Address:

Postcode:

Position:

Occupation:

Telephone No:

*Fax:

Name:

Address:

Postcode:

Position:

Occupation:

Telephone No:

*Fax:

Name and Address of someone we can contact in case of an emergency

Name: _____
 Address: _____

 Postcode: _____ Tel. No _____ Relationship _____

Bank Details

Standard Security UK pays all employees by credit into either a bank or building society account. If you do not currently have an account you will be required to open one prior to commencement of employment and provide details on your first day of service.

Name of Bank/Building Society _____

Sort Code: _____

Account Number: _____

Account Holders Name: _____

Signature: _____

Equal Opportunities

We are an equal opportunity employer. In order to ensure the continuing development of this policy, applicants are asked to provide the following information, which will only be used, for monitoring purposes. Please indicate your ethnic origin by ticking one of the boxes below.

White Irish Black African Black Caribbean Black Other (please specify)
 Indian Pakistani Bangladeshi Chinese Other (please specify)

Some of our units have a restricted working environment in terms of space and access that people with disabilities may find difficult. Yes No If registered Disabled No

Do you consider yourself to have a disability? Yes No If registered Disabled No
 If yes please provide further details as relevant

Data Protection
 By providing the info contained in this application form you are consenting to its use for the purposes of processing your application, assessing your performance in the future (should your application be successful) and monitoring the efficiency of our recruitment and other employment procedures.

I certify that the information given by me in this application form is, to the best of my belief, correct in every detail. I understand that giving false or incomplete information could result in my rejection for employment, or subsequent dismissal.

Signature

Admin Manager:

OFFICE USE ONLY:

APPFORM/02/2007

Position Offered:	Location:	Rate of Pay:
Contract Hours:	Days of Week:	Payroll Code/Unit No:
Grade: P45/P46 attached:	Special Allowances:	Start Date: