

PERSONNEL DEPARTMENT USE ONLY:

Start Letter Sent Confirmed Training Date _____

Training Req. SIA Olympian Rate _____

Hold Sent Completion Sent Note _____




Olympian Security Services Ltd. The Chubb Buildings. Fryer Street.
Wolverhampton. West Midlands. WV1 1HT
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APPLICATION FOR EMPLOYMENT

Please answer all questions using block capitals. If an entry is inapplicable, insert 'NO' or 'N/A'

Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Surname	Forenames
Surname at Birth if Different		Date of Birth

Nationality	City or Town of Birth									
Country of Birth	National Insurance Number	L	L	N	N	N	N	N	N	L

If born outside the United Kingdom, state date and place of entry

Position applied for – Please tick Days <input type="checkbox"/> Nights <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Do you have a valid work permit? Yes <input type="checkbox"/> No <input type="checkbox"/> Visa expiry date if app
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Current Address (Recruiter 5 years <input type="checkbox"/> House No and Street Town/City County Postcode Lived here since:	Person to contact in case of emergency/next of kin Name Relationship Telephone Number House No and Street Town/City County Postcode
Telephone No Mobile Telephone No Email Address	

Do you have any recurring health problems? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give details State any physical limitations:	Do you have any sight or hearing problems? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give details:
	Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you hold a current UK driving licence? Yes No Please tick: Provisional Full Motorcycle Other

Do you have any current endorsements or bans? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give details:	Do you have your own transport? Yes <input type="checkbox"/> No <input type="checkbox"/>
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In which areas are you able to work?	How did you find out about this vacancy? Newspaper <input type="checkbox"/> Jobcentre <input type="checkbox"/> Internet <input type="checkbox"/> Friend <input type="checkbox"/>
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Do you already hold a Security Industry Authority (SIA) licence? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' tick: Security Guarding <input type="checkbox"/> Door Supervision <input type="checkbox"/> CCTV <input type="checkbox"/> Expiry: /	List any relevant training certificates you hold:
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Employment History

We must be able to verify your employment history for at least the last **five** years. Please provide details of previous employment/ self employment/ unemployment with the most recent first. Give as much detail as possible, there should be no gaps between dates. Enter details of school/colleges/universities attended if you do not have a work history of five years or more.

Company name	FROM		TO		Job Title
No/street/Road	mm	yy	mm	yy	Tick: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Town/City					Payroll No
County					Name of Manager/Supervisor
Postcode					Reason for leaving
Telephone No					Resigned <input type="checkbox"/> Redundant <input type="checkbox"/> Dismissed <input type="checkbox"/> Other <input type="checkbox"/>

Company name	FROM		TO		Job Title
No/street/Road	mm	yy	mm	yy	Tick: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Town/City					Payroll No
County					Name of Manager/Supervisor
Postcode					Reason for leaving
Telephone No					Resigned <input type="checkbox"/> Redundant <input type="checkbox"/> Dismissed <input type="checkbox"/> Other <input type="checkbox"/>

Company name	FROM		TO		Job Title
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Town/City					Payroll No
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Postcode					Reason for leaving
Telephone No					Resigned <input type="checkbox"/> Redundant <input type="checkbox"/> Dismissed <input type="checkbox"/> Other <input type="checkbox"/>

Company name	FROM		TO		Job Title
No/street/Road	mm	yy	mm	yy	Tick: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
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Telephone No					Resigned <input type="checkbox"/> Redundant <input type="checkbox"/> Dismissed <input type="checkbox"/> Other <input type="checkbox"/>

Company name	FROM		TO		Job Title
No/street/Road	mm	yy	mm	yy	Tick: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Town/City					Payroll No
County					Name of Manager/Supervisor
Postcode					Reason for leaving
Telephone No					Resigned <input type="checkbox"/> Redundant <input type="checkbox"/> Dismissed <input type="checkbox"/> Other <input type="checkbox"/>

Company name	FROM		TO		Job Title
No/street/Road	mm	yy	mm	yy	Tick: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Town/City					Payroll No
County					Name of Manager/Supervisor
Postcode					Reason for leaving
Telephone No					Resigned <input type="checkbox"/> Redundant <input type="checkbox"/> Dismissed <input type="checkbox"/> Other <input type="checkbox"/>

Please ask for a supplementary history form if you need to provide more previous employer details.

Self-employment

If you have been self employed during the last 5 years, please give details of two trade/business references, i.e. of companies with whom you traded or persons who can confirm details of your business activities e.g. your accountant, book keeper, solicitor.

Name
No/Street/Road
Town/City
County
Postcode
Telephone No
Occupation
mm yy mm yy
Dates: From To

Name
No/Street/Road
Town/City
County
Postcode
Telephone No
Occupation
mm yy mm yy
Dates: From To

Education

State name and address of schools/colleges etc attended if you have not provided 5 years of employment history.

Secondary School	FROM		TO		Qualifications gained
No/Street/Road	mm	yy	mm	yy	
Town/City					
County					
Postcode					

College/University	FROM		TO		Courses attended
No/Street/Road	mm	yy	mm	yy	
Town/City					
County					
Postcode					

Background Information (tick where applicable)

<p>Have you <u>ever</u> appeared at a court and been convicted for a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>a military offence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>a civil matter? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please give details of dates, convictions, fines etc.</p> <p>(Consideration will be given to the rehabilitation of offenders act 1974)</p>
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<p>Have you been cautioned by the Police for any offence within the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please give details of dates and what you were cautioned for</p>
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<p>Have you ever been declared insolvent or bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please give details</p>
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<p>Has a county court judgement (CCJ) ever been awarded against you? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please give details</p>
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