



APPLICATION FOR EMPLOYMENT

ASSET SECURITY & PROTECTION LIMITED

Trading as "ASP Limited"

8th Floor · 4 Golden Square · London · W1F 9HT

Tel: 0844 567 2850 Fax: 0207 980 4960

DECLARATION OF CONSENT

I certify that the information I have provided in this application is correct to the best of my knowledge and belief. I fully understand that it is a criminal offence to make false statements on this application form under **Section 16 of the Theft Act 1968**. I also understand that any false statement may be sufficient cause for rejection of my application or, if employed, dismissal.

I further certify that I have completed the application form in my own handwriting and understand that my employment is subject to satisfactory vetting to the British Standard 7858 or as it may be amended.

I authorise ASP Limited ("the Company") and any third party nominated by the Company to perform a vetting service and to hold the information contained in the Application for Employment. Such information will be subject to the Data Protection Act and may be held in paper form or electronically.

I also 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 and agree that any offer of employment is conditional to the verification and ASP Limited's satisfaction of the information provided on the Application Form.

I confirm that the information provided on the Application Form is true and complete to the best of my knowledge.

I understand that the check will involve verification of the details as specified above. I also understand that it might be a criminal offence to attempt to obtain employment by deception and that any misrepresentation, omission of a material fact or deception will be cause for immediate cancellation of consideration of employment, or dismissal if already employed.

I hereby authorise ASP Limited to verify information presented on my Application Form, which may include explicit or sensitive personal data for the purposes of the Data Protection Act 1998 and the obtaining of documents and/or information covered by the European Directive 95/46.

I authorise ASP Limited to perform reference checks of my employment, including periods of self-employment and unemployment, and to contact schools, colleges, government agencies, personal references in order to verify my work history.

I understand that if an unsatisfactory reference is received from my current employer after I have accepted a role with ASP Limited, my employment may be terminated with immediate effect.

I confirm my consent is explicit, fully informed and freely given for the purposes of the Act.

Signature:

Print Name: Date:

JOB APPLIED FOR:Security Supervisor.....

PERSONAL DETAILS

Mr/Mrs/Miss/Ms:	Surname:	
First Name:	Middle Name:	
Any Former Names/Maiden:		
Address:		
Postcode:		
Home Telephone No:	Mobile No:	
Email Address:		
If fewer than 3 years at this address, state your previous address(es)		
Address:	Postcode:	Dates:
Address:	Postcode:	Dates:
Address:	Postcode:	Dates:
N.I Number:	D.O.B:	Place & Country of Birth:
Nationality:	Date of Entry into EU (if applicable):	Religion:
Work Permit/ Visa No:	Expiry Date:	
Have you lived or worked outside the UK for more than 6 months in the last 5 years?		
Do you have:		
A current driving licence?	<input type="checkbox"/>	Do you own your own vehicle?
Emergency Contact Name:		Relationship:
Emergency Contact Tel Nos.: Home:	Work:	Mobile:

BANK ACCOUNT DETAILS

Bank/Building Society Name	
Bank/Building Society Branch	
Bank/Building Society Sort Code	
Bank/Building Society Account Number	

EDUCATION & EMPLOYMENT RECORD

Education (Enter the name of the school/ college/ university attended and enter month and year ONLY in the date boxes)		
Name of college/ school/ university attended	Date From	Date To

EMPLOYMENT RECORD				
Your employment history for the last 5 years (START WITH MOST RECENT)				
<i>Important: Full address and contact tel. numbers are required. If you are still presently employed, please give notice period.</i>				
Employer/ Education Details	START DATE	END DATE	Company Name & Address	Reason for Leaving:
Contact Person/ Title:				
Your Job Title:				
Employer/Education Details	START DATE	END DATE	Company Name & Address	Reason for Leaving:
Contact Person/ Title:				
Your Job Title:				
Employer/ Education Details	START DATE	END DATE	Company Name & Address	Reason for Leaving
Contact Person/ Title:				
Your Job Title:				

Employer/ Education Details	START DATE	END DATE	Company Name & Address	Reason for Leaving
Contact Name/ Title:				
Your Job Title:				
Employer/ Education Details	START DATE	END DATE	Company Name & Address	Reason for Leaving
Contact Name/ Title:				
Your Job Title:			Tel No:	
Employer/ Education Details	START DATE	END DATE	Company name & Address	Reason for Leaving
Contact Name/ Title:				
Your Job Title:			Tel No:	
Employer/ Education Details	START DATE	END DATE	Company Name & Address	Reason for Leaving
Contact Name/ Title:				
Your Job Title:			Tel No:	

May we contact your current employer?

UNEMPLOYMENT RECORDYour unemployment history for the last 5 years (**START WITH MOST RECENT**)**Important:** Full address and contact telephone numbers are required. 'Registered with Jobcentre' please enter what type of benefit received)

Date Unemployment Commenced	Date Unemployment Ended	Registered with JobCentre	Job Centre Address
			Tel No:
Date Unemployment Commenced	Date Unemployment Ended	Registered with JobCentre	Jobcentre Address
			Tel No:
Date Unemployment Commenced	Date Unemployment Ended	Registered with JobCentre	JobCentre Address
			Tel No:
Date Unemployment Commenced	Date Unemployment Ended	Registered with JobCentre	Jobcentre Address
			Tel No:

SERVICE RECORD

Please Tick:		Royal Navy		Army		RAF		Merchant Navy		T.A
Date From:				To:		Conduct Record:				

SELF-EMPLOYMENT REFEREES

If you have been self-employed, please give the name, address and telephone number of 2 professional referees who can confirm this (e.g Solicitor, Bank Manager, Accountant etc.)

REFEREE ONE	REFEREE TWO
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel No:	Tel No:
Occupation:	Occupation:
How long known:	How Long Known:
Capacity in which person known:	Capacity in which person known:

PERSONAL REFEREES

Please give the name, address and telephone number and occupation of 2 persons, **not related to you**, who have known you for at least 2 years within the last 5 years in a personal capacity whom we may approach for character references

REFEREE ONE	REFEREE TWO
Name:	Name:
Address: ,	Address:
	Postcode:
Tel No:	Tel No:
Occupation:	Occupation:
How long known:	How long known:
Capacity in which person known:	Capacity in which person known:

PREVIOUS SECURITY QUALIFICATIONS

Do you hold any of the following certificates

NVQ/SVQ in Security, Safety and Loss Prevention

C&G Professional/Advanced Security Officer

First Aid Qualification

Fire Fighting

Unit 1: Roles & Responsibilities of a Door Supervisor

Unit 1: Roles & Responsibilities of a Security Officer

Unit 2: Communication & Conflict Management

Level 2 National Certificate for Door Supervisors

Level 2 Award in Security Guarding (Static & Patrol)

LICENCE STATUSHave you **applied** for an SIA Licence?

Date:

Unique Reference No. & Type:

Do you hold any of the following:

EXPIRY DATE

LICENCE NUMBER

SIA SECURITY GUARDING LICENCE**SIA DOOR SUPERVISOR LICENCE****SIA CCTV OPERATOR LICENCE**

OTHER SIA LICENCE:

(Type, Licence Number, Expires End) Please give details:

MEDICAL DETAILS

Are you currently under any medication?				
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If yes, please give details:

Are you suffering from any medical condition of which we should be aware?				
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If yes, please give details:

Name & Address of your Doctor:

Postcode:

Are you in good health?				
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Are you receiving any treatment?				
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If yes, give details:

Total number of days you were unable to work through illness or injury during the last 12 months:

Reasons for absence:

REHABILITATION OF OFFENDERS ACT 1974

The following is a summary of the Rehabilitation of Offenders Act 1974. Please ensure you read through this carefully and that you are aware of its meaning.

WHAT IS THE ACT?

The Rehabilitation of Offenders Act 1974 was introduced to enable the criminal convictions to be 'spent' or forgotten after a period of rehabilitation. After this period, with some exceptions, an offender will not normally be obliged to mention the conviction when applying for a job, obtaining insurance or when involved in other criminal legal proceedings.

HOW LONG IS THE REHABILITATION PERIOD?

The period of rehabilitation will depend on the sentence given, not the actual time served in custody.

SENTENCE	PERSON 17 OR OVER WHEN SENTENCED	PERSON UNDER 17 WHEN SENTENCED
2½ years or over	Never	Never
A sentence of imprisonment, detention in a young offender institution, youth custody or corrective training for a term exceeding 6mths but not exceeding 2½ years	10 years	5 years
A sentence of cashiering, discharge with ignominy or dismissal with disgrace from Her Majesty's Service	10 years	5 years
A sentence of imprisonment, detention in a young offender institution or youth custody For a term less than 6 months	7 years	3½ years
A sentence of dismissal from Her Majesty's Services	7 years	3½ years
Any sentence of detention in respect of a conviction in service disciplinary proceedings	7 years	3½ years
A fine, other sentence, community service order or probation	5 years	2½ years
Order for detention in a detention centre	3 years	3 years
Absolute discharge	6 months	6 months
Conditional discharge or bind over	1 year or until order expires	
Attendance Centre Order	1 year or until order expires	
Hospital Orders	5 years or 2 years after the order expires whichever is the longest period	

HOW DOES THIS AFFECT YOU?

If you have been awarded with any of the sentences shown (including suspended sentences) and the period of rehabilitation has been completed, your sentence is regarded as 'spent' and needs to be declared. If it has not been 'spent' then it must be included on your application form. Please now sign below to confirm you have read and understood the Rehabilitation of Offenders Act 1974, summary above.

Signature:

Have you ever been cautioned or convicted of a criminal offence either in the UK or any other country or are there any proceedings pending (subject to the Rehabilitation Of Offenders Act 1974)?				
If yes, please give details, including dates:				

<p>WORKING TIME DIRECTIVE – 48 HOUR WEEK</p> <p>The 48-hour week Working Time Directive has been in force since 1st October 1998. Under these regulations, Asset Security & Protection Ltd must obtain your written permission if you wish to work more than 48 hours per week. Please sign below and indicate whether you are prepared or not prepared to work more than 48 hours per week. If you do wish to change your mind about this at a later stage, you will need to inform the Human Resources Department in writing, giving one months notice so that rostering may be amended.</p> <p>The Directive states that the Security Industry is not bound to comply with regulations relating to night workers working longer than eight hours in twenty four, rest periods of eleven hours per day or one day per week or a rest period every 6 hours worked, provided that you are allowed the same rest at a later time.</p> <p>If you have any queries or need further explanation, please do not hesitate to contact the Human Resources Department or speak to your immediate Manager.</p>	
	I do not wish to work more than 48 hours per week
	I am prepared to work more than 48 hours per week and therefore wish to 'opt out' of the regulation.
<p>Signature: _____ Print Name: _____</p> <p>Date: _____</p>	

EQUAL OPPORTUNITIES POLICY

ASSET SECURITY & PROTECTION LIMITED (ASP Limited) values diversity and has an equal opportunities policy to ensure that all applicants are treated fairly, that they are appointed solely on their suitability for the post irrespective of race, gender, disability, sexuality or age. We are committed to ensuring equal access to employment and details from this form will allow us to identify any groups that are under-represented in our workforce.

ETHNIC ORIGIN

Please tick the box that best describes your origins below. If you select other, please describe in the box provided.

WHITE		MIXED		ASIAN OR ASIAN BRITISH	
English	<input type="checkbox"/>	White & Black	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Welsh	<input type="checkbox"/>			Other	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>				
British	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

BLACK OR BLACK BRITISH		CHINESE OR OTHER		OTHER....
Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	
African	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Other	<input type="checkbox"/>			

GENDER

Are you Male or Female?

OFFICE USE ONLY

Tick all appropriate boxes to confirm sight of original documents and confirm that signed and endorsed copies are taken for file.

DOCUMENT		Signature of person taking copy		DOCUMENT		Signature of person	
Birth Certificate				Work Permit			
Driving Licence				Civilian Services			
Passport				Proof of Home Address 1			
Armed Services				Proof of Home Address 2			
Education Certificates				Training Certificates			

Starting Rate of Pay: £

Position:

Other position, please specify:

TEST	Date	Initials	UNIFORM	SIZE
SIGHT			SHIRT / BLOUSE	
COLOUR			TROUSERS / SKIRT	
WRITING			COAT / JACKET/ VEST	
SMELL			JUMPER	
READING				

Interviewer:

Signature:

Date:

Notes..