

APPLICATION FOR EMPLOYMENT

National Insurance Number
.....

Thank you for your interest in DBI Support Services Ltd.
Please complete all details in block capitals and ink, incomplete
Applications will not be accepted.

This application form remains the property of DBI Support Services Ltd at all times:

Position applied for: SECURITY OFFICER

Application No:
(For Office Use Only)

Full time / Part time (If part time, please indicate number of hours available for work):

Title: Mr / Mrs / Miss / Ms / Other Surname:

Forenames: Preferred name:

Maiden Name: Place of Birth:

Next of Kin: SIA Licence No.:

Address: COVER LAST TEN YEARS, (include postcodes where possible).

* Previous addresses: place on additional information sheet and attach to the back of this form.*

Current Address:

Post code: Country:

Home Telephone No:..... Mobile Telephone No:

E-mail address: Fax Number:

Driving Licence Number Full / Provisional Points

Passport Details:

Nationality: Previously (if different):

Passport No: Date of Issue:

Expires: Issuing Authority:

What is your Primary Language?

Employment History

Give details of your working career to date including Military Service or Temporary work.

Present Employer	Period		Position held, duties and responsibilities	Salary (& benefits)
	From	to		
Company name: Address: Telephone No: Extension: Notice period: Reason for leaving:				
Is it your own choice? Yes / No				

Previous Employment

We need to cover the last ten years employment so please use additional pages if necessary.

Previous Employment	Period from to	Position held, duties and responsibilities	Reason for leaving and final salary

Education and Qualifications

Secondary Education

Name of School/ College	Town	From	To
Subjects taken	At which level	Grade obtained	Dates

Further Education

University / College	Course	Results	From	To

Professional Qualifications (inc. SIA Licence Type and No. if held).

Qualifications	Date obtained

References:

After an offer of employment has been accepted, references will be taken up.

Please note it is important to realise that any offer of employment will be subject to the company obtaining satisfactory references from previous employers, plus two character references. Reference requests will not be made until the applicant has accepted a provisional offer.

It is the policy of DBI Support Services Ltd to ask previous employers to confirm much of the detailed information given in this application form. Details of any breaks in employment of more than six days will need to be covered / confirmed by one of your character references. (If required the company may request a signed affidavit explaining the break in employment.) Mis-statements or unobtainable references can cause delay and could result in an offer being withdrawn.

References are strictly confidential between the referee and DBI Support Services Ltd. However, they are made available to Statutory Authorities, such as the Ministry of Transport or Airport Authority to obtain a Security ID Pass if you are required to work on these sites.

Current Employer:

Name of Company: Name of Referee:
 Position of Referee: Telephone number:
 Position you held: Exact Employment Dates:

Previous Employer.

Name of Company: Name of Referee:
 Position of Referee: Telephone number:
 Position you held: Exact Employment Dates:

CHARACTER REFEREE (must have been known for at least five years, and not a relation or living at the same address).

Name: **Position of Referee:**

Address:

Years Known: **Telephone No:**

Second Referee

Name: **Position of Referee:**

Address:

Years Known: **Telephone No:**

In answer to the questions below, please describe experiences you've had during work, college, or at school, giving examples of the situation, the actions you took and the results achieved.

Describe the best team you have worked with and the role you played in that team.

Describe a situation when you have dealt with a customer that gave you satisfaction.

Describe a situation when you have had to communicate information to others.

How do you keep up to date with changes in your current position?

Further Information.

How did you hear of this vacancy?

Do you hold a current valid driving licence? Yes / No

Are there any endorsements on your driving licence? Yes / No.

Details:
.....

Are you awaiting a court / or Police action in regard to driving offences? Yes / No

Details:
.....

Do you have Sole use of a vehicle? Yes / No Share vehicle with Partner? Yes / No

Have you applied for a position with DBI Support Services previously? Yes / No

If yes, please give title of position applied for, date and result of application:
.....
.....

Please give details of any holiday dates booked:
.....
.....

Other interests and hobbies, involvement in local community, etc.
.....
.....

Medical Questionnaire.

Name and address of General Medical Practitioner:
.....

Current state of health:

Are you presently taking any form of medication? Yes / No

If yes, please give details including duration:

How many days have you had sick during the last twelve months?

Give details:
.....
.....
.....
.....

Do you smoke? Yes / No Consumption per day:

Do you hold qualifications in Nursing or First Aid?
.....
.....

Can you swim? Yes / No Distance:

Personal Statistics:

Height: Weight:

Bust / Chest size: Waist:

Hips: Dress size:

Shirt size:

Do you normally enjoy good health?	Yes / No
To the best of your knowledge have you suffered from any of the following in the last 3 (three) years:	
a) Illness affecting the heart	
b) Illness affecting the lungs	
c) Illness affecting the kidneys or bladder	
d) Illness affecting the stomach or bowel	
e) Blood condition such as anaemia	
f) Disease of the nose, ear or throat	
g) Is your hearing Impaired?	
h) Colour Blindness	
i) Skin complaints, eg eczema, acne, psoriasis	
j) Allergy such as hay fever	
k) Motion sickness	
l) Fainting attacks, fits or blackouts	
m) Claustrophobia	
n) Nervous or mental illness	
o) Varicose veins	
p) Rheumatism, arthritis, or any trouble with limbs or spine	
q) Recurrent headaches or migraine	
r) Alcoholism / Drug addiction	
s) Menstrual Problems	
t) Serious accident (including concussion)	
u) Surgical operation	
v) Reaction to drugs, medication or vaccination	
w) Disorders of vision, glasses or contact lenses	
x) High blood pressure	
y) Diabetes	
z) Eating disorders	
aa) Asthma	
If you have answered 'YES' to any points in above A – AA, or had any other condition not listed, please give further details on a separate sheet:	

Please attach 3 recent passport size photographs here:

--	--	--

Additional Information Page:

Do you have permission to work in the UK? Yes / No

Other Languages (please grade your proficiency 1-5 = Fluent) continue on next page.

Language	Read	Speak	Write

Declaration

I understand that any deliberate mis-statement in the medical declaration submitted by me, to D.B.I.Support Services Ltd. Renders me liable to disqualification or dismissal if engaged. Therefore, I declare the information is, to the best of my knowledge, correct.

If necessary I agree to undergo a medical examination with the Company Doctor and /or agree that my Medical Practitioner may be contacted for further information, subject to the Access to the Medical Records Act 1988.

Applicant's signature:

Date:

Note: 1) If an applicant is wilfully misleading he/ she will forfeit all rights to employment.
 2) No person can be appointed as a member of Staff unless his/ her health is such as to qualify him / her for that situation and he /she is likely to give regular and effective service for a reasonable period.

Checklist.

Before returning this application please check the following:

Are all questions answered?
 Are 3 passport size photographs enclosed?
 Is all the information provided accurate?

I certify that, to the best of my knowledge, the information on this form is complete and correct and I understand any mis-statement can cause delay and may even result in an offer being withdrawn, or to dismissal. I understand that any offer of employment that may be made to me as a result of this application will be subject to the receipt of satisfactory references.

Signed: Date:

Print Name:

Return this form promptly to

DBI Support Services Ltd.
15 Hastings, House Auckland, Park Mount Farm,
Milton Keynes, Bucks, MK1 1BU.

Should your application be unsuccessful, if you DO NOT wish us to retain this information, please tick this box.



In accordance with the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 (S11975 No 1023 as amended), and other relevant Legislation all applicants are required to complete this section and advise DBI Support Services of:

Please confirm if you have a conviction that is not spent, providing relevant detail. If you have no convictions, you MUST write in 'not applicable' against 'reason for conviction', sign and date the form.

Reason for conviction:

.....

Sentence (including suspended sentences):

.....

Date effective:

Signed: **Date:**

N.B. This information will not necessarily preclude you from employment.

Should you be offered employment this document will be destroyed in your presence once the conviction is legally spent in accordance with relevant legislation.