



*Fort Guard Security*

# *APPLICATION FOR EMPLOYMENT*

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# What to do next

Fill in the application form on pages 6-11

Optionally fill in the Equal Opportunities Monitoring Form on page 14

Provide two recent passport sized photographs signed on the back

Provide one proof of address from one of the following:

- your current signed passport
- full UK driving license: photo and paper version
- a recent, within the last six months, utility bill (mobile phone, internet access, cable and satellite TV bills are not acceptable)
- recent, within the last three months, Bank or Building Society or credit card statement
- HM Customs and Revenue tax notification (not P45 or P60)
- SIA Identification badge

For students any one item of the above or any one of the following:

- University or college letter of acceptance, enrolment or offer
- Student loan company or LEA or SASS award letter
- UCAS offer letter

If you do not have a P45 please complete the P46 form.

All of the above information is required as a result UK government Regulation. Once compiled, please forward to us at the address below. If you have any queries, please contact us during normal business hours on 0800 634 7054.

Operations Manager  
Fort Guard Security Ltd  
Church house, 137 Brent Street  
Hendon  
London  
NW4 4DJ

# PRIVATE & CONFIDENTIAL

## PERSONAL REFERENCE AND EMPLOYMENT VERIFICATION

I understand that employment with the Company is subject to satisfactory references and security screening in accordance with BS 7858.

I undertake to cooperate with the Company in providing any additional information required to meet these criteria;

I authorize the Company and/or its nominated agent to approach previous employers, schools/colleges, character references or Government Agencies to verify that the information that I have provided is correct;

I authorize 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 that some of the information that I have provided in this application will be held on a computer and some or all will be held on manual records.

I consent to the Company's reasonable processing of any sensitive personal information obtained for the purposes of establishing any medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the Company. Subject to the Access to Medical Records Act 1988, I consent to the results of such examinations to be given to the Company. I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835, in confirmation of previous employment or unemployment.

I hereby certify that, to the best of my knowledge, the details I have given in this application form are complete and correct.

I understand that any false statement or omission to the Company or its representatives may render me liable to dismissal without notice.

SIGNATURE: .....

PRINT NAME: .....

DATE: .....

## YOUR SECURITY SCREENING

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**Introduction.** As you may well be aware, we carry out security screening on you to ensure that you are not a present or potential future security risk. The British Standard which we must comply with in doing so is BS 7858:2006.

Under the guidelines laid down by BS7858, you are required to provide evidence of previous employers, periods of self-employment, period of unemployment, periods spent in full-time education, periods spent abroad and periods spent in prison. The purpose of this is to verify your whereabouts on a month by month basis for the last 5 years. It is also necessary to verify your name and address and take up two Character References. This must all be completed within 12 weeks. Please complete the attached Application for Employment form fully and accurately. This will provide enough information for your screening to proceed without delay. You also need to sign the enclosed Letter of Authority in the presence of our Screening Controller to authorize Fort Guard Security Limited to take up your references.

**YOUR HELP IS APPRECIATED.** You can assist greatly in your security screening by ensuring that your application form contains all of the relevant information. Please use this list as a tick-off list. If there is any information which you do not have, submit the application form without it, but please let us know when we can expect to receive it.

**NAMES AND ADDRESSES.** Please ensure that all names and addresses are accurate. Provide Post Codes and telephone numbers including area codes. Provide the full and accurate name of the company or school to which you refer. Ensure that surnames are spelled correctly and all information is clearly written and legible.

**CHARACTER REFERENCES** should be two people that have known you on a month by month basis for at least two years out of the most recent five. Neither referee should be related to you or be someone with whom you are in a long-term romantic relationship or reside at the same address as yourself. Please state their relationship with you and state for how long you have known them **on a continuous basis** or for which specific periods., i.e. you may have lost touch with them for a couple of years for some reason. Ask the referees permission before putting them on the application form and ensure they are going to say the things you want them to!!

**PREVIOUS EMPLOYERS** State who your immediate superior was or who the person was to whom you were responsible. State also your job title at the time of leaving and your reason for leaving. Ensure all dates are recorded as month and year both for starting and for leaving employment with a company. A character reference will be requested from your immediate superior from your most recent period of employment.

**NO LONGER TRADING.** Previous employers who are no longer trading can present a problem. Provide as much detail as you can about the company and our Screening Controller will figure out what to do. If you are still in touch with someone from that period of time or you know their whereabouts please submit their details as an additional Character Reference.

**PERIODS OF SELF-EMPLOYMENT** should be accompanied by details of your professional advisers (Accountants, Solicitors, and Bankers) during that period. Additionally, provide a letter instructing them to release details of your claims to Fort Guard security Limited.

**PERIODS OF UNEMPLOYMENT** should be accompanied by details of the office at which you were claiming the benefit or signing on. Additionally the Letter of Authority will serve as an instruction to release details of your claims to Fort Guard Security Limited.

**PERIODS OF FULL-TIME EDUCATION** should be accompanied by accurate dates of courses. This should state the month and the year of the start and finish of the course, back to the date of leaving secondary education.

**PERIODS SPENT ABROAD SHOULD BE ACCOMPANIED BY A VISA, Passport Stamp, Hotel Bills, Wage Slips (if working abroad), Credit Card Statements, etc,** to show that you were where you said you were during this period.

**PERIODS SPENT IN PRISON** should be accompanied by exact dates on a month by month basis. Accurate addresses of prisons are important including any prison reference number. If you have a Certificate of Discharge or similar please submit with the application form.

## Application For Employment

### Instructions for Completion

1. Please complete in ink, and use block capitals
2. Complete all sections
3. Any sections that are not applicable, mark N/A
4. Employment section must cover at least every month of the last ten years
5. All declarations on page 6 must be signed and dated
6. Remember, the answers given form the basis of any subsequent contract of employment
7. Return the completed form to: Fort Guard Security Limited

<b>Section 1</b>					
Mr / Mrs / Miss / Ms	Surname	Forenames			
Date of Birth		Place of Birth			
Marital Status: Single / Married / Widowed / Separated		National Insurance No			
Surname at Birth, if different		Nationality			
Address		Do you need a work permit to authorize you to work in this country? <div style="text-align: right;"><input type="checkbox"/> Yes / <input type="checkbox"/> No</div>			
		Would you have to move from home if offered this job? Yes / No			
		Current	Rented or	Owner	With parents
		Residence	Council	Occupier	Or Relatives
		(Please Tick)			
Have you lived at this address for 5 years or more? <div style="text-align: right;"><input type="checkbox"/> Yes / <input type="checkbox"/> No</div>					
Tel No (Home): Tel No (Work): Mobile:		If No, state all addresses during the past five years on a separate sheet of paper, stating dates.			

Next of Kin	Relationship
Full Address	
	Telephone No
Number of Dependants	

**Application For Employment**

<b>Section 2</b>			
Do you have a current driving licence? <input type="checkbox"/> Yes / <input type="checkbox"/> No  <input type="checkbox"/> Full / <input type="checkbox"/> Provisional (Please tick)  Date of Issue  Date of Expiry		State: Car Van Lorry Bus Other	
Have you been convicted of any endorsable driving offence or the equivalent outside the UK within the last ten years? <input type="checkbox"/> Yes / <input type="checkbox"/> No			
If yes, give full details			
Do you hold a Current SIA Licence? <input type="checkbox"/> Yes / <input type="checkbox"/> No  Licence Number:  What type of licence do you hold (Please tick)			
<input type="checkbox"/> Door Supervisor <input type="checkbox"/> Static Security Guard <input type="checkbox"/> Retail Security		<input type="checkbox"/> CCTV <input type="checkbox"/> Vehicle Immobiliser <input type="checkbox"/> Other	
Any other qualifications			
If offered a position, when could you start?			
Do you have any other commitments which may limit your working hours? (e.g. Judicial, Military or Local Government)			
Do you have any part-time jobs or other gainful employment?			If so state What
Height	Weight	Are you disabled?	If registered disabled, Number:                  Expiry Date:
Do you consider yourself physically capable of carrying out the duties which this position will require?  <input type="checkbox"/> Yes / <input type="checkbox"/> No			Please detail any major illness during the last ten years, or any illness which has caused you to have more than three working days off work in the last two years
Do you smoke? <input type="checkbox"/> Yes / <input type="checkbox"/> No		Do you drink alcohol? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Do you take non-prescribed drugs? <input type="checkbox"/> Yes / <input type="checkbox"/> No			

### Application For Employment

<b>Section 3</b>			
<p><u>Employment record since leaving school.</u> Please start with your last employer. All employees are to be screened for the last ten years continuous employment, or since leaving school if within that time. Any breaks in employment therefore need to be noted on this form. Please continue on a separate sheet if necessary. The existence of a gap in your employment record does not automatically preclude you from employment but can be covered in other ways, so provide as much information as possible.</p>			
From	Until	Position / Job Title	
Name and Address		Main Duties	
		Reason for Leaving	
Tel No:		Responsible to Name: Position:	
Fax No:			
Email:			
Nature of Business		Starting remuneration	Final remuneration

From	Until	Position / Job Title	
Name and Address		Main Duties	
		Reason for Leaving	
Tel No:		Responsible to Name: Position:	
Fax No:			
Email:			
Nature of Business		Starting remuneration	Final remuneration

From	Until	Position / Job Title	
Name and Address		Main Duties	
		Reason for Leaving	
Tel No:		Responsible to Name: Position:	
Fax No:			
Email:			
Nature of Business		Starting remuneration	



From	Until	Position / Job Title	
Name and Address		Main Duties	
		Reason for Leaving	
Tel No:	Responsible to Name: Position:		
Fax No:			
Email:			

From	Until	Position / Job Title	
Name and Address		Main Duties	
		Reason for Leaving	
Tel No:	Responsible to Name: Position:		
Fax No:			
Email:			
Nature of Business		Starting remuneration	Final remuneration

From	Until	Position / Job Title	
Name and Address		Main Duties	
		Reason for Leaving	
Tel No:	Responsible to Name: Position:		
Fax No:			
Email:			
Nature of Business		Starting remuneration	Final remuneration

From	Until	Position / Job Title	
Name and Address		Main Duties	
		Reason for Leaving	
Tel No:	Responsible to Name: Position:		
Fax No:			
Email:			
Nature of Business		Starting remuneration	

**Application For Employment**

<b>Section 4</b>		
SCHOOLS	From                      To	Examinations and Results <b>S1</b>
COLLEGE / UNIVERSITY	From                                      To	Examinations and Results <b>S2</b>
FURTHER EDUCATION	From                                      To	Courses and Results <b>S3</b>
Professional membership and qualifications		
Please indicate any particular skills, achievements or activities which are relevant to your application, including any foreign languages and your degree of fluency		

**Application For Employment**

<b>Section 5</b>			
<p>Please note that your present employer will not be contacted until a position has been offered and accepted by you. However, any offer made will then be subject to the receipt of satisfactory references from your present employer. We reserve the right to contact all past employers and character referees.</p> <p>Please give details of two people that have known you for the last 5 years, who are not relatives, do not reside at the same address nor are previous employers, to whom we may apply for a character reference.</p>			
<b>C1</b>	Type of Reference (Please circle) Character / Self Employment	<b>C2</b>	Type of Reference (Please circle) Character / Self Employment
From	To	From	To
Name		Name	
Occupation		Occupation	
Relationship		Relationship	
Full Address		Full Address	
Postcode		Postcode	
Tel No:		Tel No:	
Fax No:		Fax No:	
Email:		Email:	
<b>Section 5</b>			
<p>Have you ever been fined, sentenced to imprisonment, placed on probation, discharged on payment of cost, or had any other order made against you by a criminal, civil or military court, or public authority, or is any action pending? This is to include details of any bankruptcy proceedings or Court Judgements for dept</p> <p align="center">Yes / No (If Yes give details)</p>			
<p><b>Declaration 1</b> I declare that I filled out this form myself* <b>OR</b> this form was filled out by*</p> <p align="center">Signed: ..... Date: .....</p>			
<p><b>Declaration 2</b> I declare that the particulars given in this form are true, and accurate to the best of my knowledge. I acknowledge that misrepresenting the facts on this form constitutes grounds for immediate dismissal.</p> <p align="center">Signed: ..... Date: .....</p>			
<p><b>Declaration 3</b> I authorize Fort Guard Security Limited to approach former employers, schools, colleges, character references, the Police, and any government agencies for the purpose of verifying the information that I have supplied in this Application For Employment. I am prepared to sign a Statutory Declaration if required to do so.</p> <p align="center">Signed: ..... Date: .....</p>			
<p><b>Current Employer</b> May we approach your current employer for Security Screening purposes? Yes / No</p>			

## MEDICAL QUESTIONNAIRE

Name: _____	Date of Birth: _____
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Alertness and physical fitness are essential for duties of a security officer. It is therefore important to be accurate with your answers to this questionnaire, although trivial matters should be ignored (For example: transient dizziness while gardening two years ago). When you declare **NO** you are accepting a degree of responsibility for your safety.

This is to declare that I know of no medical reason why I should be unable to carry out security duties for Fort Guard Security Limited.

Have you ever:	No		Yes	Please give details
1 Had an operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 Been seriously injured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Received in-patient treatment for a physical or mental condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 Been refused or dismissed from employment for health reasons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 Received a disability pension?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 Been made ill by your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 Been refused a drivers licence because of ill health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Had an illness confirmed by a Doctor or Consultant in the last three years which may have an ongoing effect to your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Have you suffered from or ever had:					
Heart trouble:	Yes/No	Lung trouble:	Yes/No	Stomach trouble:	Yes/No
Respiratory Problems	Yes/No	Drink Problems	Yes/No	Vertigo	Yes/No
Skin disease:	Yes/No	Eye trouble:	Yes/No	Ear trouble:	Yes/No
Epileptic Fits	Yes/No	Multiple Sclerosis	Yes/No	Drug Addiction	Yes/No
Do you:					
Take prescribed medication regularly?	Yes/No	Need glasses to read?	Yes/No	Suffer from any other ailments?	Yes/No
Consulted a Specialist in The last 12 months?	Yes/No	Please provide Brief Details:			

I further confirm that should some personal medical impediment be discovered or develop during my employment with Express Security I will notify the Company immediately and be prepared to undergo a full medical examination which may determine my future employment.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

EMPLOYEE REFERENCE NUMBER .....

**Bank Details**

*Please complete and return to*  
**Fort Guard Security Ltd, Church House, 137 Brent Street, Hendon, London, NW4 4DJ**

**To Fort Guard Security Ltd**

My Bank Details are as follows: please pay my salary to my Bank/Building Society

**Bank/Building Society Name:**

\_\_\_\_\_

**Branch Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Account Number (no more than 8 digits)**

--	--	--	--	--	--	--	--

**Branch Sort Code**

		-			-		
--	--	---	--	--	---	--	--

If you wish your salary to be paid into a building society account, please enclose a statement from them showing the Building Society requirements.

<b>Full Name</b>	
<b>Address</b>	

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## Equal Opportunities Monitoring Form

Fort Guard Security Ltd is committed to achieving equal opportunities in service provision and employment. It is the policy of Fort Guard to ensure that no job applicant receives less favorable treatment on grounds such as age, color, disability, ethnic origin, family circumstances, marital status, national origin, race, religion, sexual orientation or social status class.

In order to assist Fort Guard Security Ltd in monitoring its Equal Opportunities Policy, all applicants are requested to answer the following questions voluntarily. This information will be used solely for monitoring purposes and will be treated as confidential. This sheet will be separated from your application form on receipt.

This form will not be used as part of the recruitment process, and will not be seen by the managers considering your application.

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Job title ..... Organization/Dept/Site .....

---

Gender  Male  Female

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### Ethnic origin

Ethnic origin is not about nationality, place of birth or citizenship. It is about color and broad ethnic groups. UK citizens can belong to any of the groups indicated.

How would you describe your ethnic origin?

#### White

- British
- Irish
- Welsh
- English
- Scottish
- Any Other White Background

#### Mixed Heritage

- White and Asian
- White and Black Caribbean
- White and Black African
- Any Other Mixed Background

#### Asian, Asian British, Asian English, Asian Scottish, Asian Welsh

- Indian
- Pakistani
- Bangladeshi
- Any Other Asian Background

#### Black, Black British, Black English, Black Scottish, Black Welsh

- Caribbean
- African
- Any Other Black Background

#### Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh

- Chinese
- Any Other Chinese Background

Any Other Ethnic Background

Do not wish to declare my Ethnic origin

#### Age

- 16-25
- 26-35
- 36-45
- 46-55
- 56-65
- Over 65

#### Disability details

Do you consider that you have a disability?

- Yes  No  Do not wish to reply

If yes, please state the nature of your disability: .....

Please state your date of birth: .....  Do not wish to reply

# Check List

## **You should be sending to us the following**

Your application form, bank details and P46 if applicable

Optionally, the Equal Opportunities Monitoring Form

Two passport sized photographs of you, signed by you

Proof of right to work in the UK

One of the following to verify your address

- your current signed passport
- full UK driving license photo and paper version
- a recent, within the last six months, utility bill (mobile phone, internet access, cable and satellite TV bills are not acceptable)
- recent, within the last three months, Bank or Building Society or credit card statement
- HM Customs and Revenue tax notification (not P45 or P60)
- SIA Identification badge

For students, any one item of the above or any one of the Following

- University or college letter of acceptance, enrolment or offer
- Student loan company or LEA or SASS award letter
- UCAS offer letter

Thank you for your help.