ABK SECURITY SERVICES LIMITED

HR DEPARTMENT BEWDLEY ROAD STOURPORT ON SEVERN WORCESTERSHIRE DY13 8XE



TEL NO: 01562 747 207 E-MAIL:hr@abksecurity.com

Private and Confidential: A	pplication for Employment
Surname	First Name(s)
Home Address	
	Postcode
National Insurance No:	
Home Tel No	Mobile No
Email	Marital Status
How long at this address If less than 5 form	yrs detail previous addresses on additional pages and attach to this
SIA SECURITY LICENCE DETAILS	
Current SIA Licence(s) Type(s)	
1) SIA Licence Number(s)	Expires:
2) SIA Licence Number(s)	Expires:
Please bring your current SIA licence(s) with you to any inte	erview (photocopies will not be accepted)
DRIVERS LICENCE DETAILS	
Do you have a current CAR Drivers Licence(s) YES	NO If Yes please complete below
Type: PROVISIONAL or FULL	Date Test Passed:
Penalty Points incurred in last 5 years:	Offences:
Do you have access to your own transport NO	YES Type
Financial Standing: List County Court Judgements Date Court Amount	, Bankruptcy, Insolvency etc. in the last 6 years Brief Details Discharge Date
This information is required to comply with BS 7858:2012 and will rema	in confidential. Disclosure of this data does not mean we cannot

Doc: HR 002 Version: 5 Issue Date: 28/11/2017 Page 1 of 6

EMPLOYMENT HISTORY: WE MUST HAVE A MINIMUM OF 5 YEARS CONTINUOUS HISTORY WITH NO TIME GAPS AT ALL (or back to school leaving age) before we can consider you for employment. YOU MUST INCLUDE DETAILS OF ALL PERIODS OF EMPLOYMENT, SELF EMPLOYMENT, UNEMPLOYMENT, EDUCATION, LONG TERM SICKNESS, TRAVELLING, GAP YEARS ETC. Start With Current/Most Recent First

START Month/Year	FINISH Month/Year	NAME & ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	SALARY START/FINISH
1				
Telephone	Number		Reason for Leaving	
2				
_				
Telephone	Number		Reason for Leaving	
3				
Telephone	Number		Reason for Leaving	
4				
Telephone	Number		Reason for Leaving	
5				
Telephone	Number		Reason for Leaving	
6				
Telephone l	Number		Reason for Leaving	
. Cicpilotie			Acason for Leaving	
7				
Telephone	Number		Reason for Leaving	
VETTING	& SCREENIN	IG		

application and/or withdraw any offer of employment. This is in accordance with BS 7858
YOU MUST THEREFORE SUPPLY ALL THE INFORMATION REQUIRED

accurate information or if supplied information is unsatisfactory we may have no alternative but to reject your

Doc: HR 002 Version: 5 Issue Date: 28/11/2017 Page 2 of 6

EDUCATION HISTORY: Detail all education from 16 years old and qualifications obtained.

From: mm/yy	To: mm/yy	School/College	Qualifications

REFERENCES

Before we can proceed with your application we require 2 character referees – Not previous Employers, Not persons related to you and Not persons living at your address but both these persons MUST have known you for at least the last 2 years:			
Name	Name		
Address	Address		
Telephone	Telephone		
Specific dates known to you	Specific dates known to you		
Relationship to you Relationship to you			

OTHER EMPLOYMENT

OTTER EITH EOTHERT			
Please list all other employment you would continue to do if you were successful in obtaining employment			

LEISURE

Please note here your le	isure interests and hobbies	and to what level yo	u pursue them
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CRIMINAL RECORD

State any C	Criminal convictions	(subject to	Rehabilitation	of Offenders	Act 1974)

If none please state "NONE" DO NOT LEAVE THIS QUESTION UNANSWERED

Doc: HR 002 Version: 5 Issue Date: 28/11/2017 Page 3 of 6

DECLARATION BY APPLICANT

I agree not to divulge any information however acquired relating to the Company, its Business or its Customers to any other Person, Company or Organisation without written consent from the Company either during or after employment is determined.

I have detailed my previous 5 years history and consent to the company contacting such persons including character references as necessary to verify those details in accordance with British Standards 7858.

I AGREE / I DO NOT AGREE, to my present employer being contacted BEFORE an offer of employment is made. I understand my present employer will be contacted after an offer of conditional employment is accepted by me.

I agree to abide by the rules and procedures of the company at all times and agree to a personal search as and when required.

I agree to attend Training Courses and /or First Aid training appropriate to my employment as identified and mutually agreed by the company and myself.

I consent to a medical examination including drug testing carried out by a company nominated Doctor if required.

I understand that any offer of employment is subject to completion of a satisfactory screening process.

I understand that any offer of employment is subject to 12 weeks provisional screening period.

I understand that if any information I have provided on this form is subsequently found to be false or misleading I will be liable to disciplinary procedures that could result in summary dismissal.

I confirm that if I commence employment with your company and if I am currently registered as unemployed, I will inform the relevant authorities of my revised employment status. I accept this is my responsibility.

I understand that, and consent to, a Credit Reference Check being carried out to establish my personal financial history and rating, this is in line with the requirements of the screening process (BS 7858)

I accept that it is my responsibility to renew and/or retain an SIA Licence (if required for my role) as this a legal requirement for employment within the designated security sector, failure to do so for any reason will result in the termination of my employment.

I agree to inform you and the SIA of any change of my address.

Doc: HR 002 Version: 5 Issue Date: 28/11/2017 Page 4 of 6

Physical Specification: The following section describes the physical attributes you will need to possess to fulfil the role of a Security Officer

	D	etails of any adjustments you	would require us to make
Security Officers need to be a			
reasonable fitness levels to e			
regular patrols sometimes ov			
Security Officers may need to	0		
colours and shades. As Repo			
specifics colours of vehicles a			
Security Officers may have to			
that include strobe lighting, da	ark lighting, bright		
lights, noise, dust etc.			
Security Officers work for long			
Workers with telephone supp			
cause anxiety and stress in s			
Security Officers may face str			
or incidents therefore ability to			
manage conflict resolution is			
A Security Officers sensory a			
personal safety and safety of			
Smell and Hearing capabilitie			
Security Officers routines are			
therefore this may impact on medication or treatments.	any time specific		
medication of freatments.			
Please give details of any d	lays/hours/shifts you can	not work	
Please give details of any d			
Please give details of any h	noliday commitments alrea	ady booked or planned	
Please give details of any h Date Bank Account Details (This	Period can be provided upon co	Reason	
Please give details of any h	noliday commitments alrea	ady booked or planned Reason	if preferred) Branch Address
Please give details of any h Date Bank Account Details (This	Period can be provided upon co	Reason	
Please give details of any h Date Bank Account Details (This Account Name	Period S can be provided upon co	Reason mmencement of employment Account No	
Please give details of any h Date Bank Account Details (This Account Name Name and Address of Cont	Period S can be provided upon consort Code act in cases of Emergency	Reason mmencement of employment Account No	Branch Address
Please give details of any h Date Bank Account Details (This Account Name	Period S can be provided upon co	Reason mmencement of employment Account No	Branch Address
Please give details of any h Date Bank Account Details (This Account Name Name and Address of Cont	Period S can be provided upon consort Code act in cases of Emergency	Reason mmencement of employment Account No	Branch Address
Please give details of any h Date Bank Account Details (This Account Name Name and Address of Cont Name Tel No	Period S can be provided upon consort Code act in cases of Emergency	Reason mmencement of employment Account No	Branch Address
Please give details of any h Date Bank Account Details (This Account Name Name and Address of Cont Name Tel No	Period S can be provided upon consort Code act in cases of Emergency	Reason mmencement of employment Account No Addres	Branch Address
Please give details of any h Date Bank Account Details (This Account Name Name and Address of Cont Name Tel No	Period S can be provided upon consort Code act in cases of Emergency	Reason mmencement of employment Account No Addres	Branch Address

Doc: HR 002 Version: 5 Issue Date: 28/11/2017 Page 5 of 6

CONSENT TO PROCESSING OF PERSONAL AND SENSITIVE PERSONAL DATA FOR THE PURPOSES OF THE DATA PROTECTION ACT 1998 ('the DPA 1998')

I HEREBY CONSENT to and authorise ABK Security Services Ltd ('the Company') and any third party nominated by the Company from time to time to perform a vetting service. To hold the information contained in the Application for Employment and any other information obtained and/or derived as a direct result of the Company and/or the Vetting Company obtaining references and/or confirming the accuracy of the information contained in the Application for Employment (and for the avoidance of doubt that will include details of National Insurance Contributions) during my employment with the Company.

This consent shall constitute 'consent' and 'explicit consent' for	the purposes of the DPA 1998.
Signed	Date

Doc: HR 002 Version: 5 Issue Date: 28/11/2017 Page 6 of 6