

Please attach
2 x
photographs
here

Ensure you sign
the reverse

Proposed Venue:

Proposed Contractor:



Leisuresec plc

Expert Security Providers

APPLICATION FORM

Leisuresec plc provides administrative support services to security businesses including screening potential employees in compliance with BS7858.

This document does not mean you are being screened for employment with Leisuresec plc. Leisuresec plc will check your employment history and provide that information to companies that are considering making use of your services.

The information you provide by completing this form is subject to the data protection act and will only be used to advise as to your suitability to work in a security environment.

GUIDANCE NOTES

Please answer **ALL** questions, **PRINT** details **CLEARLY** using **BLOCK CAPITALS**. If any entry is inapplicable insert **NO** or **N/A**. Please tick all boxes as appropriate.

Education. Please give details of Secondary School, College and University. Dates, Full Addresses, the courses you attended / exams you passed. If you could also give details of which Campus and your Tutors name it will help the vetting process.

Employment History. If you cannot remember where or the exact dates or places of work over the last five years, your local Tax Office can provide this information from your National Insurance Number.

If your former place of work has changed names please give details.

If your former place of work no longer exists please give details of someone we can contact who can confirm your employment with this company in writing. This may be a former work colleague or a friend.

Personal References. These can be given by anyone who you currently work with, have worked with, a friend, colleague or family friend, that you have known for 5 years or more, **but you MUST NOT use a relative, or any person living at your address.**

Business & Trade References. If you do not want us to contact your current employer please ensure that you complete the declaration on Page 5 accordingly. Please note that if you do this we shall require photocopies of official documents showing your employment (i.e. wage slips, P60's) or if you have no items of this nature, details of an individual (**not a relative**) whom can provide confirmation that you are employed by your current employer.

Background Information. Please give details of all spent convictions. If you currently hold an SIA License then you will already have been vetted by the Police and undergone a PCN check but we still require details of any spent convictions for our records.

Please Note, this is an Application Form not a Contract and is a requirement for the British Standards.

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For further information regarding the screening process please contact

0844 282 4300

Mon – Fri 9am – 5pm

1. PERSONAL INFORMATION

Mr / Mrs / Miss / Ms All Forenames: _____ Surname: _____

Address: _____

Postcode: _____ Telephone No: _____ Mobile No: _____

Date of Birth: ____/____/____ Age: ____ Place of Birth: _____ Nationality: _____

National Insurance Number:

If not born in the U.K. state where: _____ Also state date and place of entry: ____/____/____

Country of Origin: _____ Work Permit: Yes No (If Yes, please provide a copy) Student Visa: Yes No

Name and address of Next of Kin: _____

Relationship: _____ Daytime Telephone No: _____

Which type of work do you require?: Full Time Part Time Weekends Only Week Nights Only

2. LICENSE INFORMATION

Which Sector SIA License do you hold?:

Door Supervision Security Guard Close Protection Other please state: _____

SIA License Number: _____ Date of Expiry: ____/____/____

3. BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OR CAUTIONED FOR ANY OFFENCE: Yes No (If Yes, give details below)

Date of Conviction	Offence	Sentence
____/____/____	_____	_____
____/____/____	_____	_____

Have you ever been dismissed by an employer for misconduct?: Yes No (If Yes, give dates and details below)

Are there any prosecutions pending against you?: Yes No (If Yes, give dates and details below)

Do you have any outstanding County Court Judgements for debt?: Yes No (If Yes, give dates and details below)

4. BANK DETAILS

Please provide details of a current bank account:

Account No.: _____ Bank Name: _____

Sort Code: _____ Branch Location: _____

Account Name: _____

5. DRIVING LICENSE

Do you hold a full U.K. car license?: Yes No License Number: _____

Do you own your own transport?: Yes No Do you have any motoring offences?: Yes No

If yes, give dates and details: _____

6. EMPLOYMENT / UNEMPLOYMENT RECORD

Please show **ALL** periods of employment/unemployment. Cover the last **5 YEARS** and give reasons for any lapse between employment periods.

If you have served in the Army, Royal Navy, R.A.F, Police, Fire Service or Merchant Navy please provide all relevant details (i.e. Service ID Number, Rank Attained, Decorations).

Start Date: ____/____/____ Finish Date: ____/____/____ Job Title: _____

Name, Address & contact number of Employer: _____

Reason for Leaving: _____

Start Date: ____/____/____ Finish Date: ____/____/____ Job Title: _____

Name, Address & contact number of Employer: _____

Reason for Leaving: _____

Start Date: ____/____/____ Finish Date: ____/____/____ Job Title: _____

Name, Address & contact number of Employer: _____

Reason for Leaving: _____

Start Date: ____/____/____ Finish Date: ____/____/____ Job Title: _____

Name, Address & contact number of Employer: _____

Reason for Leaving: _____

Start Date: ____/____/____ Finish Date: ____/____/____ Job Title: _____

Name, Address & contact number of Employer: _____

Reason for Leaving: _____

Please use a blank sheet of paper to continue Employment details if necessary.

7. EDUCATION

Are you a student at present?: Yes No If yes is it: Full Time Part Time

Please provide the following details for all Secondary Schools, Polytechnics, Colleges and Universities attended.

Name & Address	Date From (Month/Year)	Date To (Month/Year)	Exams Passed/Courses Taken
_____	____/____	____/____	_____
_____	____/____	____/____	_____
_____	____/____	____/____	_____
_____	____/____	____/____	_____
_____	____/____	____/____	_____

8. PERSONAL REFERENCES

Please give the name, address, daytime telephone number and occupation of **two persons** who are willing to provide a reference. You **MUST NOT** use any person related to you or who lives at your address and you **must have** known them for at least 5 years.

Name: _____

Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Daytime Tel. No: _____

Daytime Tel. No: _____

Occupation: _____

Occupation: _____

How Long Known: _____

How Long Known: _____

Relation to You: _____

Relation to You: _____

9. SELF EMPLOYMENT REFERENCES

If you have been self-employed during the past 5 years, please provide details of two persons, other than your Personal References, who can confirm this. e.g. Solicitor, Accountant, Companies with whom you traded.

Name: _____

Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Daytime Tel. No: _____

Daytime Tel. No: _____

Occupation: _____

Occupation: _____

How Long Known: _____

How Long Known: _____

Relation to You: _____

Relation to You: _____

10. GENERAL

Uniform Size: Chest: _____ Waist: _____ Inside Leg: _____ Collar: _____

Are you prepared to work both AM and/or PM as the situation demands?: Yes No

Period of notice required by present employers: _____

Do you have any part time jobs?: Yes No (If Yes, give details) _____

Do you have any holiday commitments?: Yes No (If Yes, give details) _____

Do you have any other commitments that might limit your working hours?: Yes No (If Yes, give details below)

11. PHYSICAL RECORD (delete where applicable)

Sex: Male / Female Weight: _____ Height: Ft: _____ Ins: _____ Hair Colour: _____ Eye Colour: _____

Do you have normal vision in both eyes without glasses?: Yes No With glasses: Yes No

Normal sense of smell?: Yes No Doctor's Name: _____

Doctor's Address: _____

Are you currently receiving any medical treatment?: Yes No

May we request medical information from your doctor if necessary?: Yes No

Please provide details of any serious illness, injuries or operations, physical defects or disabilities:

How many days (approximately) have you been absent owing to illness in the last two years?: _____

Are you registered under The Disabled Persons (Employment) Act 1944 and 1958?: Yes No

If yes, please complete the following: Certificate No.: _____ Expiry Date: ____/____/____

12. SENSE TESTING NOTES - FOR OFFICE USE ONLY

Colour Blindness: Normal Colour Vision Red/Green Colour Blind _____

Sense of Smell: Test 1: Yes No Test 2: Yes No _____

13. DECLARATION BY APPLICANT

I shall not at any time during or after the determination of the said employment, without consent of the Company divulge to any person, firm or company any information relating to the Company or its business or customers which I may acquire during or as incident to my employment.

I agree to abide by the rules of the Company and conditions of service as laid down in the Company rule book. I will submit to a personal search when called upon to do so whilst in the Company's employ.

I agree to attend First Aid training, or any other courses needed to fulfil my operational

role at such times as may be agreed by the Company and myself.

I hereby certify that I have filled in the Application Form and give permission to the Company to make any necessary enquiries about me, including PNC and CCJ Checks.

I AGREE / DO NOT AGREE (please delete one) to my present employer being approached.

I understand that if I am employed and it is subsequently revealed that I have made false statements in this Application Form it will be considered cause for instant dismissal.

I understand that it is a criminal offence to make false statements in this Application Form.

I understand that any offer of employment is subject to successful completion of the Vetting Process.

I understand that any documents I provide will be checked for authenticity using an Ultraviolet light.

14. AUTHORISATION

I hereby authorise Leisure Sec Plc to approach former employers, educational establishments, any relevant Government Departments and personal referees for verification of medical information and my career and employment/unemployment record.

Signed: _____

Print Name: _____ Date: ____ / ____ / ____

OFFICE USE ONLY

	Seen		Copy Retained		Seen		Copy Retained
Birth Certificate:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	Service Record:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Driving Licence:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	Work Permit:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Passport:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	Door Licence:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Proof of Residence (2 copies):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	Training Certificate:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

INTERVIEWER'S ASSESSMENT

Notes: _____

Overall Impression (Standard of dress, attitude, etc.):

Unacceptably poor Acceptable Favourable Excellent

Suitability to be offered employment:

The applicant is not suited to the work, I would not recommend for employment (Give reasons below)

The applicant might do well in this work but I cannot recommend without reservations (Give reasons below)

The applicant will do well in this kind of work and I would recommend employment

The applicant should be excellent at this job and I would recommend with confidence

Interviewer's Signature: _____ Date: ____ / ____ / ____



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