



Please Attach your Recent Photograph

Surname: \_\_\_\_\_ (Mr/Mrs/Miss/Ms)

First Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

NI No: \_ / \_ / \_ / \_ / \_ / \_ / \_ / \_ / \_ / \_ /

Place of Birth: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Tel No: \_\_\_\_\_

EDUCATION	
Schools/Colleges Attended	Qualifications Gained

Do you have a clean full driving License: Yes/No

Do you have your own Transport: Yes/No

Do you have SIA license yes/No if Yes License no \_\_\_\_\_

What type of SIA License you have \_\_\_\_\_

Do you need a work permit: Yes/No

If yes we do need to see a copy before we can offer you work.

**EMPLOYMENT DETAILS**

What type of employment are you looking for     FULL / PART TIME employment?

What days are you available during the week?

Mon  Tue  Wed  Thus  Fri  Sat  Sun  Nights

**Give your full Employment History (at least 5 years employment/educational details required)**

**Note: The application form will not be processed if the sections marked in stars are not completed properly.**

Name & Full address of present/last employer	Position Held	Salary	Period Month/Year	Reason for Leaving
(1) Previous Employer  *Employer .....  *Address: ..... ..... ..... * Post Code.....			From    To	
Description of Duties			*Referee Name: .....  *Tel: .....  *Fax: .....	
(2) Previous Employer  *Employer .....  *Address: ..... ..... ..... * Post Code.....			From    To	
Description of Duties			*Referee Name: .....  *Tel: .....  *Fax: .....	
(3) Previous Employer  *Employer .....  *Address: ..... ..... ..... * Post Code.....			From    To	

Description of Duties		*Referee Name: .....	
		*Tel: .....	
		*Fax: .....	
(4) Previous Employer		From	
*Employer .....		To	
*Address: .....			
.....			
* Post Code.....			
Description of Duties		*Referee Name: .....	
		*Tel: .....	
		*Fax: .....	
(5) Previous Employer		From	
*Employer .....		To	
*Address: .....			
.....			
* Post Code.....			
Description of Duties		*Referee Name: .....	
		*Tel: .....	
		*Fax: .....	
(6) Previous Employer		From	
*Employer .....		To	
*Address: .....			
.....			
* Post Code.....			
Description of Duties		*Referee Name: .....	
		*Tel: .....	
		*Fax: .....	

**PHYSICAL DESCRIPTION**

Do you consider yourself to be in reasonably good health, and able to perform the various functions of a security officer, being mindful that this may incorporate a variety of environments.

Please tick one box below

YES

NO

Further medical questions may be presented prior to completion of the application process.

**PERSONAL REFEREES**

Please give the names and address of two (2) people who have known you for more than 6 years in the table below

Name	Address	Occupation	Years Known
1.			
2.			

**DECLARATION (Please read carefully before signing this application)**

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organization reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be processed in accordance with the Data Protection Act.
3. I agree that my previous employers may be approached for references. I also agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a standard or enhanced (as appropriate) disclosure. I understand that should I fail to do so, or should the disclosure or reference not be satisfactory, any offer of employment may be withdrawn or my employment terminated.

Signature .....

Date .....

**OFFICE USE ONLY**

Interviewed by \_\_\_\_\_

Date \_\_\_\_\_

# CHECKLIST

Please enclose as many supporting documents as possible, check the box, which is applicable.

1. Completed Application Form.
2. One copy of Proof of Identity (Passport, Driving license etc)
3. One copy of Proof of Address. (Driving License, utility bills etc)
4. Copy of Valid UK Visa
5. Copy of NI number.
6. Copy of SIA License.
7. If not a License holder, copy has SITO certificate or SIA application reference.
8. Please, make sure you have filled the last 5 years employment history fully.

Please, send the application form along with the all-supporting documents to following address:

**Alpha Security Solutions,  
Fortis House,  
160 London Road,  
Barking,  
Essex.  
IG11 8BB.  
Tel: 0844 884 9767.**

# AUTHORISATION LETTER

A copy of this authorisation may be accepted.

This letter is authorisation to release information to my prospective employers, Alpha Security Solutions with regard to my employment/background history. May it be through Benefit Agencies, Inland Revenue, Past Employers, Colleges, University or Government Departments and also personal referees?

Signature: .....

Print Name: .....

N.I Number: .....