



APPLICATION FORM

VETTING FROM: / /
VETTED BY:
 (12/16 weeks from
 the above date) / /

PLEASE AFFIX PHOTOGRAPH	<p>S.I.A. LICENCE NUMBER.....</p> <p>EMPLOYMENT AS: SECURITY OFFICER/PERSONNEL</p> <p style="text-align: center;">CONFIDENTIAL WHEN COMPLETED</p>
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PLEASE ANSWER ALL QUESTIONS USING BLOCK CAPITALS

1. PERSONAL INFORMATION, HOW DID YOU FIND THE VACANCY, LOCAL JOB CENTRE, PRESS, INTERNET, STAFF ALREADY WORKING FOR PLEASE CIRCLE.

SURNAME:	<input style="width: 95%;" type="text"/>	FIRST NAMES:	<input style="width: 95%;" type="text"/>								
CURRENT ADDRESS:	<input style="width: 95%; height: 100%;" type="text"/>	TELEPHONE:	<input style="width: 95%;" type="text"/>								
PREVIOUS ADDRESS IF LESS THAN 3 YEARS AT ABOVE,		MOBILE NO:	<input style="width: 95%;" type="text"/>								
		CURRENT DRIVING LICENCE: NO;	<input style="width: 95%;" type="text"/>								
		CAR OWNER:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%; text-align: center;">(delete)</td> </tr> </table>		YES	NO	(delete)				
	YES	NO	(delete)								
		NATIONAL INSURANCE No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"><input style="width: 95%;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 95%;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 95%;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 95%;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 95%;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 95%;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 95%;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 95%;" type="text"/></td> </tr> </table>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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2. BANK DETAILS (complete at interview)

BANK ACCOUNT NUMBER.....	SORT CODE.....
NAME OF BANK.....	NAME OF ACCOUNT HOLDER.....

PLACE OF BIRTH: IN THE UK	IF BORN OUTSIDE THE UK:
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MARITAL STATUS:	MARRIED	DIVORCED	SINGLE	DATE OF BIRTH:	<input style="width: 95%;" type="text"/>	AGE
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HEIGHT:	<input style="width: 95%;" type="text"/>	WEIGHT:	<input style="width: 95%;" type="text"/>	COLOUR OF EYES:	<input style="width: 95%;" type="text"/>
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3. PERSON/NEXT OF KIN TO BE CONTACTED IN ANY EMERGENCY:

NAME:	RELATIONSHIP: PARENT/WIFE/PARTNER
Telephone number:	

4. HAVE YOU EVER APPEARED BEFORE A COURT CHARGED WITH A CRIMINAL, CIVIL OR MILITARY OFFENCE AND BEEN CONVICTED INCLUDING ANY MOTORING OFFENCES HAVE YOU ANY ALLEGED OFFENCES OUTSTANDING.

YES	NO	IF YES, GIVE DETAILS:
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5. PERSONAL REFEREES

PLEASE GIVE DETAILS OF TWO PEOPLE, OTHER THAN FAMILY WHO HAVE KNOWN YOU FOR AT LEAST 2 YEARS OUT OF THE LAST 5 YEARS WHO WE CAN APPROACH FOR A REFERENCE:

Name:	
Address:	
Period Known:	
TEL NO:	

Name:	
Address:	
Period Known:	
TEL NO:	

6. PERSONAL HISTORY (PART A)

THE SECURITY SCREENING PROCESS REQUIRES THAT WE ARE ABLE TO VERIFY YOUR PERSONAL HISTORY FOR A PERIOD OF TEN OR FIVE YEARS OR TO DATE OF LEAVING SCHOOL. PLEASE GIVE DETAILS OF YOUR PERSONAL HISTORY, IDENTIFY IN THE SPACE PROVIDED ALL PERIODS OF EMPLOYMENT SELF EMPLOYMENT, REGISTERED OR UNREGISTERED UNEMPLOYMENT (STATE THE UNEMPLOYMENT OFFICE WHICH YOU REPORTED TO), MILITARY SERVICE. BE SURE TO GIVE FULL ADDRESSES INCLUDING, TELEPHONE NUMBERS AND DATES.

EMPLOYERS NAME, ADDRESS	NAME OF THE PERSON YOU REPORTED TO.	POSITION YOU HELD	EMPLOYMENT DATES INCLUDE MONTHS	REASON FOR LEAVING	
TELE No:			FROM / / TO / /		1
TELE No:			FROM / / TO / /		2
TELE No:			FROM / / TO / /		3
TELE No:			FROM / / TO / /		4
TELE No:			FROM / / TO / /		5
TELE No:			FROM / / TO / /		6
EMPLOYERS FULL NAME, ADDRESS	NAME OF THE PERSON YOU REPORTED TO.	POSITION YOU HELD	EMPLOYMENT DATES INCLUDE MONTHS	REASON FOR LEAVING	
TELE No:			FROM / / TO / /		7

TELE No:			FROM / / TO / /	8
TELE No:			FROM / / TO / /	9
TELE No:			FROM / / TO / /	10
TELE No:			FROM / / TO / /	11
TELE No:			FROM / / TO / /	12

7. PERSONAL HISTORY (PART B)

IN THE CASE OF PERIODS OF SELF-EMPLOYMENT PLEASE GIVE NAMES AND ADDRESSES OF SOMEONE WHO CAN CONFIRM YOU'RE DETAILS (ie; BOOK KEEPER, ACCOUNTANT, and OR SOLICITOR).

HAVE YOU BEEN MADE BANKRUPT? YES/NO (please specify)	DO YOU HAVE ANY COUNTY COURT JUDGEMENTS? YES/NO DO YOU OBJECT TO THE COMPANY CONTACTING A CREDIT AGENCY WITH REFERENCE TO YOURSELF? YES/NO
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8. DETAILS OF WHEN YOU LEFT SCHOOL & IF YOU ATTENDED COLLEGE IN THE LAST 10 YEARS

SCHOOL NAME: (secondary only)	TOWN/CITY:	DATE YOU LEFT SCHOOL:	COLLEGE & DATES:
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9. MEDICAL INFORMATION

DO YOU SUFFER FROM ANY ILLNESS OR DISABILITY? YES NO (delete)	IF YES PLEASE SPECIFY
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Employees working on night duties may be required to undertake a medical, for further information contact head office

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE STATEMENT

- IF OFFERED EMPLOYMENT IT WILL BE INITIALLY FOR A PROBATIONARY PERIOD OF 16 WEEKS. AFTER A PERIOD OF 12 WEEKS FROM START DATE FOR SCREENING:

2. DURING THE PROBATIONARY PERIOD YOUR CONTRACT OF EMPLOYMENT MAY BE TERMINABLE BY THE "COMPANY" BY NO LESS THAN 24 HOURS NOTICE IN WRITING. THIS APPLIES TO SCREENING PERIOD ALSO.
3. CONTINUED EMPLOYMENT IS CONDITIONAL UPON SATISFACTORY SCREENING, MEDICAL AND GENERAL PERFORMANCE.

STATEMENT TO BE SIGNED BY APPLICANT

I _____ CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE GIVEN IS COMPLETE AND CORRECT, AND I UNDERSTAND THAT MISREPRESENTATION OF FACTS IS GROUNDS FOR IMMEDIATE DISMISSAL AND RENDERS ME LIABLE FOR PROSECUTION.

I AUTHORISE THE COMPANY TO APPROACH ANY GOVERNMENT AGENCIES, FORMER EMPLOYERS, CREDIT AGENCIES AND PERSONAL REFEREES TO VERIFY THE INFORMATION GIVEN, AND WILL SUPPLY A STATUTORY DECLARATION IF REQUIRED (I GIVE PERMISSION FOR MY PRESENT EMPLOYER TO BE APPROACHED). I CONFIRM IF SUCCESSFUL

APPLICANTS SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

<u>ASSOCIATED DOCUMENTS:</u>	<u>SEEN:</u>		<u>DATE:</u>	<u>COPY RETAINED:</u>
	<u>Yes</u>	<u>No</u>		
Birth Certificate/Passport	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
S.I.A. Licence	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Service Record	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Utility Bill/Bank Statement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

N.B. PHOTOCOPIES OF ONE THE ABOVE DOCUMENTS ARE TO BE INCLUDED WITHIN VETTING PAPERS.

INTERVIEWERS ASSESSMENT (office use only)

Sense Tests a) colour blindness OK/FAILED b) Hearing OK/FAILED c) Smell OK/FAILED

INTERVIEWERS SIGNATURE: _____ DATE: _____

I HAVE CHECKED THE DETAILS OF THIS APPLICATION FORM AND CONFIRM THAT ALL INFORMATION IS CORRECT AT TIME OF INTERVIEW.

PRINT NAME..... SIGN.....
(INTERVIEWER)

Before proceeding with this application form

Notice to all Applicants

CSM LIMITED complies with the requirements of BS 7858 and as such all applicants must complete a screening and licensing process.

1. The application must be completed in full.
2. A full 5 year work history (or in the case of a younger applicant a 10 year if the company requires the later for client or insurance reasons).
3. Personal references
4. Proof of I D
5. Proof of address
6. Medical history
7. National Insurance Check
8. Criminal Records Bureau Screening via the S.I.A.

As to enable us to process your application please supply the following in full

- 1 Full names, addresses and telephone numbers of previous employers
- 2 Full names, addresses and telephone numbers of personal references
- 3 Full details of any unemployment

Please bring the following items to your interview

- 1 Birth certificate
- 2 Passport(if held)
- 3 Two recent utility bills
- 4 Driving licence(if held)
- 5 Two passport size photographs
- 6 Bank details
- 7 P45 if you have one

Failure to complete this application form could result in your application being delayed or rejected. Any information supplied that is found to be fraudulent would result in dismissal or in some cases legal action being taken.

Before proceeding with this application

- 1 Do you agree to a S.I.A. Criminal record check being carried out? **YES/NO**
- 2 Do you fully understand the potential consequences? **YES/NO**
- 3 Do you agree to a credit check taken via a credit agency regards to yourself **YES/NO?**

Print Name _____

Signature _____

Date _____



EQUAL OPPORTUNITIES ETHNIC MONITORING FORM

STRICTLY PRIVATE & CONFIDENTIAL

It is the intention of **CSM LIMITED** to provide Equal Opportunities for everyone, regardless of race, gender, marital status or disability. Please help us to monitor our selection procedure by ticking the appropriate boxes below. The information that you provide will be treated in the strictest

confidence and the monitoring form will be kept separate from your application form. It has no part in the selection process.

1. Ethnic Origin * To which ethnic group would you say you belong? Please tick one box.

White	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Please specify: _____			

* These categories are approved by the Commission for Racial Equality

2. Gender and Marital Status. Are you?

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Single	<input type="checkbox"/>	Married	<input type="checkbox"/>
		Other	<input type="checkbox"/>

3. Do you have a disability?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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4. Are you registered disabled?

Yes	<input type="checkbox"/>	Registered No:	_____
No	<input type="checkbox"/>		

If yes, what is the nature of your disability?

.....
Candidate Details:

Full Name: _____

Post Applied For: _____ Date: _____

PLEASE RETURN THIS FORM TO:

CSM

71 ADMIRAL STREET

KINNING PARK

GLASGOW

G41 1HP

OR EMAIL TO: INFO@CSMFACILITIES.CO.UK