Job Application form

Please complete this form accurately, giving as much detail as possible of your skills and experience relating to this job application. Short listing will be based on the information in this form and read in conjunction with the job specification.

Please ensure the finished form is provisionally signed, dated and returned by the closing date along with the equal opportunities form. Please send back to the email address provided or alternatively if you would prefer to send by post then let us know. We DO NOT accept CV's. For any YES/NO answers please delete as appropriate.

1. Applicants Details

|  |
| --- |
| Position Applied for: |
| Job Title: Job Reference Number: |
| Where did you see this post advertised? |

|  |  |  |
| --- | --- | --- |
| Applicants Details: | | |
| Title: | First Name: | Surname: |
|  |  |  |
| Date Of Birth: | Nationality: | Surname At Birth: (If Different) |
|  |  |  |

|  |
| --- |
| Home Address: |
|  |
| Post Code: |
| (If less than 3 years) Home Address 2: |
|  |
| Post Code: |
| (If less than 3 years) Home Address 3: |
|  |
| Post Code: |

|  |
| --- |
| Telephone Numbers: (Please include full STD code) |
| Home: |
| Mobile: |
| Email Address: |
| National Insurance Number: |
| Company Number / UTR Number: |

|  |  |
| --- | --- |
| Do you have a Full Driving Licence: (Please State Number) | YES / NO |
| Do you have use of a Vehicle | YES / NO |
| Any Current Endorsements.  If Yes then please give details of each individual offence. Plus how many points are currently on your licence. | YES / NO |

|  |  |
| --- | --- |
| Are there any restrictions regarding your employment? e.g. do you require a work permit? If so please state Work Permit/Visa No and Expiry Date. | YES / NO (If yes please give details) |

|  |  |
| --- | --- |
| Uniform Size (applicable to some jobs): | Chest: Waist: Hat:  Inside Leg: |

|  |  |
| --- | --- |
| How much notice do you need to give to your current employer: |  |

|  |  |  |
| --- | --- | --- |
| Next Of Kin Details: | | |
| Title: | First Name: | Surname: |
|  |  |  |

|  |
| --- |
| Home Address: |
|  |
| Post Code: |
| Home Telephone Number: |
| Mobile: |
| Relationship To You: |

|  |  |  |
| --- | --- | --- |
| Second Next Of Kin Details: | | |
| Title: | First Name: | Surname: |
|  |  |  |

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| Home Address: |
|  |
| Post Code: |
| Home Telephone Number: |
| Mobile: |
| Relationship To You: |

2. Medical Questionnaire

The following information is retained in the strictest confidence and will assist us in protecting your health, safety and welfare. Should any additional information be required from your medical practitioner, the law requires us to inform you of our intention. This will mean obtaining your written consent beforehand.

Please read the following questions and answer as accurately as possible.

|  |  |  |  |
| --- | --- | --- | --- |
| Fainting, Blackouts, Epilepsy or Fits | YES / NO | Diabetes | YES / NO |
| Heart Trouble / High Blood Pressure | YES / NO | Back Pain | YES / NO |
| Typhoid, Paratyphoid Or Cholera | YES / NO | Tuberculosis (TB) | YES / NO |
| Asthmatic Attacks / Chest Problems | YES / NO | Eczema Or Skin Trouble | YES / NO |
| Joint, Ligament Or Tendon Trouble | YES / NO | Serious Injury Or Fracture | YES / NO |
| Arthritis, Rheumatism Or Gout | YES / NO | Mental / Emotional Illness | YES / NO |
| Recurrent Infections Or Illness | YES / NO | Claustrophobia Or Vertigo | YES / NO |
| Dysentery Or Recurring Diarrhoea | YES / NO | Rupture Of Hernia | YES / NO |
| Difficulty Standing For Long Periods | YES / NO | Difficult In Writing | YES / NO |
| Difficulty In Climbing Stairs | YES / NO | Colour Blindness | YES / NO |
| Difficulty In Bending To Lift Weights | YES / NO | Any Major Operations | YES / NO |
| Are You Currently Taking Prescribed Medication | | | YES / NO |
| Are You Or Have You Been Registered Disabled | | | YES / NO |
| Have You Received Hospital Treatment During The Last Three Years | | | YES / NO |
| Do You Have Defective Vision (Which Is Not Corrected By Glasses Or Contact Lenses) | | | YES / NO |
| Do You Suffer From Deafness Or Have Difficulty Hearing (Not Corrected By A Hearing Aid) | | | YES / NO |
| Have You Been Absent From Work Or Full Time Education For More Than Two Successive Weeks In The Last Three Years | | | YES / NO |
| Are You Currently Or Do You Expect To Receive Medical Treatment In The Near Future | | | YES / NO |
| Do You Have Any Medical Condition That May Affect Your Suitability For Employment | | | YES / NO |
| Having Details Of The Job Requirements, Do You Feel That You Will Have Any Problems In Carrying Out The Work Required | | | YES / NO |
| If You Answered YES To Any Of The Above Questions Please Give Details: | | | |

3. Employment History

Please start with your most recent employment. Briefly describe the main duties and responsibilities of your post. If you wish to expand on specific areas, please connect an additional page at the end of the application.

|  |  |  |
| --- | --- | --- |
| Current/most recent employer/organisation | | |
| Name of Employer/organisation: | | |
| Address: | | |
| Job Title: | | |
| From: | To: | |
| Brief Descriptions of Duties: | | |
| Absence - Please provide us with the following information on any absence from work through illness over the last 2 years: | | |
| Number of occasions: | | |
| Reason(s) for absence | | No of Days |
|  | |  |
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| Reasons for leaving/changing job: | | |

|  |  |
| --- | --- |
| Employer/organisation | |
| Name of Employer/organisation: | |
| Address: | |
| Job Title: | |
| From: | To: |
| Brief Descriptions of Duties: | |
| Reasons for leaving/changing job: | |
| Employer/organisation | |
| Name of Employer/organisation: | |
| Address: | |
| Job Title: | |
| From: | To: |
| Brief Descriptions of Duties: | |
| Reasons for leaving/changing job: | |

|  |  |
| --- | --- |
| Employer/organisation | |
| Name of Employer/organisation: | |
| Address: | |
| Job Title: | |
| From: | To: |
| Brief Descriptions of Duties: | |
| Reasons for leaving/changing job: | |

|  |  |
| --- | --- |
| Employer/organisation | |
| Name of Employer/organisation: | |
| Address: | |
| Job Title: | |
| From: | To: |
| Brief Descriptions of Duties: | |
| Reasons for leaving/changing job: | |

4. Education and Qualifications

Please tell us about your education and any qualifications which you feel are relevant to the post. Include relevant courses that you are currently undertaking.

SIA Security Qualifications

Do you hold any of the following SIA Licences

|  |  |  |  |
| --- | --- | --- | --- |
| SIA Licence |  | Expiry Date | Licence Number |
| Close Protection | YES/NO |  |  |
| Security Guarding | YES/NO |  |  |
| Door Supervision | YES/NO |  |  |
| Public Space Surveillance (CCTV) | YES/NO |  |  |
| Vehicle Immobilisation | YES/NO |  |  |
| Cash & Valuables In Transit | YES/NO |  |  |

Other Relevant Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| Name of school/college/  University/training body | Subject Studied | Qualification Level | Date Gained |
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Services Record

|  |  |  |  |
| --- | --- | --- | --- |
| Service | Date From: | Date To: | Conduct Record |
| Army |  |  |  |
| Royal Navy |  |  |  |
| Merchant Navy |  |  |  |
| Royal Air Force |  |  |  |
| Territorial Reserve |  |  |  |
| Police |  |  |  |

5. Training

Please list of any training that you have received or courses which did not lead to a qualification. Training that you feel is relevant to the advertised post.

|  |  |
| --- | --- |
| Training Course | Date |
|  |  |
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6. Financial

It is a requirement that we conduct a Consumer Information Check with a Credit Reference Agency to level BS7858:2006

|  |  |
| --- | --- |
| Have you ever been declared bankrupt or insolvent? | YES / NO |
| Are you the subject of any County Court Judgement or proceedings? | YES / NO |
| If You Answered YES To Any Of The Above Questions Please Give Details: | |

7. Declaration of Offences

Rehabilitation of Offenders Act 1974

This post is exempt from the above act, as the nature of the job falls within the type of work excluded from the Act by the 1975 and 2001 Exceptions Amendment. This means you must declare on this form all offences, convictions, cautions, bindovers or any court cases you may have pending. Convictions will not necessarily be a bar to employment with Cobra Security Protection Ltd.

The period of rehabilitation will depend on the sentence given, not the actual time served in custody.

|  |  |  |
| --- | --- | --- |
| Sentence | Person 17 or Over When Sentenced | Person Under 17 When Sentenced |
| 2.5 Years or over | Never | Never |
| A sentence of imprisonment, direction in a young offender institution, youth custody. Or corrective training for a team exceeding 6 months but not exceeding 2.5 years | 10 Years | 5 Years |
| A sentence cashiering, discharge with ignominy or dismissal with disgrace from her Majesty’s service | 10 Years | 5 Years |
| A sentence of imprisonment, direction in a young offender institution or youth custody for a term less than 6 months | 7 Years | 3.5 Years |
| A sentence of dismissal from her Majesty’s service | 7 Years | 3.5 Years |
| Any sentence of detention in respect of a conviction in service disciplinary proceeding | 7 Years | 3.5 Years |
| A fine , other sentence, community service order or probation | 5 Years | 2.5 Years |
| Order for detention in a detention centre | 3 Years | 3 Years |
| Absolute Discharge | 6 Months | 6 Months |
| Conditional discharge or bind over | 1 Year or until order expires | |
| Attendance Centre order | 1 Year or until order expires | |
| Hospital Orders | 5 years or 2 years after the order expires whichever is the longer period | |

8. Offences Cautions and Convictions.

|  |  |
| --- | --- |
| Have the Police ever Cautioned you? | YES / NO |
| Have you ever been convicted, fined or had any order made against you? | YES / NO |
| Are you aware of any Police investigation in which you may be involved? | YES / NO |
| If You Answered YES To Any Of The Above Questions Please Give Details: | |

9. References

Please give information of two referees. One must be your present or most recent employer. References will be only taken up to the successful candidate. If this is your first job you must use your head teacher or college tutor. Testimonials or references from friends and relatives are not acceptable. If you are Self Employed we would need two professional referees who can confirm this (e.g Solicitor, Bank Manager or Accountant)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Position Held: |  |
| Organisation: | | | |
| Address: | | | |
| Telephone: |  | Email Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Position Held: |  |
| Organisation: | | | |
| Address: | | | |
| Telephone: |  | Email Address: |  |

10. Working Time Directive - 48 Hour Week

The 48 hour working week time has been in force since 1st October 1998.

Under these regulations Cobra Security Protection Services Ltd obtains your written permission.

The Directive states that the security industry is not bound to comply with regulations relating to Employees working:   
  
Night Shifts longer than 8 hours in 24 hours.   
Rest period of 11 hours in any 24 hours .  
A minimum of 24 hours uninterrupted rest within a 7 day period.  
Rest period for every 6 hours worked.   
You will be allowed to rest at a later time.

If you however wish to work and be paid rather than taking unpaid rest breaks you can do so provided that there is work available.

YES/NO I do wish to work more than 48 hours per week

YES/NO I do not wish to work more than 48 hours per week and therefore wish to opt out of the regulation.

If you change your mind about this at a later date you must inform the management team with a minimum of one months notice, giving enough time for the rotas to be amended.

(Please type a signature, a written signature will be required at interview)

Signed

Date

11. Declaration and Signature

I certify that the information I have provided in this application is correct to the best of my knowledge and belief, I fully understand that it is a criminal offence to make it also statements on this application form under Section 16 of the theft Act 1968.

I also understand that any false statement may be sufficient cause for rejection of my application or if employed dismissal.

I further certify that I have completed the application form in my own hand writing and understand that my employment is subject to satisfactory vetting in compliance with security- check or as may be amended.

I authorise the company and any third party nominated by the company to perform a vetting service and to hold the information contained in the Application for Employment. Such information will be subject to the Data Protection Act.

I understand and agree that any offer of employment is conditional to the verification, to the companies satisfaction of the information provided on the Application Form.

I confirm that the information I have provided on the Application Form is true and complete to the best of my knowledge.

I understand that the check will involve verification of the details as specified below:

**CHECKS TO BE CARRIED OUT**

* **Passport/ID & relevant visas - right to work in the UK**
* **Residency check**
* **County Court Judgment/Bankruptcy checks**
* **10 year employment check**
* **Criminality check**

**1)** I also understand that it may be a criminal offence to attempt to obtain employment by deception and that any misrepresentation omission of the material fact or deception will be cause for immediate cancellation of consideration for employment, or dismissal if already employed.

**2)** I hereby authorise Cobra Security to verify information presented on my application form, which may include explicit or sensitive personal data for the purposes of the *Data Protection Act 1998* and the obtaining of the documents and/ or information covered by the European Union.

**3)** Directive 95/46. I authorise Cobra Security *to* perform reference checks of my employment, including current employment and to contact the Department of Works and Pensions to confirm periods of unemployment (if any)

**4)** I understand that if an unsatisfactory reference is received from my current employer after I have accepted a role with Cobra Security that Cobra Security may terminate my employment with immediate effect.

**I confirm that my consent is explicit, fully informed and freely given for the purposes of the Act.**

(Please type a signature, a written signature will be required at interview)

Signed

Date

Thank you for completing the form.

Please email the documentation to jobs@cobrasecurityprotection.com, alternatively if you preferred to send this via the post then please let us know so we can provide the contact details.