



**DO YOU HOLD A CLEAN DRIVING LICENCE YES/NO** if you answer NO please specify, include any motoring convictions details.....

.....

**CURRENT DRIVING LICENCE: NO:**.....

**VALID SIA BADGE, COPY OF PASSPORT AND VISA (IF APPLICABLE)**

**LICENCE NUMBER:**.....

**NATIONAL INSURANCE No**.....

**BANK DETAILS (complete at interview)**

**BANK ACCOUNT NUMBER**..... **SORT CODE** .....

**NAME OF BANK**.....**NAME OF ACCOUNT HOLDER**.....

**IF BORN OUTSIDE THE UNITED KINGDOM STATE WHERE:**.....

**MARITAL STATUS: MARRIED/ DIVORCED/ SINGLE**

**DATE OF BIRTH:**...../...../.....

**GENDER MALE/FEMALE**

**HEIGHT:**..... **WEIGHT:**.....: **COLOUR OF EYES:**.....

**CURRENT EMPLOYMENT STATUS:** (please delete appropriately ) **EMPLOYED/UNEMPLOYED**

**2. PERSON/NEXT OF KIN TO BE CONTACTED IN ANY EMERGENCY:**

**NAME:**.....

**RELATIONSHIP: PARENT/WIFE/PARTNER**

**TELEPHONE NUMBER:**.....

**3. CHARACTER REFEREES**

**PLEASE GIVE DETAILS OF TWO PEOPLE, OTHER THAN FAMILY WHO HAVE KNOWN YOU FOR A MINIMUM OF 5 YEARS WHO WE CAN APPROACH FOR A REFERENCE:**

**Name:** .....

**Name:**.....

**Address:**.....

**Address:**.....

**Email Address:**.....

**Email Address:**.....

**Tel No:**.....

**Tel No:**.....

**4. SELF-EMPLOYED PERIODS**

**IN THE CASE OF PERIODS OF SELF-EMPLOYMENT PLEASE GIVE NAMES AND ADDRESSES OF SOMEONE WHO CAN.....**

**CONFIRM YOUR DETAILS (ie; BOOK KEEPER, ACCOUNTANT, OR SOLICITOR).**

**Accountant name and address:**

.....

**5. OFFENCES**

**HAVE YOU EVER APPEARED BEFORE A COURT CHARGED WITH A CRIMINAL, CIVIL OR MILITARY OFFENCE AND BEEN CONVICTED. YES/NO**

**HAVE YOU BEEN MADE BANKRUPT? YES/NO**

**DO YOU HAVE ANY COUNTY COURT JUDGEMENTS? YES/NO**

**(if yes. please specify).....**

**6. PERSONAL HISTORY**

**THE SECURITY SCREENING PROCESS REQUIRES THAT WE ARE ABLE TO VERIFY YOUR PERSONAL HISTORY FOR A PERIOD OF FIVE (5) 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. PLEASE ENSURE THERE IS NO MISSING DATES:**

**EMPLOYERS NAME & ADDRESS NAME OF THE PERSON YOU REPORTED TO.**

.....

.....

**TELE No:.....**

**POSITION YOU HELD.....**

**EMPLOYMENT.....**

**DATES INCLUDE**

**FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_**

**REASON FOR LEAVING**      Own accord/Dismissed/Closed/Redundant

**EMPLOYERS NAME & ADDRESS NAME OF THE PERSON YOU REPORTED TO.**

.....

**TELE No:**.....

**POSITION YOU HELD**.....

**EMPLOYMENT**.....

**DATES INCLUDE**

**FROM** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TO** \_\_\_\_/\_\_\_\_/\_\_\_\_

**REASON FOR LEAVING**    Own accord/Dismissed/Closed/Redundant

**EMPLOYERS NAME & ADDRESS NAME OF THE PERSON YOU REPORTED TO.**

.....

**TELE No:**.....

**POSITION YOU HELD**.....

**EMPLOYMENT**.....

**DATES INCLUDE**

**FROM** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TO** \_\_\_\_/\_\_\_\_/\_\_\_\_

**REASON FOR LEAVING**    Own accord/Dismissed/Closed/Redundant

**EMPLOYERS NAME & ADDRESS NAME OF THE PERSON YOU REPORTED TO.**

.....

**TELE No:**.....

**POSITION YOU HELD**.....

**EMPLOYMENT**.....

**DATES INCLUDE**

**FROM** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TO** \_\_\_\_/\_\_\_\_/\_\_\_\_

**REASON FOR LEAVING**    Own accord/Dismissed/Closed/Redundant

**EMPLOYERS NAME & ADDRESS NAME OF THE PERSON YOU REPORTED TO.**

.....

**TELE No:**.....

**POSITION YOU HELD**.....

**EMPLOYMENT**.....

**DATES INCLUDE**

**FROM** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TO** \_\_\_\_/\_\_\_\_/\_\_\_\_

**REASON FOR LEAVING**     Own accord/Dismissed/Closed/Redundant

**7. DETAILS OF WHEN YOU LEFT SCHOOL & IF YOU ATTENDED COLLEGE IN THE LAST 5 YEARS** (to be completed by applicants)

**SCHOOL NAME:** .....

**ADDRESS:**.....

**DATE YOU LEFT SCHOOL:** ..... /...../.....

**COLLEGE & DATES:**

.....

.....

**8. QUALIFIED CERTIFICATES HELD: Please list:**

**Name of Certificate     Date Passed**

.....

.....

**D9. MEDICAL INFORMATION**

**DO YOU SUFFER FROM ANY ILLNESS OR DISABILITY? YES NO (delete)**

**IF YES PLEASE SPECIFY**.....

**READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE STATEMENT**

**1. IF OFFERED EMPLOYMENT IT WILL BE INITIALLY FOR A PROBATIONARY PERIOD OF 16 WEEKS.**

2. DURING THE PROBATIONARY PERIOD YOUR CONTRACT OF EMPLOYMENT MAY BE TERMINABLE BY THE "COMPANY" BY NO LESS THAN 24 HOURS NOTICE IN WRITING.

3. CONTINUED EMPLOYMENT IS CONDITIONAL UPON SATISFACTORY VETTING, 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, AN 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 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). YES/NO

**APPLICANTS**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**VALID FROM VALID TO**

VISA.....

PASSPORT.....

PASSPORT - BRITISH – OTHER (please specify)

**INTERVIEWERS ASSESSMENT (office use only)**

(SENSE TESTS) colour blindness OK/FAILED b) Hearing OK/FAILED c) Smell OK/FAILED

INTERVIEWERS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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

PRINT NAME.....

SIGN.....

(INTERVIEWER)

**CODES OF CONDUCT FOR SECURITY PERSONNEL**

1. You must at all times comply with NSS Ltd policies, procedures and instructions.
2. You must complete the required task at the venue promptly and diligently.
3. Never leave your place at work without permission, or without sufficient reason.
4. Never make or sign any false statements of any description.

5. Never destroy, alter or erase documents, records or electronic data without permission or thorough negligence.
6. Never divulge matters confidential to NSS Ltd or customers, either past or present without permission.
7. Never solicit or receive gratuities or other consideration from any persons, or failure to account for keys, money or property received in connection with the business.
8. You must be civil to persons who you encounter in the course of your duties and must not misuse your authority in connection with the business.
9. You must not conduct yourself in a manner likely to discredit NSS Ltd customer or fellow colleague.
10. Never use NSS Ltd,s uniform, equipment or identification without our permission.
11. Notify NSS Ltd immediately of any convictions, criminal, or/motoring offences, Police cautions or legal summons.
12. Never permit unauthorised access to customer’s premises.
13. You must always maintain the agreed standards of appearance, identification and Department whilst on duty.
14. Never drink alcohol prior or whilst on duty.
15. Never carry weapons.
16. Never fraternise with customers or friends.
17. Use moderate language at all times.
18. Act fairly and not unlawfully.
19. Only in an emergency use mobile telephones whilst on duty.
20. Never smoke whilst on duty.

I HAVE READ AND UNDERSTOOD THE ABOVE CODES OF CONDUCT AND SHALL ABIDE BY THEM AT ALL TIMES WHILST ON DUTY.

PRINT NAME.....

SIGNATURE..... DATE.....

Failure to comply with any of the above Codes may result in dismissal or disciplinary proceedings