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| Reference  | SF 01      |
| Version    | 1.0        |
| Issue Date | 30/04/2021 |
| Approved   | MD         |

**GUARDSMAN SECURITY GROUP LIMITED**  
APPLICATION FORM

|   |                                     |  |
|---|-------------------------------------|--|
| <b>GUARDSMAN SECURITY GROUP LIMITED</b> |                                     | <b>VETTING FROM:</b> / /                                       |
|   |                                     | <b>VETTED BY:</b><br>(12/16 weeks from<br>the above date). / / |
| <b>PLEASE<br/>AFFIX<br/>PHOTOGRAPH</b>  | <b>S.I.A. LICENCE NUMBER:</b> ..... |  |
|   | <b>EMPLOYMENT AS:</b>               |  |
| <b>CONFIDENTIAL WHEN COMPLETED</b>      |                                     |  |

PLEASE ANSWER ALL QUESTIONS USING **BLOCK CAPITALS**

**1. PERSONAL INFORMATION**

|  |   |
|--|---|
| <b>SURNAME:</b>  | <b>FIRST<br/>NAMES:</b>   |
| <b>CURRENT<br/>ADDRESS:</b>  | <b>TELEPHONE:</b>   |
| <b>PREVIOUS<br/>ADDRESS<br/>IF LESS THAN<br/>3 YEARS AT<br/>ABOVE,</b> | <b>MOBILE NO:</b>   |
|  | <b>CURRENT<br/>DRIVING<br/>LICENCE: NO;<br/>CAR OWNER:<br/>NATIONAL<br/>INSURANCE No</b>  |
|  | <b>YES   NO   (delete)</b><br><input type="checkbox"/> <input type="checkbox"/> |

**2. BANK DETAILS (complete at interview)**

|                                 |                                    |
|---------------------------------|------------------------------------|
| <b>BANK ACCOUNT NUMBER.....</b> | <b>SORT CODE.....</b>              |
| <b>NAME OF BANK.....</b>        | <b>NAME OF ACCOUNT HOLDER.....</b> |

|                                  |
|----------------------------------|
| <b>PLACE OF BIRTH: IN THE UK</b> |
|----------------------------------|

|                            |                |                 |                            |  |
|----------------------------|----------------|-----------------|----------------------------|--|
| <b>MARITAL<br/>STATUS:</b> | <b>MARRIED</b> | <b>DIVORCED</b> | <b>SINGLE<br/>OR OTHER</b> | <b>HOW DID YOU<br/>HEAR ABOUT<br/>THE ROLE</b> |
|----------------------------|----------------|-----------------|----------------------------|--|

### 3. PERSON/NEXT OF KIN TO BE CONTACTED IN ANY EMERGENCY:

|                   |               |
|-------------------|---------------|
| NAME:<br>ADDRESS: | RELATIONSHIP: |
| TELEPHONE NUMBER: |               |

|         |         |                 |
|---------|---------|-----------------|
| HEIGHT: | WEIGHT: | COLOUR OF EYES: |
|---------|---------|-----------------|

### 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: |
|-----|----|-----------------------|

### 5. 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,<br>ADDRESS | NAME OF THE PERSON<br>YOU REPORTED TO. | POSITION YOU HELD | EMPLOYMENT<br>DATES INCLUDE<br>MONTHS | REASON<br>FOR<br>LEAVING |
|----------------------------|--|-------------------|---------------------------------------|--------------------------|
| TELE No:                   |  |                   | START<br>END                          | 1                        |
| TELE No:                   |  |                   | START<br>END                          | 2                        |
| TELE No:                   |  |                   | START<br>END                          | 3                        |
| TELE No:                   |  |                   | START<br>END                          | 4                        |
| TELE No:                   |  |                   | START<br>END                          | 5                        |
| TELE No:                   |  |                   | START<br>END                          | 6                        |
| TELE No:                   |  |                   | START<br>END                          | 7                        |

## 6. 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; BOOKKEEPER, ACCOUNTANT, and OR SOLICITOR).

|   |   |
|---|---|
| HAVE YOU BEEN MADE BANKRUPT? YES/NO   | DO YOU HAVE ANY COUNTY COURT JUDGEMENTS? YES/NO |
| DO YOU OBJECT TO THE COMPANY CONTACTING A CREDIT AGENCY<br>WITH REFERENCE TO YOURSELF? YES/NO |   |

## 7. 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: |
|-------------------------------|------------|-----------------------|------------------|

**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**

1. 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,
4. WE COMPLETE SOCIAL MEDIA AND INTERNET SEARCHES ON ALL APPLICANTS TO IDENTIFY ILLEGAL ACTIVITY INCLUDING BUT NOT EXCLUSIVELY HATE CRIME

### **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: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**(PLEASE USE THIS SECTION TO SUPPLY ANY OTHER RELEVANT INFORMATION)**

## **Notice to all Applicants**

GUARDSMAN SECURITY GROUP LIMITED Conforms to the Standard of BS 7858:2019 and as such all applicants must undergo a security screening 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

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

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

UNCONTROLLED WHEN PRINTED

| <u>ASSOCIATED DOCUMENTS:</u> | <u>SEEN:</u>             | <u>DATE:</u>             | <u>COPY RETAINED:</u>    |
|------------------------------|--------------------------|--------------------------|--------------------------|
|                              | Yes                      | No                       |                          |
| 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"/> |

**NOTE: PHOTOCOPIES OF ONE THE ABOVE DOCUMENTS ARE TO BE INCLUDED WITHIN VETTING PAPERS.**

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

**PRINT NAME..... SIGN.....**

**SOCIAL MEDIA CHECK FINDINGS**

**INTERNET SEARCH FINDINGS**