



To assist us please ensure you answer each section, either by answering the question or ticking the appropriate box provided. Task Personnel Solutions LTD has a policy of employment on an equal opportunities basis to ensure no discrimination takes place in respect of age, nationality, sex, race, colour, religion, ethnic origin, or marital status.

The facts that you provide on this form will help us ensure that this policy is upheld.

****Please note that failure to attach a passport photograph will result in your application being rejected**

Application for Employment (please complete this form in BLOCK CAPITALS using black ink)											
Position applied for: _____											
How did you hear about this vacancy? _____											
Title: ____ First Name: _____ Middle Name(s): _____ Surname: _____											
Previous surname (if applicable) _____											
Known as (no nicknames) _____											
Address: _____											
_____ Postcode: _____											
Home Telephone Number: _____ Mobile Telephone Number: _____											
Date of Birth: _____ Place of Birth: _____											
National Insurance Number:	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>										
E-mail Address: _____											
How long have you lived at your current address? _____ Years _____ Months											
Do you currently hold an SIA license(s)? <i>(if so please state the following:)</i>											
SIA license Number: _____	Expiry Date: / /										
SIA license Number: _____	Expiry Date: / /										
Sectors you are licensed for: _____											
Person to contact in an Emergency: Name: _____ Tel: _____											
Relationship to you: _____											
Do you require a work permit to take up employment in the UK: Yes/No <i>(delete as appropriate)</i>											
Have you applied to Task Personnel Solutions LTD before? Yes/No <i>If yes please give details:</i>											



DRIVING LICENCE:

Please provide a colour copy of both photo card & counterpart licences (if you still have one) with this application. If you have a Driving Licence you **MUST** Insert The Following Details So We Can Complete The Vetting Process:

Full / Provisional / None (*please circle*) Car / Motorcycle / Other (*please circle*)

License No: _____

Own Transport? YES / NO (*please circle*)

Have you ever been disqualified from driving? YES / NO (*please circle*)

Number of points currently on your license:

Details of any motoring convictions or endorsements in the last 5 years:

Passport:

If you have a passport you **MUST** Insert The Following Details So We Can Complete The Vetting Process:

Passport Number: _____ **Issue Date:** _____ **Expiry Date:** _____.

Visa Number: _____.

You must attach a copy of one of the following forms of identification to this application and bring the original document to your interview as evidence of your entitlement to work in this country. Please mark next to the relevant form:

- British Passport or UK or Irish birth certificate
- Passport showing right to live in the UK
- Non-European passport with relevant work visa
- Certificate of registration/naturalization as a British Citizen
- EU passport or identity card or Other document supporting your eligibility to work in the UK

ADDRESS HISTORY

If you have lived at your current address for less than 5 years please provide the previous addresses below

Address 1:

Postcode:

Time From: _____ **Time Till:** _____

Address 2:

Postcode:

Time From: _____ **Time Till:** _____

Address 3:

Postcode:

Time From: _____ **Time Till:** _____

Address 4:

Postcode:

Time From: _____ **Time Till:** _____

EMPLOYMENT RECORD

The BS7858 screening process requires that we are able to verify your personal employment history for a period of five years or to the date of leaving school. Please give all details of your employment/educational history for the last five years, including your reasons for leaving e.g. redundancy, resigned, dismissed etc. (these reasons will be verified) and details of periods of self-employment and military service. For any period of unemployment, give the address of the benefit office to which you reported and the dates. If you were unemployed/unregistered, please supply details of what you were doing. Start with your PRESENT/MOST RECENT EMPLOYER and work backwards ensuring there are no gaps.

Employers name, address, telephone number, and your job title	Dates <i>(including month and year)</i>	Reasons for leaving
1. Your job title: Payroll No: Tel No:	FROM:...../...../..... TO:...../...../.....	
2. Your job title: Payroll No: Tel No:	FROM:...../...../..... TO:...../...../.....	
3. Your job title: Payroll No: Tel No:	FROM:...../...../..... TO:...../...../.....	
4. Your job title: Payroll No: Tel No:	FROM:...../...../..... TO:...../...../.....	

EDUCATION AND TRAINING (in the last five years)

Secondary school name, address, & telephone number	Dates <i>(including month and year)</i>	Exams taken / Qualifications gained
1. Tel No:	FROM:...../...../..... TO:...../...../.....	

<p>2.</p> <p>Tel No:</p>	<p>FROM:...../...../.....</p> <p>TO:...../...../.....</p>	
<p>3.</p> <p>Tel No:</p>	<p>FROM:...../...../.....</p> <p>TO:...../...../.....</p>	
<p>4.</p> <p>Tel No:</p>	<p>FROM:...../...../.....</p> <p>TO:...../...../.....</p>	
<p>OTHER TRAINING COURSES</p>	<p>Dates <i>(including month and year)</i></p>	<p>Exams taken / Qualifications gained</p>
	<p>...../...../.....</p> <p>...../...../.....</p>	

CHARACTER REFERENCES

Please provide details of two referees who have known you for at least two years and who can confirm that you have been employed/unemployed at the dates you have provided. These referees cannot be blood related, related by marriage or by civil partnership, or live at the same address as you.

<p>Name:.....</p> <p>Address:.....</p> <p>.....</p> <p>Occupation:.....</p> <p>Tel No:.....</p> <p>How long have you known this person:.....</p> <p>From:..... To:.....</p>	<p>Name:.....</p> <p>Address:.....</p> <p>.....</p> <p>Occupation:.....</p> <p>Tel No:.....</p> <p>How long have you known this person:.....</p> <p>From:..... To:.....</p>
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PROFESSIONAL REFERENCES

If you have been self-employed please provide details of your accountant, solicitor or tax office who can verify these dates.

Name:.....	Name:.....
Address:.....	Address:.....
.....
Occupation:.....	Occupation:.....
Tel No:.....	Tel No:.....
How long have you known this person:.....	How long have you known this person:.....
From:.....To:.....	From:.....To:.....

Bank Details

Bank Name: _____

Bank Address: _____

Sort Code: - -

Account Number: _____

Name of Account Holder: _____

OFFENCES AND CONVICTIONS

Have you ever been convicted of any civil or criminal offence? Yes/No

If yes please give details:.....

Are there any alleged offences or cautions outstanding against you? Yes/No

If yes please give details:.....

Have you ever been declared bankrupt? Yes/No

If yes please give details:.....

Do you have any outstanding court judgments? Yes/No

If yes please give details:.....

Discloser is not required where there is a conviction to which the provisions of the Rehabilitation of Offenders Act 1974 apply. Failure to disclose an unspent conviction is, in itself a criminal offence.

MEDICAL QUESTIONS

If YES please give details with approximate timings etc. All the following information as all your other info will be retained and handled in the strictest confidence. The reason for this Intel is to protect where reasonably practicable your welfare, health & safety. We may require a covering letter from your GP regards both physical & mental state.

Please read all questions carefully and answer all YES or NO

Epilepsy, fits, fainting or blackouts		Back troubles or pain	
Diabetes		Joint, tendon or ligament problems	
High blood pressure/heart problems		Problems with standing for long periods	
Asthmatic or breathing problems		Problems climbing stairs or gradients	
Arthritis, rheumatism or gout		Problems with bending over to lift objects	
Hernia of any kind		Any serious fractures or injuries	
Typhoid, cholera or paratyphoid		Received any major operations	
Yellow fever		Mental or emotional illness	
Hepatitis of any kind		Is there any mental illness in your family	
Tuberculosis		Are you colour blind of any degree	
Eczema or skin troubles		Do you suffer from claustrophobia	
Dysentery or recurring diarrhoea		Do you suffer from vertigo	
Recurring infections or illness		Have you suffer from any other phobias	
Are you currently on prescribed drugs			
Vision; do you wear glasses or contact lenses			
Hearing; have you difficulty hearing or have a hearing add fitted			
Medical treatment; are you receiving any medical treatment at present or are expecting any in the future?			
Do you consider yourself physically & mentally fit to work within the security industry?			
Over the last 3 years have you received any hospital treatment of any kind?			

Over the last 3 years have you been absent for more than 2 weeks from work, school or full time education?	
Have you any registered disabilities?	
Have you any concerns with your ability to carry out any tasks within your applied job?	

Yes answers from above should be noted within this box. If filling on line it will expand, on paper use further sheet if needed.

Due to the nature of some of our work we may require both a physical and mental assessment

Would you be agreeable to a physical medical if required? YES/NO. If NO please state reason below.

Would you if requested supply a Doctor's Medical Health letter? YES/NO. If NO please state reason below.

DECLARATION

Personal Reference and Employment Verification

- I understand that the employment with Task Personnel Solutions LTD is subject to satisfactory references and security screening in accordance with BS 7858.
- I undertake to cooperate with Task Personnel Solutions LTD in providing any additional information required to meet this criteria:
- I authorise Task Personnel Solutions LTD and its nominated agent to approach previous employers, schools/colleges, character referees or Government Agencies to verify that the information I have provided is correct.
- I authorise Task Personnel Solutions LTD to make a consumer information search with a credit reference agency which will keep a record of that search and may share that information with other credit reference agencies.
- I understand that some of the information I have provided in this application will be held on a computer and some, or all will be held in manual records.
- Should you leave employment for whatever reason within the first 12 weeks of employment a £75 administration fee will be deducted from your final payment.
- I consent to Task Personnel Solutions LTD's reasonable processing of any sensitive personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the company. Subject to the Access to Medical Records Act 1988, I consent to the results of such examinations to be given to the company. I understand and agree that if so required I will make a statutory declaration in accordance with the provisions of the Statutory Declarations Act 1835 in conformation of previous employment or unemployment.
- I hereby certify that, to the best of my knowledge, I am fit and able to work and the details I have given in this application form are complete and correct.
- I understand that any false statement or omission to the Task Personnel Solutions LTD or its representatives may render me liable to dismissal without notice.

SIGNATURE:

PRINT NAME:

DATE:

For Office Use Only	<u>Form given to be entered on Database</u>		<u>Form Entered onto Database</u>	
	Sign :	Date:	Sign:	Date