

**LINGWOOD SECURITY MANAGEMENT LTD**

**APPLICATION FOR EMPLOYMENT**

**PLEASE READ THE FOLLOWING CAREFULLY**

* All boxes should be completed with no missing information
* If any question is not applicable please insert N/A
* Character references can NOT be family members, ex partners or ex employers
* Ensure FULL 5 years employment history including unemployment gaps
* Ensure you sign the declaration

**MANDATORY DOCUMENTS**

* Proof of ID/Right to Work – Passport/Birth Certificate/Visa
* Drivers Licence
* SIA Licence
* Standard Disclosure/CRB Check Document
* Proof of Address – Bank statement, utility bill (dated within Last 3 months)

FAILURE TO COMPLETE THIS FORM IN FULL AND TO OUR SATISFACTION WILL RESULT IN US HOLDING YOUR WAGES UNTIL ALL INFORMATION IS RECEIVED.

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| **If posting please return to:**  **Recruitment Team**  **Lingwood Security Management**  **6 Penrod Way**  **Heysham**  **Lancashire**  **LA3 2UZ** |

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| Section A Personal details |

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| --- | --- | --- | --- | --- | --- |
| Surname: |  | **First Name:** |  | **Title:** |  |

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| **Place of Birth:** |  |

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| Have you been known by another name? | Yes |  | No |  | Name |  |

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| Address: |  |
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| Postcode: |  |

**MM/YY MM/YY**

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| How long in residence: |  | **Years** |  | **Months.** | **From** |  | **To** |  |

**Please provide details of previous address if less than five years in current abode:**

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| Address: |  |
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| Postcode: |  |

**MM/YY MM/YY**

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| How long in residence: |  | **Years** |  | **Months.** | **From** |  | **To** |  |

Letters Numbers Letter

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| **Home Telephone No:** |  | **National Insurance No:** |  |  |  |  |  |  |  |  |  |

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| --- | --- |
| **Mobile Telephone No:** |  |

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| --- | --- |
| **E-mail address:** |  |

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| --- | --- | --- | --- |
| Number of dependents |  | Ages |  |

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| Are you free to remain and take up employment in the UK with no current immigration restrictions? | Yes |  | No |  |

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| Position Applied for: |  | Area of Vacancy: |  |

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| **Application For:** |  | Full Time |  | Part Time |  |

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| **Driving Licence –** Do you hold a full, clean driving licence valid in the UK? | Yes |  | No |  |

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| **Do you have your own transport?** | Yes |  | No |  |

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| --- | --- |
| **Driving Licence No:** |  |
|  | Full/Provisional |
|  | Issue Date: / / |

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| By ticking this box, you are giving your consent for the Company to check with the DVLA your driving licence for insurance purposes using your personal details including your Driver Number, National Insurance number and postcode |  |

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| SIA No : |  | Expiry Date: |  |

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| Next of Kin Details – Person you would wish to be contacted in case of emergency | | | | | |
| Surname: |  | **First Name:** |  | **Title:** |  |
| Relationship: |  | **Contact No :** |  |

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| Address: |  |
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| Postcode: |  |

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| Section B General Education |

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| **From**  **DD/MM/YY** | **To**  **DD/MM/YY** | **Name and Address of University/College or Institute** |  |
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| Section C Further Education | | | | |

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| **From**  **DD/MM/YY** | **To**  **DD/MM/YY** | **Name and Address of University/College or Institute** |  |
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| Section D Military or other National Service / Police / Fire |

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| Arm of Services: | RN |  | RAF |  | Army |  |

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| Date of Enlistment |  | Date of Discharge |  |

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| --- | --- |
| Regiment/Corps: |  |
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| Rank: |  | **Service No** |  | **Conduct on Discharge.** |  |

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| Section E Employment History |
| DO NOT LEAVE ANY BLANKS – Begin with most recent/current employer and work back 5 years.  **Previous Employment** (most recent employer first). |
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| Name of Employer: |  |

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| Address: | |  | | | | |
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| **From:DD/MM/YY** | |  | | To: |  | |
| Contact Name: |  | | **Contact No** | |  |

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| Name of Employer: |  | |

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| Address: |  | | |
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|  |  | Postcode |  |
| **From:DD/MM/YY** |  | To: |  |

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| Contact Name: |  | **Contact No** |  |

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| Name of Employer: |  | |

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| Address: |  | | | | | | |
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|  |  | | | Postcode |  | | |
| **From:DD/MM/YY** |  | | | To: |  | | |
| Contact Name: | |  | **Contact No** | |  |
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| Name of Employer: |  |

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| Address: |  | | |
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|  |  | Postcode |  |
| **From:DD/MM/YY** |  | To: |  |

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| --- | --- | --- | --- |
| Contact Name: |  | **Contact No** |  |

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| Name of Employer: |  | |

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| Address: |  | | |
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|  |  | Postcode |  |
| **From:DD/MM/YY** |  | To: |  |

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| Contact Name: |  | **Contact No** |  |

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| Name of Employer: |  | |

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| Address: |  | | |
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|  |  | Postcode |  |
| **From:DD/MM/YY** |  | To: |  |

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| --- | --- | --- | --- |
| Contact Name: |  | **Contact No** |  |

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| Section F Unemployment History |
| If you have been unemployed and have claimed benefits, even for short periods between jobs, you must complete this section. Details of your unemployment history can be obtained from your local DWP office. It is your responsibility should you have been unemployed to obtain these details on a DWP letterhead on commencement of employment. |

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| **From**  **DD/MM/YY** | **To**  **DD/MM/YY** |  | **Type of Claim (JSA, Universal Credit etc.)** | **Unemployment / Benefit Office Address** |  |
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| Section G Self Employment |
| In the case of self-employment, please give trade references, or names and addresses of two people who can confirm the details. For example your solicitor and / or accountant. |

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| 1 Name |  | Occupation |  |

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| --- | --- |
| Address: |  |
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| 2 Name |  | Occupation |  |

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| Address: |  |
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| Section H General |

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| What notice do you have to give to your present employer? | Yes |  | No |  |

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| If yes please provide details: |  |

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| Do you have any pre-booked holidays | Yes |  | No |  |

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| If yes please provide details: |  |

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| Do you have a Part Time Job? | Yes |  | No |  |

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| Are you currently enrolled into a Pension Scheme? | Yes |  | No |  |

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| Was this part of auto Enrolment? If so who is the provider? |  |

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| **Section J Offences** |

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| --- | --- | --- | --- | --- |
| Have you ever had civil or criminal proceedings against you? | Yes |  | No |  |

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| If yes, please give details / dates of offence(s) and sentence: |
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| Have you any alleged offences outstanding against you? | Yes |  | No |  |

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| If yes, please give details / dates of offence(s) and sentence: |
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| Have you been the subject of a criminal conviction, police caution or bail? | Yes |  | No |  |

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| If yes, please give details / dates of offence(s) and sentence: |
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| Have you ever been dismissed for misconduct by an employer? | Yes |  | No |  |

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| If yes, please give details / dates of offence(s) and sentence: |
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| Have you filed for bankruptcy or have any outstanding court judgements? | Yes |  | No |  |

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| If yes, please give details / dates of offence(s) and sentence: |
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| Section K Declarations |
| I certify that the information contained in this form is correct to the best of my knowledge and belief. I understand that if it is found to be false, I may be liable to instant dismissal.  I agree to work a trial period of twenty six weeks and to comply with the rules and conditions of employment laid down by the Company. I understand that the failure to obtain employment references can result in the immediate termination of my services.  I agree to allow the Company to make any relevant enquires regarding my character to any person or current or previous employers, without reservations.  I agree that the Company may obtain any information they require from the employment Services or Contribution Agencies, on my behalf.  I agree to notify the Company immediately should any changes occur in the material facts in this application form whilst it is being considered or during any subsequent employment period.  I give permission for the Company to contact my Doctor. (Only in extreme cases will the company do so).I agree to undergo a medical examination if so required by the Company and understand that an offer of employment may be subject to a satisfactory medical report being received.  I also certify that I have not been convicted of a criminal offence, which is not spent. Nor have I been dismissed from any employment for misconduct. Failure to disclose any conviction spent or otherwise can result in the immediate termination of my services.  I consent to the Company using and keeping information I have provided on this application or elsewhere as part of the recruitment process and/or personal information supplied by third parties such as referees, relating to my application or future employment. I understand that the information provided will be used to make a decision regarding my suitability for employment and if successful the information will be used to form my personnel record and will be retained for the duration of my employment. If I am not successful, I understand that the Company will retain the form for as long as is deemed necessary and that the Company may use it to contact me in the event of there being any other vacancies for which I may be suitable. All information will held, processed and destroyed (where applicable) in line with the Data Protection Act 1998.  If an offer of employment is made, I understand that my employment will be subject to the requirements of the SIA Licensing, vetting to BS 7858 2012 and “enhanced disclosure” verification by the Criminal Records Bureau that I am suitable to work within the Security Industry.  In addition, I also understand that for reasons concerned with my safety and/or that of my work colleagues and customers; I will be required to submit to a drug and alcohol test prior to commencing employment to comply with our customer requirements. |

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| Signed: |  | **Print Name:** |  |

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| --- | --- |
| Date: |  |

**Office Use Only**

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| Applicant to commence employment : |

|  |  |  |
| --- | --- | --- |
|  | **Date:** |  |

