

ATTACH PASSPORT PHOTO HERE	ATTACH PASSPORT PHOTO HERE	OCTAGA SECURITY SERVICES LTD Octaga House, 17 St Owens Street, Hereford HR1 2JB PRIVATE AND CONFIDENTIAL
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POSITION APPLIED FOR		DATE	
Surname		First Name(s)	
'Aliases' (other names by which you have been known)			
Address			
		National Insurance No	
		Telephone No	
		Email	
Postcode		Are you eligible for employment within the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth		Do you hold a current & valid driving licence? (Enclose copies please)	Yes <input type="checkbox"/> No <input type="checkbox"/>
SIA Licence Number		Do you have access to a vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION HISTORY: Detail all education from 11 years old and qualifications obtained

From: Month & Year	To: Month & Year	School/College	Qualifications

OTHER TRAINING: List all training courses attended and certificates/qualifications obtained

Month & Year	Course attended	Qualifications

Employment History: PLEASE RECORD YOUR EMPLOYMENT HISTORY BELOW. WE MUST HAVE MINIMUM 5 YEARS EMPLOYMENT HISTORY (OR TO SCHOOL LEAVING AGE) BEFORE WE CAN APPROVE YOU. PLEASE ALSO INCLUDE DETAILS OF ANY PERIODS OF UNEMPLOYMENT START WITH CURRENT/MOST RECENT FIRST.

START Month/Year	FINISH Month/Year	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	SALARY START/FINISH
Contact Name	Telephone No	Notice Req'd	Reason for leaving	
START Month/Year	FINISH Month/Year	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	SALARY START/FINISH
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START Month/Year	FINISH Month/Year	NAME AND ADDRESS OF EMPLOYER		JOB TITLE AND DUTIES	SALARY START/FINISH		

VETTING AND SCREENING

All applications will be vetted and screened for the previous 5 years. Any failure to provide relevant and accurate information or if supplied information is unsatisfactory we may have no alternative but to reject your application and/or withdraw any offer of work. This is in accordance with BS 7858 2006. Please be assured that the information you provide in this application form will be used **solely** for the purpose of our screening and vetting and will not be divulged to any third party without your prior written consent.

YOU MUST THEREFORE SUPPLY ALL THE INFORMATION REQUIRED

REFERENCES

Before we can proceed with your application we require 2 character references from persons **not related** to you who have known you for 5 years or more who are residents in the UK : Please supply the information below

Name		Name	
Full Postal Address		Full Postal Address	
Full Telephone Number		Full Telephone Number	
Specific dates known to applicant		Specific dates known to applicant	
Relationship		Relationship	

OTHER EMPLOYMENT

Please list all other employment you would continue to do if you were successful in obtaining approval

LEISURE

Please note here your leisure interests and hobbies and to what level you pursue them

CRIMINAL RECORD

State any Criminal convictions (subject to Rehabilitation of Offenders Act 1974) – **if none please state NONE**

MEDICAL SECTION: This section must be completed **fully** to progress your application

Question	Yes	No	Details
Do you suffer from or have history of any muscular or skeletal injuries (inc back pain).	<input type="checkbox"/>	<input type="checkbox"/>	
Are you Colour blind in any or both eyes	<input type="checkbox"/>	<input type="checkbox"/>	

If so please give details			
Have you or any member of your family any history of heart problems.	<input type="checkbox"/>	<input type="checkbox"/>	
Have you or any member of your family any history of Chest, Respiratory, Asthma type problems.	<input type="checkbox"/>	<input type="checkbox"/>	
Are you allergic to anything	<input type="checkbox"/>	<input type="checkbox"/>	
Are you prone to fitting, seizure, faints etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever suffered from nervous breakdown, panic attacks, mental illness	<input type="checkbox"/>	<input type="checkbox"/>	
Do you suffer from high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Have you any hearing difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Have you any sense of smell or eye sight difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Would working nights be detrimental to your health?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you under any medication at all If so please give details	<input type="checkbox"/>	<input type="checkbox"/>	
Please list any special needs that you require that will enable you to carry out your duties satisfactorily.	<input type="checkbox"/>	<input type="checkbox"/>	

Uniform: To allow us to order you a uniform please supply the following measurements. See overleaf for a sizing guide

CHEST		WAIST		INSIDE LEG		COLLAR		CAP	
Please give details of any days/hours/shifts you cannot work									
Please give details of any holiday commitments already booked or planned			Date		Period		Reason		
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Bank Account Details (This information can be provided upon commencement of employment if preferred)

Account Name		Sort Code		Account Number	
Bank Name					
Branch Address					

Name and Address of Contact in cases of Emergency

Name		Relationship	
Address		Telephone No	

DECLARATION BY APPLICANT

I agree not to divulge any information however acquired relating to the Company, its Business or its Customers to any other Person, Company or Organisation without written consent from the Company either during or after employment is determined. The information provided in the application will be held manually and on the computer

I agree to abide by the rules and procedures of the company at all times and agree to a personal search as and when required.

I agree to attend Training Courses and /or First Aid training appropriate to my work as identified and mutually agreed by the company and myself.

If accepted I consent to a medical examination carried out by a company nominated Doctor if required.

I have detailed my previous 5 years employment history and consent to the company contacting such persons including character references as necessary to verify those details in accordance with British Standards 7858.

I AGREE / I DO NOT AGREE, to my present employer being contacted BEFORE an offer of work is made. I understand my present employer will be contacted after any provisional offer of work, is accepted by myself.

I understand that any offer of work is subject to the satisfactory 5 years screening process.

I understand that any offer of work is subject to a 3-month probationary period.

I understand that if any information I have provided on this form is subsequently found to be false or misleading I will be liable to disciplinary procedures that could result in dismissal without notice.

I understand that it is a criminal offence to make false statements on this Form.

I confirm that if I commence work with your company and I am registered as unemployed, I will inform the relevant authorities of my revised employment status.

I authorise the company to carry out a consumer information search with a credit reference agency

Any documents presented will be checked using an ultra violet scanner for forgery and any suspect documents will be reported to the relevant authority.

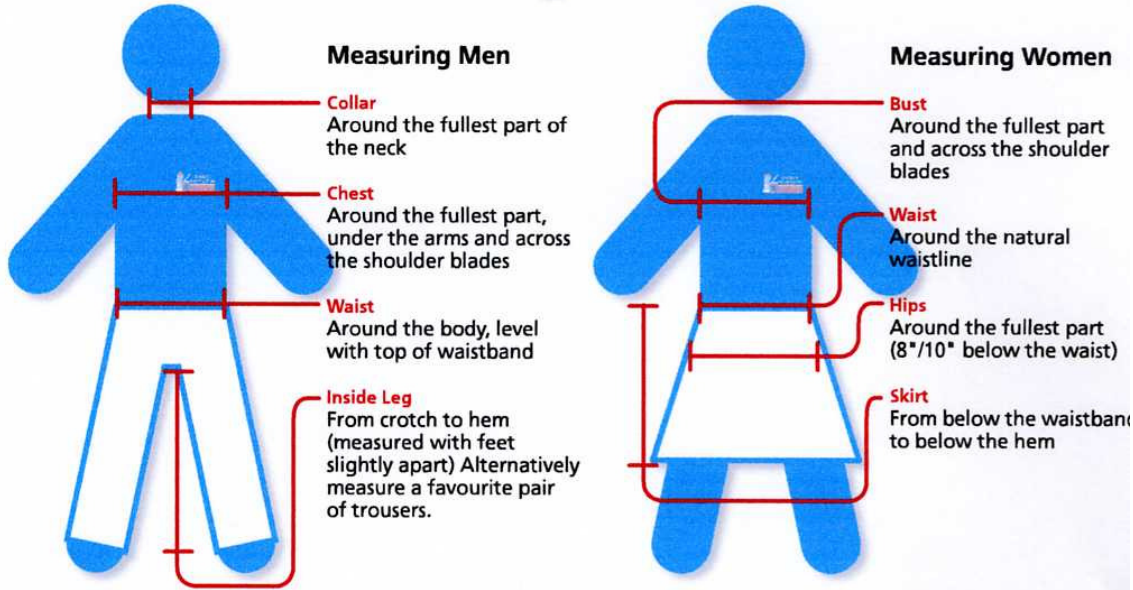
All the information provided in the application is to the best of the employee's knowledge is complete and correct.

I authorise the company to carry out any reasonable processing of sensitive personal information necessary in obtaining any medical history in assessing fitness to perform the relevant duties.

I AGREE I DO NOT AGREE

Signature of Applicant		Name		Date	
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Sizing Guide



Clothing

Collar:

Collar - Inches"	14	14.5	15	15.5	16	16.5	17	17.5	18	18.5	19	19.5	20	20.5	21	21.5	22
Collar - cms	35.5	37	38	39	41	42	43	44	46	47	48	49	50.5	52	53.5	54.5	56

Chest:

	XS	S	M	L	XL	XXL	3XL	4XL	5XL
Chest - Inches"	30/32	34/36	38/40	42/44	46/48	50/52	54/56	58	60
Chest - cms	76/81	86/91	96/101	106/111	117/122	127/132	137/142	147	152
Ladies Equivalent	8/10	12/14	16/18	20/22	24/26	28/30	32/34	36	38/40

Waist:

Waist - Inches"	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60
Waist - cms	71	76	84	88	92	96	104	108	112	116	124	128	132	137	142	147	152

Inside Leg

Short: 29"	Regular: 31"	Tall: 33"	X-Tall: 36"
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Footwear

UK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
European	34	35	36	37	38	39	41	42	43	44	46	47	48	49	50