

Attach
Passport
Photo

Attach
Passport
Photo

OCTAGA SECURITY SERVICES LTD
Octaga House, 17 St Owen Street, Hereford HR 1 2 JB
PRIVATE AND CONFIDENTIAL



Position		Site	
Date			

Title: **First name:** **Surname:**

Middle name(s):

Aliases: (Nicknames)

Full Address:

..... **Postcode:**

National Insurance #: **Telephone:**

Email Address:

Are you eligible to work in the UK? (Please circle or highlight selection) **Yes** **No**
(NOTE: If "Yes" is circled above, documentation may be required)

Drivers Licence: Please give the below details of Driver licence.

Do you have a current UK Drivers licence? (If Yes please attach/bring to interview the original card licence)	Yes / No (Please circle or highlight your selection)
Do you have access to a vehicle for commute purposes? (If no please state how you will travel to/from work)	Yes / No (Please circle or highlight your selection)

SIA Licences: Please give details of your SIA Licence(s)

SIA Licence/Reference Number, Expiry Date & SIA Type:		xx/ xx/ xx	(Please circle) DS SO CCTV CP OTHER:
SIA Licence/Reference Number, Expiry Date & SIA Type:		xx/ xx/ xx	(Please circle) DS SO CCTV CP OTHER:

Education History: Please give details of education and qualifications obtained

Month/Year	School/College	Qualifications

Other Training: Please list all training courses attended and certificates/qualifications obtained

Course Name	Dates to/from (Month/year)	Qualification Obtained

Character References

Please give the name, address and other contact details for at least one person who has known you well for at least two years prior to the date on this application.

This person should have known you for at least two years and is not a previous employer, relative, or resident at the same address as yourself. Ref BS7858 The British Standard for Security Screening.

Name	Name
Full Postal Address	Full Postal Address
Full Telephone Number	Full Telephone Number
E-Mail	E-Mail
Specific dates known to Applicant	Specific dates known to Applicant
Relationship	Relationship

Other Employment: Please list all other employment you would continue to do alongside working for us.

If none, please state NONE.

Leisure: Please note here your leisure interests/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.

Bankruptcy/County Court Judgements: State whether you have ever been made bankrupt, or have any County Court Judgements against you, whether satisfied or not, in the last 6 years?

If none, please state NONE.

Immigration Control: State whether you are subject to Immigration Control (For those who require a permit). If yes, do you have any unrestricted entitlement to take up employment in the UK?

Uniform: To allow us to order you a uniform, please supply the following measurements.

CHEST (S/M/L etc.) =	WAIST =	INSIDE LEG =	COLLAR =	SHOE =
-----------------------------	----------------	---------------------	-----------------	---------------

Holiday Please give details of any holiday commitments already booked or planned.

Date from (XX/XX/XXXX)	Date to (XX/XX/XXXX)	Reason

Bank Details: Please provide in order to prevent delay during payroll and tax arrangements.

Name of Account Holder	Account Number	Sort Code	Branch Address

Emergency Contact Please give details of who we are to contact in case of an Emergency at work.

Full Name	Contact number(s)	Home Address	Relation

Please sign to say that you have provided true and proper personal details, to the best of your knowledge.

Signature of Applicant	Name	Date

Declaration

I certify that to the best of my knowledge and belief, the information I have given to Octaga Security Services in my application for employment is true and complete and I understand that any omission or false statement to Octaga or its representatives may lead to termination of employment without notice.

- I understand and agree that if so required, I will make a Statutory Declaration in accordance with the Statutory Declarations Act 1835 in confirmation of previous employment or unemployment.
- I authorise Octaga or its agents to approach government agencies, former employers, educational establishments, criminal justice agencies, and personal referees for information relating to and verification of, my employment and unemployment record.
- I consent to Octaga's reasonable processing of my personal information for the purposes of establishing my medical condition and future fitness to perform duties. I accept that I may be required to undergo a medical examination where requested by Octaga, and subject to the Access to Medical Records Act 1998, I consent to the results of such examinations being given to Octaga.
- I authorise Octaga to make a consumer information search with a credit reference agency, who may keep a record of that search and share information with other credit reference agencies.
- I declare that all documents I provide as proof of identity, address, right to work and all other documents are genuine and I give my consent for these documents to be examined under a UV scanner or similar device.
- I consent to Octaga's reasonable processing of my SIA and Drivers Licence information, for the purposes of establishing the status of my licences and any offences within my history which may negatively affect my offer of, or terms of, employment.
- I acknowledge that any falsified documents may be reported to the appropriate authority.

Disclosure

You are applying for a position of trust, and in the event of you being offered employment by Octaga, we may apply for disclosure, however having a criminal record does not necessarily bar you from employment. For more information, you may consult the DBS code of practice and SIA regulations.

By signing this statement, you allow Octaga to see a copy of this disclosure. This information is disposed of within the timescales recommended in the DBS code of practice.

By signing this form also confirm that you do not have a criminal record (subject to the Rehabilitation of Offenders Act 1974).

Screening

Any offer of employment is subject to satisfactory screening. I consent to this and will provide information as required.

48 Hour Waiver

The Working Time Regulations 1998 provide that the average working week, including overtime, shall not exceed 48 hours. The Company and the Worker agree that this limit shall not apply to the Worker. This Agreement will remain in force indefinitely. The Worker, or the Company, may terminate this Agreement at any time by giving not less than three months' written notice to the other.

Signature of Employee	
Print Name	
Date Signed	

Employment History

Applicant Full Name	Site
----------------------------	-------------

DUE TO OUR SIA APPROVED CONTRACTOR STATUS; WE MUST BE ABLE TO SCREEN YOUR EMPLOYMENT HISTORY 5 YEARS FROM YOUR START DATE WITH OCTAGA (or to school leaving age).

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. The screening procedure which we deploy is in accordance with **BS7858** (The British Standard for Security Employee Screening). Please be assured that the information you provide in this application form will be used solely for the purpose of our screening and as personnel details for the company and will not be divulged to any third party without your prior written consent.

If we cannot obtain references sufficient to continuously cover your 5 year employment history, we reserve the right to terminate your employment if the 12 week deadline for employee screening is met.

Please input your previous employment details, starting with your most recent employer. Please submit two forms to provide additional references which can't be completed in one form, do not alter the format of the document.

Employment References

Employment Reference #1

Start Date (Day/Month/Year)	
End Date (Day/Month/Year)	
Name of Company	
Name of Contact (If known)	
Employers <u>Head Office</u> Address (Inc. Postcode)	
Employer Tel & EMAIL ADDRESS	
Position	
Duties	
Reason(s) for Leaving	

Employment Reference #2

Start Date (Day/Month/Year)	
End Date (Day/Month/Year)	
Name of Company	
Name of Contact (If known)	
Employers <u>Head Office</u> Address (Inc. Postcode)	
Employer Tel & EMAIL ADDRESS	
Position	
Duties	
Reason(s) for Leaving	

Employment Reference #3

Start Date (Day/Month/Year)	
End Date (Day/Month/Year)	
Name of Company	
Name of Contact (If known)	
Employers <u>Head Office</u> Address (Inc. Postcode)	
Employer Tel & EMAIL ADDRESS	
Position	
Duties	
Reason(s) for Leaving	

Employment History

Employment Reference #4

Start Date (Day/Month/Year)	
End Date (Day/Month/Year)	
Name of Company	
Name of Contact (If known)	
Employers <u>Head Office</u> Address (Inc. Postcode)	
Employer Tel & EMAIL ADDRESS	
Position	
Duties	
Reason(s) for Leaving	

Employment Reference #5

Start Date (Day/Month/Year)	
End Date (Day/Month/Year)	
Name of Company	
Name of Contact (If known)	
Employers <u>Head Office</u> Address (Inc. Postcode)	
Employer Tel & EMAIL ADDRESS	
Position	
Duties	
Reason(s) for Leaving	

Employment Reference #6

Start Date (Day/Month/Year)	
End Date (Day/Month/Year)	
Name of Company	
Name of Contact (If known)	
Employers <u>Head Office</u> Address (Inc. Postcode)	
Employer Tel & EMAIL ADDRESS	
Position	
Duties	
Reason(s) for Leaving	

Employment Reference #7

Start Date (Day/Month/Year)	
End Date (Day/Month/Year)	
Name of Company	
Name of Contact (If known)	
Employers <u>Head Office</u> Address (Inc. Postcode)	
Employer Tel & EMAIL ADDRESS	
Position	
Duties	
Reason(s) for Leaving	

THE EMPLOYMENT REFERENCE PARTS OF THIS FORM MUST BE COMPLETED AND RETURNED. PLEASE SEE EDUCATION OR GAP REFERENCE DETAILS FORMS IF YOU HAVE EDUCATION/GAPS IN YOUR EMPLOYMENT HISTORY.

Education References

Please provide below all information requested so that we may verify your attendance on the course with your College or University.

Education Reference #1

Education/Course Start Date (Month/Year)	
Education/Course End Date (Month/Year)	
Name of College or University	
Contact number(s)	
College/University Address (Inc. Postcode)	
Subject Studied	
Expected <u>or</u> Obtained Qualification	

Education Reference #2

Education/Course Start Date (Month/Year)	
Education/Course End Date (Month/Year)	
Name of College or University	
Contact number(s)	
College/University Address (Inc. Postcode)	
Subject Studied	
Expected <u>or</u> Obtained Qualification	

YOU DO NOT NEED TO RETURN THE GAP REFERENCE FORMS IF IT'S NOT REQUIRED TO COVER YOUR 5 YEAR HISTORY.