



0203 6331 330 / 0755 7045 867

POSITION APPLIED FOR:	Job Reference:
<i>Please complete this Application Form in block capitals in black or blue ink. Should you require more space please continue on a separate sheet clearly marking to which it relates.</i>	
A: PERSONAL DETAILS	
Title (Mr/Mrs/Miss/Ms/other): _____ Surname: _____ Forename(s): _____	
Address: _____ Postcode: _____	
Telephone: <i>Home:</i> _____ <i>Mobile:</i> _____ <i>Mobile:</i> _____	
E-mail address: _____ This address is: Personal ____ Work ____	
Date of Birth: _____ Do you need a permit to work in the UK? YES: ____ NO: ____	
NEXT OF KIN: Name: _____ Tel:mob/LI _____ Relationship: _____	
B: DRIVING RECORD	
Do you have regular use of a car? YES: ____ NO: ____ Make / model / year: _____	
Current Driving Licence: PROVISIONAL: ____ FULL: ____ PSV: ____ NONE: ____	
Driving Licence valid from: _____ to: _____	
Details of current endorsements : _____ _____	
Do you have any driving-related prosecutions / fixed penalties / endorsements or similar currently pending? YES: ____ NO: ____	
If "YES" please provide brief details: _____	
Have you ever been disqualified from driving? YES: ____ NO: ____	
If "YES" please provide brief details: _____	
Have you ever had insurance refused? YES: ____ NO: ____	
If "YES" please provide brief details: _____	



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Education Centre (school, college etc)				Qualifications gained	
Languages (other than English) : _____ SPOKEN / FLUENT / WRITTEN / READ : _____ SPOKEN / FLUENT / WRITTEN / READ : _____ SPOKEN / FLUENT / WRITTEN / READ					
In relation to night work:					
Have you ever felt that night work was harming your health? If yes, please explain below: _____ Yes No					
Do you consider that you have any form of medical condition that might affect your ability to work at night? If yes, please explain: _____ Yes No					

F: SICKNESS ABSENCE

How many days have you been absent from work due to sickness in the past one year: _____

What was this due to? (Continue on separate sheet if necessary):

G: MEDICAL HISTORY

Please answer all of the following questions.	Yes	No
Have you ever had or do you have now any of the following?		
1. An impairment, which may affect your ability to work safely or perform your duties?		
2. Eyesight problems not corrected with glasses or contact lenses?		
3. Hearing problem not corrected with a hearing aid?		
4. Difficulty in standing, bending lifting or other movements?		
5. Any kind of skin problem		
6. Are you aware of MRSA guidelines and the need of screening?		
7. Any muscular, skeletal problems, including arthritis? Any kind of back problem?		
8. Any psychiatric or psychological conditions, including stress at work?		
9. Suffered significant discomfort when using key board?		
10. Fits, blackout or epilepsy?		
11. Any allergies?		
12. Any accidents, which have significantly affected you physically or mentally?		
13. Asthma, Bronchitis, or chest problems?		
14. Treatment for Tuberculosis (TB)?		
15. In the last 12 months, have you had a cough for more than 3 weeks, ever coughed up blood, had any unexplained loss of weight or fever?		
16. Any gastrointestinal problem including Hepatitis?		
17. Diabetes, thyroid or Endocrine problems?		
18. Any cardio – vascular problems including hypertension? Any blood disorder?		
19. Dysentery, Typhoid, paratyphoid, food poisoning, Salmonella, Severe Gastroenteritis or diarrhea?		
20. Seen the doctor in the last one year for any kind of health problem?		
21. Any operations in the past 2 years?		
22. Are you at present receiving or taking any form of medication?		
23. Frequent headaches or episodes of Migraine?		
24. A drug or alcohol problem?		
25. Would you regard yourself as having a disability		
26. Is there any additional relevant medical information not covered in the above questions?		

If you have answered yes to any of the questions above, please give details below.
 (Continue on a separate sheet if required)

Question no.	



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I: EMPLOYMENT HISTORY

Please provide details of all employment, beginning with your present or most recent job first

DATES		Employer	Salary	Position(s) held	Reason for leaving
from	to				

J: VOLUNTARY & COMMUNITY WORK EXPERIENCE

DATES		Organisation	Position(s) held	Duties
from	to			

K: JOB FLEXIBILITY

Prepared to work: FULL-TIME: ____ PART-TIME: ____ SHIFTS: ____

If PART-TIME please indicate preferred hours: _____

Details of any other work which you will continue to undertake if you are offered this Job Position:

Please provide details of any outstanding holidays to be taken:

AVAILABLE TO TAKE UP EMPLOYMENT FROM: _____

Please provide details of 2 referees who we may approach with regards to this Job Application. These referees must not be members of your family, and one must be your present or most recent employer:

1. Name: _____

Address: _____

Telephone Number: _____

Occupation: _____

2. Name: _____

Address: _____

Telephone Number: _____

Occupation: _____

ANY PERSON, UPON SUBSEQUENT EMPLOYMENT, THAT IS FOUND TO HAVE KNOWINGLY SUPPLIED FALSE OR MISLEADING INFORMATION, OR HAS DELIBERATELY WITHHELD RELEVANT INFORMATION, MAY BE SUBJECT TO DISCIPLINARY PROCEEDINGS WHICH MAY RESULT IN DISMISSAL

I have read and understood the information supplied to me in relation to this Job Position, and the information requested in this Job Application Form. I confirm that all information supplied by me is true and correct to the best of my beliefs.

I give the prospective employer the right to follow up all references and to make any other job-related enquiries as may be deemed necessary.

Signature: _____ Date: _____

SAMLEXSITE SECURITY SERVICES LTD IS AN EQUAL OPPORTUNITIES EMPLOYER

The sole criterion for selection of applicants will be suitability for the Job Position, regardless of gender, background, culture, ethnic denomination, religious affiliation, marital status or disability.

Data Protection Act, 1998: Your signature on this document gives us the right, under the *Data Protection Act, 1998* to process the information you have given, including data of a sensitive nature, relating to your application for employment. Any processing of the data by us will be in accordance with our Policy and the processing principles set out in the Act. Application forms of unsuccessful candidates will be destroyed after 6 months in accordance with our Record-keeping Policy.

