



**PLEASE READ THESE NOTES BEFORE COMPLETING THE APPLICATION FORM.**

The employment of any Security Officer requires background checks to be made on that person's employment history for a minimum period of 10 years or back to the end of their full time education. You should give the month and year of the start and finish of each job plus telephone and fax numbers. Any periods of unemployment should be given and the address of the office where you were registered.

**FAILURE TO GIVE LAST FIVE YEARS EMPLOYMENT OR BACK TO END OF FULL TIME EDUCATION WILL RENDER THE APPLICATION FORM VOID.**

**You will need to provide proof of the following documents to support your application: proof of identity (only a full passport or birth certificate is acceptable), work permit/HO or DSS letter, two passport size photos, proof of NI number i.e. NI card P45/P60 etc and two proofs of address i.e. gas/electric/telephone bill etc, also proof of a valid SIA Licence and CREDIT CHECK REPORT. (All documents must be originals only please) YOUR APPLICATION FOR EMPLOYMENT WILL NOT BE CONSIDERED WITHOUT THESE DOCUMENTS. The above documents must be provided with the completed application form for photocopying. The Personnel Manager or a member of his staff will check the information and if satisfactory your application form will be put on the waiting list.**

You may be required to work long shifts and at very short notice on some occasions. Although we try to give you as much notice as possible, these occasions do arise and we expect employees to make every effort to help out when required to do so.

Security is an industry that requires a degree of physical fitness and stamina. You will be required to declare any medical condition that may affect your work.

Citi Guards Security Ltd is an equal opportunity employer. Employment and advancement are based on ability, efficiency, and suitability regardless of sex, colour, religion, marital status, disability or age; however, this does not apply to persons who have previously been convicted of any criminal offence by a court in the United Kingdom or any other country. The applicant must declare any such conviction. The provision of The Rehabilitation of Offenders Act 1974 does not apply to persons seeking employment in the Security Industry.

In connection with our Equal Opportunities Policy, any person employed by the company who shows any form of sexist, racist or other prejudicial behaviour, against any other person, will be liable to summary dismissal without warning or compensation.

Applicants who are not trained and licensed at the time of submission of application form will be required to undertake training at a cost to themselves. These courses may be arranged and paid for by the Company; however the applicant must pay the full fee upfront. Uniform is supplied against a deposit from the employee.

Security Officer will be required to be able to write reports and maintain logs of their various duties. They may also be required to write statements and attend courts in the course of their duties. Officers should be able to communicate effectively with Clients, members of the general public and the emergency services. In addition you should be able to adhere to given instructions and use your own initiative and be able to work alone or as a member of a team.



**PRIVATE & CONFIDENTIAL**

**AFFIX  
PHOTOGRAPH  
HERE**

DO YOU HOLD AN SIA LICENCE YES ☐ NO ☐

IF YES GIVE LICENCE No: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT AS:

HOW DID YOU HEAR OF THE VACANCY:

Please answer all questions, using BLOCK CAPITALS. If an entry is not applicable insert 'N/A'.

**PERSONAL INFORMATION**

SURNAME		FORENAME											
TITLE		DATE OF BIRTH	AGE										
CURRENT ADDRESS:		SEX	<div style="display: flex; justify-content: space-around;"> <div>M <input type="checkbox"/></div> <div>F <input type="checkbox"/></div> </div>										
		TOWN/COUNTRY OF BIRTH:											
DATES:	POST CODE:												
TEL Nos.	From: To:	NATIONALITY											
		NI No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>										

TICK FOR PRESENT STATE: HOUSE/FLAT OWNER ☐ RENTING ☐ WITH PARENTS ☐ LODGING ☐

IF NOT BORN IN THE UK, STATE DATE AND PLACE OF ENTRY INTO UK

DO YOU HOLD A VALID WORK PERMIT YES ☐ NO ☐ NOT APPLICABLE ☐

MARTIAL STATUS

MARRIED	SINGLE	DIVORCED

**NEXT OF KIN/PERSON TO BE CONTACTED IN CASE OF EMERGENCY**

NAME _____	RELATIONSHIP _____
ADDRESS _____	
POSTCODE _____	THEIR WORKS No _____
	THEIR HOME No _____

**FOR PERSONNEL DEPARTMENT USE ONLY**

ACCEPTED/REJECTED/PUT ON WAITING LIST  
START DATE: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_ INITIAL SITE: \_\_\_\_\_

## DRIVING LICENCE

DO YOU HOLD A FULL UK LICENCE?

YES		NO	
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ARE YOU A VEHICLE OWNER?

YES		NO	
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IF YES TO ABOVE, DO YOU HAVE ANY ENDORSEMENTS CURRENT OR PENDING? YES ☐ NO ☐

IF YES PLEASE STATE DATE AND NATURE OF OFFENCE


## BACKGROUND INFORMATION

HAVE YOU/YOUR FAMILY EVER BEEN CONVICTED OF ANY OFFENCES (CIVIL OR MILITARY)

YES ☐ NO ☐

IF YES PLEASE GIVE DATES  
AND NATURE OF OFFENCE


## EDUCATION

STATE NAME AND ADDRESS OF LAST SCHOOL ATTENDED AND DETAILS OF ANY FURTHER EDUCATION:

SECONDARY SCHOOL	DATES	EXAMS TAKEN-QUALIFICATIONS GAINED	MONTH YEAR
FURTHER EDUCATION COLLEGES/UNIVERSITIES	DATES	EXAMS TAKEN-QUALIFICATIONS GAINED	MONTH YEAR

## PERSONAL REFERENCES

PLEASE GIVE DETAILS OF TWO PEOPLE OTHER THAN FAMILY WHOM WE MAY APPROACH FOR REFERENCES:

NAME.....
ADDRESS.....
POST CODE.....

NAME.....

ADDRESS.....

POST CODE.....

## PERSONAL HISTORY

THE SECURITY SCREENING PROCESS REQUIRES THAT WE ARE ABLE TO VERIFY YOUR PERSONAL HISTORY FOR A MINIMUM PERIOD OF FIVE (5) YEARS OR TO DATE OF LEAVING SECONDARY SCHOOL. PLEASE GIVE FULL DETAILS OF YOUR PREVIOUS EMPLOYERS STARTING WITH THE MOST RECENT FIRST AND WORKING BACKWARDS, INCLUDING SELF EMPLOYMENT, GIVING TELEPHONE AND FAX NUMBER WHERE APPLICABLE. IN ALL CASES GIVE REASON FOR LEAVING.

ANY UNEMPLOYMENT (WEATHER CLAIMING OR NOT SHOULD BE PUT UNDER THE HEADING “PERIODS OF UNEMPLOYMENT”.

EMPLOYMENT DATES Month      Year		DETAILS OF EMPLOYMENT, SELF EMPLOYMENT PLEASE GIVE FULL ADDRESS, PHONE NUMBER AND FAX NUMBER WHERE APPLICABLE	POSITION HELD, DEPARTMENT, REPORTING TO, WORKS No ,SALARY, ETC,	OFFICE USE ONLY Month      Year
1. From    To		Name	Position held:	From    To
		Address	Department:	
			Reporting to:	
		Tel No & Fax No	Works No:              Salary	
	Reason for leaving			
2. From    To		Name	Position held:	From    To
		Address	Department:	
			Reporting to:	
		Tel No & Fax No	Works No:              Salary	
	Reason for leaving			
3. From    To		Name	Position held:	From    To
		Address	Department:	
			Reporting to:	
		Tel No & Fax No	Works No:              Salary	
	Reason for leaving			
4. From    To		Name	Position held:	From    To
		Address	Department:	
			Reporting to:	
		Tel No & Fax No	Works No:              Salary	
	Reason for leaving			
5. From    To		Name	Position held:	From    To
		Address	Department:	
			Reporting to:	
		Tel No & Fax No	Works No:              Salary	
	Reason for leaving			
6. From    To		Name	Position held:	From    To
		Address	Department:	
			Reporting to:	
		Tel No & Fax No	Works No:              Salary	
	Reason for leaving			
7. From    To		Name	Position held:	From    To
		Address	Department:	
			Reporting to:	
		Tel No & Fax No	Works No:              Salary	
	Reason for leaving			

In the case of period of SELF-EMPLOYMENT, please give trade references or names and addresses of someone who can confirm these details; (i.e. bookkeeper, Accountant, Solicitor or Companies with whom you traded).

NAME	
ADDRESS	
POST CODE:	TEL No:
FROM	TO
OFFICE USE ONLY	

NAME	
ADDRESS	
POST CODE:	TEL No:
FROM	TO
OFFICE USE ONLY	

PERIODS OF UNEMPLOYMENT

Please give details of ALL periods of unemployment whether claiming or not (giving name of office, full address and telephone numbers).

NAME OF OFFICE	
ADDRESS	
POST CODE:	TEL No:
FROM	TO
OFFICE USE ONLY	

NAME OF OFFICE	
ADDRESS	
POST CODE:	TEL No:
FROM	TO
OFFICE USE ONLY	

PHYSICAL RECORD

Height

Weight

Sense test O.K. Yes

No

Have you normal vision with or without glasses? Yes No Are you colour blind Yes No  
Do you suffer from any medical conditions, which may affect the way you work, i.e. operations illnesses etc? Yes No  
If yes please give details:

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day							
Night							

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE STATEMENT

1. Employment will only be offered on providing proof of entitlement to work.
2. If offered employment, it will be initially for a probationary period of three months.
3. The employment will be conditional upon disclosure in full a true and complete account of background information, education, past employment history.
4. Continued employment will be conditional upon satisfactory vetting, on receipt of satisfactory replies to previous employment, receipt of proof of entitlement to work and general performance. If any of these criteria are not met with within the probationary period or found to be incorrect your employment will be terminated.

STATEMENT TO BE SIGNED BY APPLICANT

I .....(Full name in capitals) certify that to the best of my knowledge, the information I have given is complete and correct and I understand that misrepresentation of facts is ground for immediate dismissal and renders me liable for prosecution under the Theft Act 1968 (Sec.15) for obtaining employment by deception.

I authorise the Company to approach any Government Agencies, former employers and personal referees to verify the information given. (Your present employer will not be approached without your permission).

APPLICANTS

SIGNATURE.....

DATE.....

INTERVIEWER'S ASSESSMENT NOTES