



# APPLICATION FORM

## KINGDOM SECURITY SERVICES LIMITED

2<sup>nd</sup> FLOOR COMMERCIAL HOUSE, 406-410 EASTERN AVEUE, GANTS HILL, ILFORD, ESSEX, 1G2 6NQ  
Tel: 0208 518 1576 or 0208 518 1630 Fax: 0208 518 1635

Email: info@kingdomsecurityservices.com

### ENSURE YOU READ THIS ADVICE THOROUGHLY BEFORE COMPLETING THIS FORM

Completing this Application Form accurately is extremely important. Missing information or inaccurate addresses/telephone numbers wastes a great deal of time. Unfortunately due to the vast number of applications we receive, any Application Form that is **not** completed properly will be rejected prior to interview.

## 1. PERSONAL INFORMATION

SURNAME:

CURRENT ADDRESS:

From (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

Post Code

TELEPHONE:

MOBILE NO:

CURRENT DRIVING LICENSE:

YES	NO (circle)
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CAR OWNER:

YES	NO (circle)
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NATIONAL INSURANCE No

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## 2. LIST PREVIOUS ADDRESSES FOR LAST 6 YEARS (Attach separate sheet, if necessary)

ADDRESS	FROM (DATE)	TO (DATE)

## 3. PERSONAL DETAILS

a) MARITAL STATUS (Tick)

MARRIED	DIVORCED	SINGLE
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b) DATE OF BIRTH

DATE OF BIRTH	AGE
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c) WHERE WERE YOU BORN:

- If born in U.K. you are not required to complete question (d)

PLACE
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d) IF BORN OUTSIDE U.K. DATE YOU ENTERED U.K.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Port of Entry

ELIGIBILITY TO WORK IN U.K. (IF BORN OUTSIDE U.K.)

IMPORTANT! YOU MUST ATTACH COPY OF PASSPORT, TOGETHER WITH COPY OF VISA OR WORK PERMIT OR OTHER PROOF OF ELIGIBILITY TO WORK IN U.K.



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## 4. NEXT OF KIN TO BE CONTACTED IN ANY EMERGENCY:

NAME	RELATIONSHIP PARENT WIFE/HUSBAND PARTNER
TELEPHONE NUMBER IN AN EMERGENCY	

## 5. SIA LICENSING DETAILS

LICENSE NO.	EXPIRY DATE
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## 6. CRIMINAL OR CIVIL OFFENCES

HAVE YOU EVER APPEARED BEFORE A COURT CHARGED WITH A CRIMINAL, CIVIL OR MILITARY OFFENCE AND BEEN CONVICTED. YES/NO if answer YES please specify

DO YOU HAVE ANY MOTORING OFFENCES YES/NO if answer is YES please specify

Details
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## 7. PERSONAL REFEREES

PLEASE GIVE DETAILS OF TWO PEOPLE, OTHER THAN FAMILY WHO HAVE KNOWN YOU FOR A MINIMUM OF 2 YEARS WITHIN THE PAST 5 YEARS WHO WE CAN APPROACH FOR A REFERENCE (can be ex-employer):

Name: Address:  Post Code  TEL NO:	Name: Address:  Post Code  TEL NO:
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## 8. MEDICAL INFORMATION

DO YOU SUFFER FROM ANY ILLNESS OR DISABILITY YES NO (circle)	IF SO, PLEASE SPECIFY (use separate sheet, if necessary)
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## 9. BANK DETAILS

Bank Name :
Sort Code - -
Account No. _____
Roll No. _____
Account Name:

## 9. UNIFORM DETAILS

SHIRT/BLOUSE/JACKET
Neck Size _____ Chest Size _____
TROUSERS
Waist Size _____ Leg Length _____



## APPLICATION FORM

### 10. LAST 5 YEARS ONLY OF EMPLOYMENT & UN-EMPLOYMENT HISTORY

(Attach separate sheet, if necessary)

EMPLOYERS NAME, ADDRESS, (INC. POSTCODE) AND TELEPHONE NO	DESCRIBE YOUR JOB	DATE STARTED	DATE FINISHED	REASON FOR LEAVING

### READ THIS SECTION CAREFULLY BEFORE YOU SIGN THIS STATEMENT

11. DURING THE PROBATIONARY PERIOD YOUR EMPLOYMENT MAY BE TERMINATED BY THE "COMPANY" GIVING NO LESS THAN 24 HOURS.

#### STATEMENT TO BE SIGNED BY THE APPLICANT

I (Print name) \_\_\_\_\_ 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 GROUNDS FOR IMMEDIATE DISMISSAL AND RENDERS ME LIABLE FOR PROSECUTION. I AUTHORISE THE COMPANY TO APPROACH ANY GOVERNMENT AGENCIES, FORMER EMPLOYERS AND PERSONAL REFEREES TO VERIFY THE INFORMATION GIVEN AND WILL SUPPLY A STATUTORY DECLARATION IF REQUIRED (I GIVE PERMISSION FOR MY PRESENT EMPLOYER TO BE APPROACHED). YES/NO BY SIGNING THIS DOCUMENT THE APPLICANT AGREES THAT THE COMPANY CAN CARRY OUT RELEVANT CHECKS TO CONFIRM WHETHER THE APPLICANT HAS BEEN MADE BANKRUPT OR HAS ANY COUNTY COURT JUDGEMENTS.

#### CONFIDENTIALITY AGREEMENT

I AGREE NOT TO DISCLOSE ANY CONFIDENTIAL INFORMATION GAINED DURING OR AFTER EMPLOYMENT WITH KINGDOM SECURITY SERVICES LIMITED CLIENTS TO ANY 3<sup>rd</sup> PARTY. KINGDOM SECURITY SERVICES LIMITED SHALL BE ENTITLED TO APPLY FOR AN INJUNCTION TO PREVENT SUCH DISCLOSURES OR USE TO SEEK ANY OTHER REMEDY INCLUDING, WITHOUT LIMITATIONS, THE RECOVERY OF DAMAGES IN CASE OF SUCH DISCLOSURES OR USE.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY



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### 12. ASSESSMENT OF THE APPLICANT (Assessment by the person carrying out the interview)

	Excellent	Good	Poor
A. Physical ability to carry out the services required			
B. Aptitude & demeanour			
C. Literacy and verbal communication abilities			

### 13. INDUCTION TRAINING (To be provided by the person carrying out the interview)

Company Profile	Uniform	Non-Attendance	Payroll Questions
Management Structure	Site Instructions	Booking Time Off	Code of Conduct
Staff Feedback	Customer Care	Payment for Holiday	
Working Time Directive	Wage Queries	Pay	

Applicant to sign confirming receipt of training \_\_\_\_\_  
Date \_\_\_\_\_

### 14. SENSE TESTS

COLOUR BLINDNESS	PASS	FAIL
HEARING	PASS	FAIL
SMELL	PASS	FAIL

### 15. START DATE



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### Notes to all applicants

Further to your request for job application form, please find the same enclosed for your action.

As stated on the first page of the form, I cannot overemphasise the need for you to completely and properly fill the form. We discard incompletely and improperly filled forms and therefore dismiss you before you are hired.

For the 5 year employment or unemployment period, we must have full records before we can begin processing this form i.e. the companies you have worked for, their addresses, the person you were/are reporting to, telephone and fax number. Always remember it is considered courteous to contact your referees if you want them to act as such.

I look forward to hearing from you soon.

Thank you

**Stanley Makena**  
**Personnel Dept.**