



Show & Event Security

Unit 17, 92 Papyrus Road
Werrington Business Centre
Werrington
Peterborough
PE4 5BH
Tel : 01733 576222
Fax :01733 576333

Please answer all questions
Write No or Nil if a question does not apply
Write in ink or ball point pen
Please ensure you read and sign the
Certificate on page 4

This application form is for stewarding and security positions.
You will be required to complete this application completely
giving a full ten year work or back to school history if you
wish to work within a security function at events, rather
than basic stewarding.



APPLICATION FOR EMPLOYMENT

Position Applied For	How did you hear about this vacancy?
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Surname	Title Mr Mrs Miss Ms
Forename	Age Date of Birth
Address	Phone No.
	Mobile No.
Post Code	Place of Birth
Previous Address (If at present address less than 3 yrs)	Nationality
	Height Weight
Post Code	N I number / /
Marital Status	Do you have children/dependents? Y/N
Religion	How Many Present age(s)
How long at present address	Are you Owner/occupier Renting With Parents Lodging

Person to be contacted in case of emergency	
Address	Phone No.
	Mobile No.
Post Code	Relationship

In accordance with the Commission for Racial Equality's Code of Practice, please describe your ethnic origins African Asian Caribbean & West Indian Caucasian Other (please specify)

Do you have a motor vehicle/cycle? Y/N	Do you posses a full UK driving license? Y/N
if yes, How long have you held your license?	
License No.	
Give details of any endorsements or other motoring offences during the last five years	

Criminality Declaration

Have you any alleged offences outstanding against you? If Yes give details in a covering letter. Convictions spent in accordance with the Rehabilitation of Offenders Act 1974 need not be revealed to the company.	state Yes or NO
Have you ever been fined, imprisoned, placed on probation, discharged on any payment of cost or had any order made against you by a criminal, civil or military court or public authority?	state Yes or NO
Are there any prosecutions pending against you?	state Yes or NO
Do you have outstanding County Court judgements for debt?	state Yes or NO

Education & Qualifications

State the name & address of the last school or college attended

Secondary School / College / University	Dates attended	Exams taken & qualifications

Do you have any Security, First Aid or Fire Fighting training/certificates?

Do you speak any foreign Languages?

Have you any relatives working for the company?

Have you previously applied for or obtained a position within this company?

Health Declaration

Please state Yes or No to the following questions

Do you have normal vision in both eyes, without glasses/contact lenses?	With glasses/lenses?
Are you colour blind?	Do you have normal hearing?
Do you suffer from high or low blood pressure?	Do you have normal sense of smell?
Do you have any history of angina or heart problems?	Do you have any weight problems?
Have you any history of nervous or mental problems?	Do you suffer from back trouble?
Do you suffer from persistent headaches or migraines?	Do you suffer from epilepsy?
Approximately, how many days have you been absent from work during the last 2 years through illness, injury, operations, physical defect or disability?	Do you suffer from bronchitis?
Do you suffer from any illness or condition which might be affected by night work? if yes please provide details	
Are you at present or have you during the past six months taken injections, pills or drugs prescribed by a doctor? if yes please provide details	
Your doctors name & address	

Please give details of 3 people, other than family and not connected with school, college or employment who have known you for at least 3 years who we may approach for character references.

Name	Name	Name
Address	Address	Address
Phone	Phone	Phone
Occupation	Occupation	Occupation
Period known	Period known	Period known

Employment History

This section must be completed in full if you are applying for a security position

Record your full employment history for the past 10 years. Include any self employment. Please give full addresses of the office(s) you claim, military service and any part time work. List your present or most recent job first. It is imperative that you give full postal addresses & telephone numbers of previous employers.

Your employment may be terminated if we are unable to complete your vetting.

Ref	Employers Name & Address	Position held	Employment dates	Reason for Leaving
E1			From To	
E2			From To	
E3			From To	
E4			From To	
E5			From To	
E6			From To	
E7			From To	
E8			From To	
E9			From To	
E10			From To	

May we approach your present employer for a reference?

Yes / No

In the case of self employment, please give trade references or the names of 2 professional people who can confirm the details.

Name	Name
Address	Address
Phone	Phone
Occupation	Occupation

Identification

You will be required to bring the following documentation with you when attending an interview

Birth Certificate	Number	Issued date
Passport	Number	Expiry date
	Issued by	
Do you require a work permit? state Yes or No if yes please provide the following details		
Commencement date		Expiry Date

Bank Details

Your wages will be paid straight to you bank account

Bank	Account Name
Branch Address	Sort Code _ _ - _ - _ - _ - _
	Account No. _ _ - _ - _ - _ - _ - _ - _
	Building Society
	Roll No.

Are you or have you ever been the subject of an exclusion order from a football league or Premier League football ground? State Yes or No
if yes please provide details

Statement of Intent

If offered employment you will be appointed on a probationary period of 4 months

During the probationary period your employment can be terminated by either side by giving not less than 1 weeks notice

I authorise the company to obtain all details of my employment and unemployment periods from previous employers. I understand that any appointment made will be subject to satisfactory references being received

I certify that to the best of my knowledge the information that I have given is true and complete. I have never been convicted of any civil criminal offence or been dismissed from employment for any misconduct I understand any false statement or omission may render me liable to dismissal without notice.

I accept that I may be required to undergo a medical examination where requested by the company and I consent to the results of such examinations being given to a company director

I understand and agree that if so required I will make a Statuary Declaration in accordance with the provision of the Statutory Regulations Act 1835, in confirmation of previous employment or unemployment

I understand I will be required to work shift patterns as stipulated for any assignments:
Days / Nights / Weekends and Bank Holidays

Name	Signature
Date	

Interviewers Assessment

Interviewer	Comments
Date	
Admin	
ID number	
Date of Joining	

