

Attach Photo Here	SUB CONTRACTOR APPLICATION FORM T-Class Security Ltd Unit 47, City Business Centre, St Olav's Court, 25 Lower Road, Rotherhithe, London SE16 2XB Tel: 0207 231 4101 Fax: 0207 237 6292
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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 numbers of applications we receive, any application form that is not completed properly will be rejected prior to interview.

This form must be filled in correctly to enable us to vet you to British Standard 7858

1. PERSONAL INFORMATION

SURNAME:		FIRST NAMES:	
CURRENT ADDRESS:		TELEPHONE:	
		MOBILE NO:	
		CURRENT DRIVING LICENCE:	YES NO (delete)
		CAR OWNER:	YES NO (delete)
POST CODE:		N.I. NUMBER:	

2. LIST PREVIOUS ADDRESSES FOR THE LAST FIVE YEARS (USE SEPARATE SHEET WHERE NECESSARY)

ADDRESS	FROM (DATE)	TO (DATE)



3. PERSONAL DETAILS

MARITAL STATUS (TICK)	MARRIED	DIVORCED	SINGLE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATE OF BIRTH:	DATE OF BIRTH	AGE
	<input type="text"/>	<input type="text"/>

WHERE WERE YOU BORN

(IF BORN IN THE UK YOU ARE NOT REQUIRED TO COMPLETE D

(D) PLACE
<input type="text"/>

IF BORN OUTSIDE OF THE UK, DATE YOU ENTERED UK.

DATE: / / /
PORT OF ENTRY -----

<u>ELIGIBILITY TO WORK IN THE UK IF BORN OUTSIDE THE UK:</u> You must attach a copy of your passport, together with copies of visa or work permit or other proof of eligibility to work in the UK
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4. PERSON/NEXT OF KIN TO BE CONTACTED IN ANY EMERGENCY

NAME:	RELATIONSHIP:
<input type="text"/>	<input type="text"/>
	TELEPHONE:
	<input type="text"/>

5. SIA LICENSING DETAILS

SIA LICENCE NUMBER:
<input type="text"/>

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 YES please specify

DETAILS:
<input type="text"/>



7. PERSONAL REFEREES:

Please give details of 2 people (FRIENDS), not family and not living in the same address as you, who have known you at least 2years, who we can approach for a reference.

Name:
Address:
Postcode:
Tel no:
Email:

Name:
Address:
Postcode:
Tel no:
Email:

8. PERSONAL HISTORY (PART B)

In case of periods of self employment, please give names AND addresses of someone who can confirm your details (book keeper, accountant or solicitor)

Name:
Address:
Tel no:

9. MEDICAL INFORMATION

DO YOU SUFFER FROM ANY ILLNESS OR DISABILITY

YES NO (CIRCLE)

PLEASE SPECIFY, USE A SEPARATE SHEET IF NECESSARY.

10. BANK /BUILDING SOC DETAILS

BANK NAME: _____
SORT CODE: _____
ACCT No: _____
ACCT NAME: _____

BUILDING SOC NAME: _____
SORT CODE: _____
ACCT No: _____
ACCT NAME: _____



12. DETAILS OF WHEN YOU LEFT SCHOOL AND IF YOU ATTENDED COLLEGE IN THE LAST 5 YEARS

School (Only secondary) incl Address and tel no.	Dates (with months)	College (address and tel no)	Dates (with months)
1.School: Tel: Address:	From To:	1.College: Tel: Address: Course:	From: (mm/yy) To:
2.School: Tel: Address:	From To:	College: Tel: Address: Course:	From: (mm/yy) To:

13. THE SECURITY SCREENING PROCESS REQUIRES THAT WE ARE ABLE TO VERIFY YOUR PERSONAL HISTORY FOR A PERIOD OF 5 (FIVE) YEARS OR TO DATE.

Please give details of your work history, identify all periods of employment, unemployment, self employment and military service.

Be sure to give FULL addresses including telephone numbers and dates.

1.

Company Name:			
Address:			
Telephone Number:			
Dates include month:	From :		To:
Position Held:			
Person Reported to:			

2.

Company Name:			
Address:			
Telephone Number:			
Dates include month:	From :		To:
Position Held:			
Person Reported to:			



3.

Company Name:		
Address:		
Telephone Number:		
Dates include month:	From :	To:
Position Held:		
Person Reported to:		

4.

Company Name:		
Address:		
Telephone Number:		
Dates include month:	From :	To:
Position Held:		
Person Reported to:		

5.

Company Name:		
Address:		
Telephone Number:		
Dates include month:	From :	To:
Position Held:		
Person Reported to:		

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE STATEMENT

ANY FALSE DOCUMENTS WILL BE PROVIDED TO THE RELEVANT AUTHORITIES.

STATEMENT TO BE SIGNED BY 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 CUSTOMER TO APPROACH ANY GOVERNMENT AGENCIES, FORMER EMPLOYERS AND PERSONAL REFEREES TO VERIFY THE INFORMATION GIVEN.

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.

APPLICANTS

SIGNATURE: _____ **DATE:** _____

