



# SAFE SKILLS LIMITED

A COMPLETE SECURITY SOLUTION

66 Park Road, Hendon ,London , NW4 3PH

Tel: 020820208997 - Fax: 02082023451

Email : [info@safeskills.co.uk](mailto:info@safeskills.co.uk)

Web:[www.safeskills.co.uk](http://www.safeskills.co.uk)



## APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE IN BLOCK CAPITALS & USE BLACK INK

<b>Surname:</b>		<b>Position applied for:</b>	
First Name:		How did you hear	
Gender:		Nationality:	
Date of Birth:	Age:	Place and Country of Birth:	
Mobile:		National Insurance Number:	
Telephone No:		Email:	
Height:	Weight:	Do you hold full uk Driving Licence?	
Do you have your own transport?		Driving licence number:	Expiry
<b>Your address:</b>			
Post Code:			
How long have you lived at your current address? Months:[ ] Years:[ ]			
If less than 5 years , what was your previous address?			
Previous address 1:	Previous address 2:	Previous address 3:	
Months:[ ] Years:[ ]	Months:[ ] Years:[ ]	Months:[ ] Years:[ ]	Months:[ ] Years:[ ]
What is your current employment status ? (Tick Box)			
Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Self Employed	<input type="checkbox"/>	Student	<input type="checkbox"/>
Do you require a Permit to work?		Marital Status:	
<b>Next of Kin:</b>		Relationship:	Tel No:
Contact address for next of Kin			
Post Code:			
<b>Bank Details:</b>			
Account Holder's Name:		Account Number:	Sort Code:

Bank Name & address:

**SIA licence details:**

Do you posses a valid frontline SIA licence ?

Yes / No

If yes, witch licence do you hold?

Security / Door Supervisor / CCTV

Licence Number :

Expiry Date:

If no, have you applied for it ?

Yes / No



Name:	Tel and Fax No:	
Address:	Position held:	
	Work ref No:	
	Salary:	
Person to contact:	Date started:	[month] [year]
	Date left:	[month] [year]
Reason for leaving:		

<b>4. Your employer , Institute , Unemployed</b>		<i>[deleted not applicable]</i>	
Name:	Tel and Fax No:		
Address:	Position held:		
	Work ref No:		
	Salary:		
	Date started:	[month]	[year]
Person to contact:	Date left:	[month]	[year]
Reason for leaving:			
<b>5. Your employer , Institute , Unemployed</b>		<i>[deleted not applicable]</i>	
Name:	Tel and Fax No:		
Address:	Position held:		
	Work ref No:		
	Salary:		
	Date started:	[month]	[year]
Person to contact:	Date left:	[month]	[year]
Reason for leaving:			
<b>6. Your employer , Institute , Unemployed</b>		<i>[deleted not applicable]</i>	
Name:	Tel and Fax No:		
Address:	Position held:		
	Work ref No:		
	Salary:		
	Date started:	[month]	[year]
Person to contact:	Date left:	[month]	[year]
Reason for leaving:			
<b>7. Your employer , Institute , Unemployed</b>		<i>[deleted not applicable]</i>	
Name:	Tel and Fax No:		
Address:	Position held:		
	Work ref No:		
	Salary:		
	Date started:	[month]	[year]
Person to contact:	Date left:	[month]	[year]
Reason for leaving:			
<b>8. Your employer , Institute , Unemployed</b>		<i>[deleted not applicable]</i>	
Name:	Tel and Fax No:		
Address:	Position held:		
	Work ref No:		
	Salary:		
	Date started:	[month]	[year]
Person to contact:	Date left:	[month]	[year]
Reason for leaving:			
<b>9. Your employer , Institute , Unemployed</b>		<i>[deleted not applicable]</i>	
Name:	Tel and Fax No:		
Address:	Position held:		
	Work ref No:		
	Salary:		
	Date started:	[month]	[year]

Person to contact:	Date left:	[month]	[year]
Reason for leaving:			
<b>Please continue on a separate sheet if necessary.</b>			

<b>MEDICAL HISTORY:</b> You must answer "YES" or "NO" in each box as appropriate.					
Do you have any disability or difficulty with any of the following?					
Sight:	Colour vision:	Hearing:	Smell:	Mobility:	Disability:
Do you suffer from any medical condition affecting your ability to work?					
If you had any medical treatments in last five years, please give full details:					
Name of Doctor: _____ Tel No. _____					
Address _____					
I hereby authorise Safe Skills Limited to contact my Doctor to verify the above information					
Signature _____			Date _____		
<b>LEISURE :</b> What are your leisure interests and hobbies and to what level you pursue them?					
<b>UNIFORM :</b> Please supply the following measurements for your uniform items.					
chest:	waist:	inside leg:	collar:	shoe:	pull over:S,M,L,XL
<b>Self-Employed:</b>					
If you have never been self employed enter N/A and go to next section: "REASON"					
Enter date of self employed :		From:		To:	
Please provide two professional referees (accountant ,solicitor, Inland revenue)					
1)Full name Address  Post code Telephone Professional status:			1)Full name Address  Post code Telephone Professional status:		
Please read and sign the following statement :[self-employed personal only]					
<p>I understand that as self-employed person, I have a legal obligation to inform the inland revenue of my earning and that safe skills ltd . Will pass any information as required by the inspector of taxes</p>					
Print Name		Signature		Date	
<b>DECLARATION BY APPLICANT:</b>					
You must read and sign the following statement,					
<i>The information I have given is true and correct to the best of my knowledge and belief.I understand that any false statement or omission will render myself liable to instant dismissal,without notice or payment in lieu.I also understand that,to dishonestly obtain a pecuniary advantage,is a criminal offence under the Theft Act,1968 s.16.</i>					
<i>I hereby,authorise Safe Skills,to obtain from any Government Agency,former employers and referees verbal and written confirmation of my work history and character.</i>					
<i>I agree not to divulge any information however acquired relating to the Company, its business or its clients to any other Person, Company or Organisation without written consent from the Safe skills either during or after my employment.</i>					

*I agree to abide by the rules and procedures of the company at all times and agree to a personal search as and when required.*

*I understand that any offer of employment is subject to the satisfactory 10 years screening process.*

*I understand that any offer of employment is subject to 16 weeks probationary period.*

**NAME:** .....**SIGNATURE:**.....**DATE:** .....

**WORKING TIME REGULATIONS:**

**You must read and sign the following statement,**

*The Working Time Regulations have been explained to me.I understand that the Security Industry has been exempted from the "48 hours per week".I agree to waive my right ,and understand that I could be allocated duties in excess 48 hours per week.I also understand that I may be required to work shift patterns,weekends and Bank Holidays.*

*It has been explained to myself , that I may relinquish this agreement by giving Safe Safeskills,not less than fourteen days notice.Should I do so,I understand that I may be offered,and required to take,re-deployment to an alternative site.*

NAME: .....SIGNATURE.....DATE: .....

**CRIMINAL CONVICTIONS,CAUTIONS,CIVIL PROCEEDINGS & MOTORING OFFENCES:**

**You must read and sign the following statement,**

*It has been explained to myself that I must report all and any Police cautions, arrests, criminal convictions, civil proceedings or motoring offences that have occurred prior to being offered provisional employment by Safe skills.It has also been explained to myself that during my employment with Safe Skills,should any of the previously mentioned incidents occur,I must report them to Safe skills.*

*I understand that failure to do so will result in instant dismissal without notice or payments in lieu.I also understand that all incidents will be thoroughly investigated and that in some circumstances I may be required to resign from my employment with Safe skills ltd.*

NAME: .....SIGNATURE.....DATE: .....

**EQUAL OPPORTUNITIES STATEMENT**

Safe skills Ltd is committed to providing equality of opportunity in terms of employment for all people regardless of race, colour, nationality, ethnic or national origin, creed, disability, age, sex, marital status or sexual orientation.

**Safe skills Ltd** is committed to providing equality of opportunity in employment and in order to help us ensure our policy is being carried out it would help if you could complete the following details.

Any information given will be used only to support the diversity and equal opportunity policy in accordance with the principles of the Data Protection Act 1998. Completion of this section is voluntary.

Please describe your ethnic origin: ( Please tick one box only)

White British	<input type="checkbox"/>	White European	<input type="checkbox"/>	Other white	<input type="checkbox"/>
Black	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Other black	<input type="checkbox"/>
Banbladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Mixed	<input type="checkbox"/>
Arab	<input type="checkbox"/>	African	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>

<b>Your marital status</b>	Single:	Married:	Separated:	Widowed:	Divorced:
Do you have a disability?				Yes	No
If yes, please give brief details of your disability.					

**DOCUMENT CHECK LIST:**Please provide the following documents with your application.

Proof of identity	Birth certificate or Passport	Photo copies
Driving Licence		Photo copies
Sia Licence		Photo copies
2 Proof of addresses	Utility Bills,Bank Statement	Photo copies
P45/P60		Original
Two photographs		Original
Training certificates		Photo copies
Bank Details		N/A
Two Refrences		N/A
GP's Details		N/A
N I Card		Photo copies
Bank Credit Report		Photo copies
All Educational documents		Photo copies

\*NB : You must bring all the original documents for your interview.

**FOR OFFICE USE ONLY:**

Restriction on employment.....  
 Work permit required..... OWI completed.....Expires.....  
 Birth Certificate No..... Origin..... Issuedate.....  
 Driving licence No..... Issued..... Expires.....  
 Sia No..... Type..... Expires.....  
 Passport No..... Origin..... Expires.....  
 Service record book seen..... Conduct.....  
 Details of education seen.....  
 Authority from college/employer to work part time seen.....

Date Recd:	Invited for Interview ? Yes - Date Offer letter date Letter returned date No - Reason for rejection	Processed by:  Date:
References Recd:	Suitable - unsuitable - details	Processed by:  Date:
Assessment	Apperance Personality Comments	Processed by:  Date:
Date Employed:	Employee number allocated ?	Processed by:  Date: Processed by:  Date:
Training:	Booked for Induction Course Date:	Processed by:  Date:
Position	Site Availability	Processed by:  Date:

Additional Notes:

This application form remains the property of Safe Skills Limited.