

## Employment Application Form

Issued: 04/10/2010

Auth:  
M. Eyles-Thomas

## Guidelines to Completing this Application Form

This application form is a very important part of your process of applying for a position of employment with Integrated Visual Protection Limited. It is your Record of Personal Details and a legally binding document when signed.

We are looking for neatness, accuracy, and thoroughness as this is an essential part of the application process and could set two applicants apart if they are equally qualified.

Read these instructions carefully before starting. Below are some basic tips to help you get started as you prepare to fill out your job application.

1. Print out the Application Form
2. Read the whole document through before starting to write.
3. Write clearly and neatly in black ink.
4. Do not allow anyone else to complete this application form for you.
5. Answer every question that applies to you. If a question does not apply, you may write N/A (not applicable), or draw a line through the space to show that you did not overlook the question. *Don't leave anything blank.*
6. Be honest. Because you are applying for a position of trust we expect you to be truthful with your answers. You can be subject to disciplinary action should any information be found to be false.
7. Give your complete name and address, including your post code.
8. Spell correctly. If you aren't sure how to spell a word, use a dictionary or another word with the same meaning. If possible, have someone proof-read your application.
9. Make sure you tick the box "Position Applied For". There may be other jobs available at your time of application and this will signify which area you wish to work.
10. Follow the instructions given in the job advertisement, some roles require that your form is sent to us prior to an interview, whereas for other roles we ask that your application is brought with you to interview.
11. List good referees. But *always ask permission before listing them on the application.* Include Your former employer (Where you have been site based, and with their agreement, you can list your site contact/customer for reference purposes).
12. Ensure you sign and date the application where required.
13. Do not include a resume/cv with the Application Form, due to the vast number of applications we receive when jobs are advertised we would be unable to read it.
14. Ensure that previous employment dates and contacts are correct, this could invalidate your application if these are found to be incorrect.

### On-line Applications

Integrated Visual Protection Limited do not currently accept online applications. Please print this form and complete it by hand in keeping with the instructions above.

### Queries & Questions

Should you have any queries or questions about the application process, please contact our Personnel Department on 0871 434 8434

### Declarations

You will be asked to make further declarations if you are called for an interview. These declarations are in regard to authority to conduct screening checks on you, an option to opt out of the working time directive 48 hours, and that you have made true and factual statements in relation to your work and personal history.

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**Section A1: Personal Information**

**Position Applied For:**

Surname

Title  Mr Mrs Miss Ms Dr

Vehicle Tracking Officer

Forenames

Date of Birth  :  : 19

CCTV Operator

Surname at Birth

Place of Birth

Security Officer

Current Address

National Ins No.

Other: (Please State)

Post Code

Single:  Married:  Divorced:

**SIA Licensure:**

Telephone:

No of Dependent Children:

Do you hold a current or have you ever held a valid SIA Licence? Yes  No

Mobile:

Are you Registered as a Disabled Person? Yes  No

If "Yes" please complete the following Section:

Email:

If you have answered "Yes" to this question please give full details in "Section B – Medical History".

Which Licence(s) do you or have you held?

From:  :  To:  :

Do you consider yourself physically capable of carrying out the duties which this position requires for the foreseeable future? Yes  No

Security (Frontline)

Previous Address:

Do you hold a Current UK Driving Licence or International Permit which allows you to drive in the UK? Yes  No

PSS (CCTV)

Post Code

Type: (Full, Provisional)

Door Supervisor

From:  :  To:  :

Class: (Car, LGV, PSV)

Close Protection

Relationship:

Licence No:

Vehicle Immobiliser

Name:

Do you have any endorsements on your licence/permit for ANY motoring offences? (Excluding Parking Fines) Yes  No

Keyholding (N/F)

Address:

If "Yes" please give details, including the endorsement codes, below:

CVIT (Cash & Valuables)

Post Code

Licence Number (1):

Telephone:

Do you own or have use of your own transport? Yes  No

Expiry Date:

Mobile:

Licence Number (2):

Expiry Date:

**CRB Disclosure:**

Have you at any time been subject to a CRB Check? Yes  No

Disclosure Reference:

Date:

Disclosure:

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**Circulation:**

**Op's Info:**

Yes No

Personnel:  Finance:

PIN No.  48hr Opt Out:

Operations:  Accounts:

Staff No.  Start Date:

Yes No

Vetting Comp:

Uniform Issue:

**Dept Allocation:**

RVRC  MGK

SOC  ESD



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**Section A2: Personal Information - Education**

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Secondary School Attended	Dates	Exams Taken – Qualifications Attained	Month	Year
Further Education College Attended	Dates	Exams Taken – Qualifications Attained	Month	Year
Other Training Courses	Dates	Exams Taken – Qualifications Attained	Month	Year
Membership of Professional Bodies				

**Section A3: Personal Information – Service Record**

Please indicate in the relevant boxes any service in the Armed or Emergency Services, or any service with HM Government

Military Service	Emergency Service	Government Service	Reserve Status
Army <input type="checkbox"/> Royal Navy <input type="checkbox"/> Royal Marines <input type="checkbox"/> Royal Air Force <input type="checkbox"/> Territorial Army <input type="checkbox"/>	Police <input type="checkbox"/> Fire Service <input type="checkbox"/> Ambulance Trust <input type="checkbox"/> HM Coastguard <input type="checkbox"/> R.N.L.I. <input type="checkbox"/>	Local Government <input type="checkbox"/> National Government <input type="checkbox"/> Managerial <input type="checkbox"/> General <input type="checkbox"/> Technical <input type="checkbox"/>	Are you liable to recall or short notice activation as part of a civil emergency response? Military Reserve <input type="checkbox"/> Emergency Service Responder <input type="checkbox"/>
Regiment/Unit	Where were/are you stationed?	Agency/Unit	Please give full details:
Rank Attained	What was/is your position/role?	Department	
Service Number	Payroll/Reference Number	Position/Job Title	
Conduct Record	Do you perform on call duties?	Date From/To:	
Date From/To:	Date From/To:	Security Clearance Level:	

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The Integrated Visual Protection screening process requires that we are able to verify your personal employment history for a period of five (5) years or back to school, whichever is the soonest. In some cases the roles we offer require a check to go back ten (10) years or back to school, whichever is the soonest.

Please give details of your employment history. Identify in the spaces provided ALL periods of Employment, Self Employment, Registered or Unregistered Unemployment, Military Service and Part Time Work. Be sure to complete all sections giving FULL postal addresses and contact names.

Please detail your work history starting with your most recent Position/Company/Circumstance.

**Section A4: Personal Information – Work History**

Employment Dates Month:/Year:	Details of Employment, Self Employment, Registered/ Unregistered Unemployment, Military Service or Part Time Work	Position Held, Reporting To, Works/ Payroll Number, Salary etc	Office Use Only Month:/Year:
From: /	Name:	Position Held:	From: /  To: / Initials:
To: /	Address:	Payroll No./Reporting To:	
	Telephone No.	Last Salary/Wage per Week:	
	Reasons for Leaving:		
From: /		Position Held:	From: /  To: / Initials:
To: /	Address:	Payroll No./Reporting To:	
	Telephone No.	Last Salary/Wage per Week:	
	Reasons for Leaving:		
From: /			From: /  To: / Initials:
To: /	Address:	Payroll No./Reporting To:	
	Telephone No.	Last Salary/Wage per Week:	
	Reasons for Leaving:		
From: /		Position Held:	From: /  To: / Initials:
To: /	Address:	Payroll No./Reporting To:	
	Telephone No.	Last Salary/Wage per Week:	
	Reasons for Leaving:		
From: /			From: /  To: / Initials:
To: /	Address:	Payroll No./Reporting To:	
	Telephone No.	Last Salary/Wage per Week:	
	Reasons for Leaving:		
From: /		Position Held:	From: /  To: / Initials:
To: /	Address:	Payroll No./Reporting To:	
	Telephone No.	Last Salary/Wage per Week:	
	Reasons for Leaving:		

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In the case of periods of Self Employment please provide the details of two (2) trade/business references. (i.e. Companies with whom you have traded and/or persons who can confirm details of your business activities. E.g. Your Solicitor, Accountant or Book keeper)

**Section A6: Personal Information – Self Employment Referees**

Name:	Name:
Address:	Address:
Occupation: Telephone No.	Occupation: Telephone No.
From: To:	To:
<i>Office Use Only</i>	<i>Office Use Only</i>

Please give details of three (3) people, other than family, who have known you well for a minimum of three (3) years who we may approach for references.

**Section A7: Personal Information – Personal Referees**

Name:	Name:	Name:
Address:	Address:	Address:
Occupation:	Occupation:	Occupation:
Telephone No.	Telephone No.	Telephone No.
How Long Known: From: To:	How Long Known: From: To:	How Long Known: From: To:
<i>Office Use Only</i>	<i>Office Use Only</i>	<i>Office Use Only</i>

**Section A8: Personal Information – Offences & Court Judgements**

Have you ever been arrested or cautioned (formally or informally) by the Police? Yes  No

If "Yes" please give brief details:

Have you ever appeared at a Court Charged with any Criminal Offence? Yes  No

If "Yes" please give brief details:

As a result of this hearing were you: Acquitted:  Fined:  How Much? £  Imprisoned:  How Long?

Absolute Discharge:  Conditional Discharge:  Community Service:

Do you have any Court Appearances pending or are you still subject to restrictions from any of the above? Yes  No

If "Yes" please give brief details:

Have you or any member of your family ever had a County Court Judgement awarded against you? Yes  No

If "Yes" please give brief details:

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**Section A9: Personal Information – Identity Check**

We will need to see original copies of either of the following groups of documents; A) Two identity documents from group A. At least one document must show your current address and at least one document must show your date of birth, or, B) One identity document from group A and two documents from group B. At least one document must show your current address and at least one document must show your date of birth. These documents will need to be brought with you if you are called for an interview.

**Group A Documents**

Signed valid passport of any nationality, or UK digital passport

Signed valid UK photo driving licence (both parts of the full or provisional licence are required)

UK original birth certificate issued within 12 months of birth

UK adoption certificate

Identification card for EU or European Economic Area and certain British citizens living in the UK

Identity card for Foreign Nationals

Office Use Only		
Chk.	Ref No.	Expiry
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

**Group B Documents**

Valid EU photo ID card.

Valid UK firearms licence with photo

Signed valid UK paper driving licence.

UK birth certificate issued more than 12 months after date of birth, but not a photocopy.

Non-UK birth certificate, with translation if not in English.

P45 statement of income for tax purposes on leaving a job issued in the last 12 months.

P60 annual statement of income for tax purposes issued in the last 12 months.

Bank or building society statement issued to your current address, less than 3 months old.

Utility bill issued to your current address within the last 3 months. \* **This is Essential** \*

Certificate of British nationality.

British work permit or visa issued in last 12 months.

A credit card statement sent to your current address within the last 3 months.

Council Tax statement issued in the last 3 months.

Originals of these documents should be brought with you to your interview.

We cannot accept copies of documents even if they are certified to be true copies.

An issued copy of a document, such as a birth or adoption certificate will be accepted, but this must be an original "as issued" document.

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**Section A10: Personal Information – Financial Details**

IVP remuneration is paid directly into a valid UK bank Account on a Weekly/Fortnightly/Monthly/Ad Hoc\* basis. In order for us to do this we need your banking details. Please complete the following page where indicated and applicable. Write clearly in black ink. If you make a mistake – place a single line through the entry and initial the mistake. Write the correct information alongside the original entry.

Surname	<input type="text"/>	Title	<input type="text" value="Mr Mrs Miss Ms Dr"/>
Forenames	<input type="text"/>	Date of Birth	<input type="text" value=": :19"/>
Current Address	<input type="text"/>	National Ins No.	<input type="text"/>
	<input type="text"/>		
Post Code	<input type="text"/>		
Telephone:	<input type="text"/>		
Mobile:	<input type="text"/>		

**Bank Details**

Bank Name:	<input type="text"/>	Account Number:	<input type="text"/>
Account Name:	<input type="text"/>	Sort Code:	<input type="text" value="- -"/>
Bank Address:	<input type="text"/>	Roll Number: (if applicable)	<input type="text"/>
	<input type="text"/>	Account Type:	
Post Code	<input type="text"/>	Current: <input type="checkbox"/>	Savings: <input type="checkbox"/>
Telephone:	<input type="text"/>	Post Office: <input type="checkbox"/>	Building Society: <input type="checkbox"/>

**Office Use Only**

Start Date:	<input type="text" value=": :"/>	Is the employee subject to an attachment to earnings order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hourly Rate*:	<input type="text" value="£"/>	If "Yes" please give brief details:	<input type="text"/>
Salary Rate*:	<input type="text" value="£"/>		
Ad Hoc Rate*:	<input type="text" value="£"/>		
Regular Deductions:	<input type="text" value="£"/>	Uniform: <input type="checkbox"/>	Loan: <input type="checkbox"/>
Deduction End Date:	<input type="text" value=": :"/>	Attachment: <input type="checkbox"/>	HMRC Requirement: <input type="checkbox"/>
			Other: <input type="checkbox"/>

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**Section C: Further Information**

Notwithstanding what you have already told us in regard to your work history, this sections allows you to expand upon what you have actually achieved whilst working for past companies. We include this section as we feel it gives us a better understanding of the duties you have actually undertaken and in what context. Please be as factual as you can.

Employed by:	<input type="text"/>	Brief Description of Duties:	<b>Duties Undertaken:</b>	
Site Name:	<input type="text"/>		Guarding:	<input type="checkbox"/>
Site Address:	<input type="text"/>		Patrolling:	<input type="checkbox"/>
Site Contact:	<input type="text"/>		Dog Handling:	<input type="checkbox"/>
Site Contact Telephone:	<input type="text"/>	Pay Rate: <input type="text"/> Pr Hr	Were you working as part of a team?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		How many weekly hrs of cover provided? <input type="text"/>	How many in the team? <input type="text"/>	Door Supervision: <input type="checkbox"/>
				Alarm Response: <input type="checkbox"/>
				Key Holding Response: <input type="checkbox"/>
				Reception Duties: <input type="checkbox"/>

Employed by:	<input type="text"/>	Brief Description of Duties:	<b>Duties Undertaken:</b>	
Site Name:	<input type="text"/>		Guarding:	<input type="checkbox"/>
Site Address:	<input type="text"/>		Patrolling:	<input type="checkbox"/>
Site Contact:	<input type="text"/>		Dog Handling:	<input type="checkbox"/>
Site Contact Telephone:	<input type="text"/>	Pay Rate: <input type="text"/> Pr Hr	Were you working as part of a team?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		How many weekly hrs of cover provided? <input type="text"/>	How many in the team? <input type="text"/>	Door Supervision: <input type="checkbox"/>
				Alarm Response: <input type="checkbox"/>
				Key Holding Response: <input type="checkbox"/>
				Reception Duties: <input type="checkbox"/>

Employed by:	<input type="text"/>	Brief Description of Duties:	<b>Duties Undertaken:</b>	
Site Name:	<input type="text"/>		Guarding:	<input type="checkbox"/>
Site Address:	<input type="text"/>		Patrolling:	<input type="checkbox"/>
Site Contact:	<input type="text"/>		Dog Handling:	<input type="checkbox"/>
Site Contact Telephone:	<input type="text"/>	Pay Rate: <input type="text"/> Pr Hr	Were you working as part of a team?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		How many weekly hrs of cover provided? <input type="text"/>	How many in the team? <input type="text"/>	Door Supervision: <input type="checkbox"/>
				Alarm Response: <input type="checkbox"/>
				Key Holding Response: <input type="checkbox"/>
				Reception Duties: <input type="checkbox"/>

Employed by:	<input type="text"/>	Brief Description of Duties:	<b>Duties Undertaken:</b>	
Site Name:	<input type="text"/>		Guarding:	<input type="checkbox"/>
Site Address:	<input type="text"/>		Patrolling:	<input type="checkbox"/>
Site Contact:	<input type="text"/>		Dog Handling:	<input type="checkbox"/>
Site Contact Telephone:	<input type="text"/>	Pay Rate: <input type="text"/> Pr Hr	Were you working as part of a team?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		How many weekly hrs of cover provided? <input type="text"/>	How many in the team? <input type="text"/>	Door Supervision: <input type="checkbox"/>
				Alarm Response: <input type="checkbox"/>
				Key Holding Response: <input type="checkbox"/>
				Reception Duties: <input type="checkbox"/>

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**Section D: Declarations & Agreements – Authorisation & Compliance**

**Declarations**

I Confirm that the information given within this application form is complete and correct and that any untrue or misleading information will give Integrated Visual Protection the right to terminate any employment contract offered.

I understand that should any disclosure or reference not be to the satisfaction of Integrated Visual Protection Limited any offer of employment may be withdrawn or my employment terminated.

**Data Protection Act 1998**

Integrated Visual Protection Limited will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers for the purposes of screening.

By returning this form to us you consent to our processing sensitive personal data about you where this is necessary, for example information about your health, your credit status, ethnic origin, qualifications or criminal offences. You also consent to the transfer of information to your current and future employers where this is necessary (this may be companies operating abroad if you apply for work outside the United Kingdom).

Your information will be held on our computer database and in our paper filing systems. By signing the "Authorisation" below you agree to this process and confirm that you do not have a criminal record subject to the rehabilitation of Offenders Act and any amendments. You have the right to apply for a copy of the information (for which we may charge a small fee) and to have any inaccuracies corrected.

**Disclosure**

To verify gaps in your employment record we may ask your permission to apply for a Disclosure. You are applying for a position of trust and in the event of you being offered employment by Integrated Visual Protection Limited such disclosure may be applied for from the Criminal Records Bureau, however, having a criminal record does not necessarily bar you from employment.

For more information ask for a copy of the CRB Code of Practice and/or our policy statement regarding ex-offenders. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document you agree to show a copy of the Disclosure to Integrated Visual Protection Limited on request. The Disclosure information is not retained i.e. it is disposed of within the timescales recommended by the CRB Code of Practice. By signing below you agree to this process.

**Authorisation (Do Not Complete Until Interview)**

Applicant Name: (Printed)

Witness Name:

Applicant Signature:

Witness Signature:

National Insurance No.

Position in IVP:

Date:

Date:

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**Circulation:** Personnel:  Greenfields Ltd:  CRB Check Applied for:  Date Applied for: