

APPLICATION FORM

Alarm Response.

3 Bellman Court, Great Knollys Street,
Reading, Berks. RG1 7HN
Tel: 0870 7700825, Fax: 0870 7700826,
Email: info@alarm-response-ltd.co.uk

Photo here

This Application Form, when completed, contains the basic information from which a candidate is assessed **(Please note this will need to be printed out and filled in by hand, you can then scan this application and return it to us via email if you wish, or by post. All information is found above)**

Please answer all questions in BLOCK CAPITALS in your own handwriting and **using black ink**. If a question or section does not apply to you, insert 'NO' or 'N/A'. Please attach a recent passport size photograph.

Please read this carefully before completing this application form

I understand that employment with the Company is subject to satisfactory references and security screening in accordance with BS 7858.

I undertake to cooperate with the Company in providing any additional information required to meet these criteria;

I authorize the Company and/or its nominated agent to approach previous employers, school/colleges, character references or Government Agencies to verify that the information I have provided is correct.

I Authorize the Company to make a consumer information search with a credit reference agency, which will keep record of that search and may share that information with other credit reference agencies.

I understand that some of the information I have provided in this application will be held on a computer and some or all will be held in manual records.

I consent to the Company's reasonable processing of any sensitive personal information obtained for the purpose of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the Company. Subject to the access to Medical Records Act 1988, I consent to the results of such examinations to be given to the Company. I understand and agree that if so required I will make a Statutory Declaration in accordance with the provision of the Statutory Declarations Act 1835, in confirmation of previous employment or unemployment.

I hereby certify that, to the best of my knowledge. The details I have given in this application form are complete and correct.

I understand that any false statement or omission to the Company or its representatives may render me liable to dismissal without notice.

<p>SIGNATURE:</p> <p>PRINT NAME:</p> <p>DATE:</p>

Surname at Birth: (if different from above)		SURNAME:	
Date of Birth:		FORENAMES:	
Place of Birth:		Nationality:	
Are you permitted to work in the UK? YES <input type="checkbox"/> / NO <input type="checkbox"/>		Date and Place of entry into the UK: (if applicable)	
Address:		Work Permit expiry date: (if applicable)	
Post Code:		How long have you lived at your present address?	
Telephone No:		If less than three years please give previous address/s	
Owner <input type="checkbox"/> / Rented <input type="checkbox"/> / with parents <input type="checkbox"/> / lodging <input type="checkbox"/> / other <input type="checkbox"/> (circle)		Mobile No:	
Previous Address: From: To:		Previous Address: From: To:	
Post Code:		Post Code:	
National Insurance No:		Passport No:	
Do you hold a current SIA Licence: YES <input type="checkbox"/> / NO <input type="checkbox"/>		Expiry Date:	
Licence No:			

Person to contact in an emergency / next of Kin Name:	Relationship of next of kin:
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Address:	Home Telephone No:
Post Code:	Work Telephone No:
	Mobile Phone No:

EQUAL OPPORTUNITIES

This section is voluntary and will NOT be used in assessing your application. We are an equal opportunities employer. If you choose to complete this section, it will help us to monitor the effectiveness of our Equal Opportunities Policy.

My ethnic origin is (circle/tick) African Asian Caribbean Caucasian
Other (please specify)

DRIVING LICENCE

Driving Licence. Full / Provisional / None Licence No: Car / Motorcycle

Own Transport YES / NO : Have you ever been disqualified from driving? Yes / No

Enter details of any motoring convictions or endorsements in the last 5 years

OFFENCES, CAUTIONS AND CONVICTIONS

1. Have you ever been Cautioned by the Police? YES / NO
2. Have you ever been convicted, fined or had any order made against you by a Criminal, Civil or Military Court? YES / NO
3. Are you aware of any Police investigations in which you may be involved? YES / NO

If the answer to either question 1, 2 or 3 above is YES, give details:

NB. Disclosure is not required where there is a conviction to which the provisions of the Rehabilitation of Offenders Act 1974 applies. Failure to disclose an unspent conviction may result in summary dismissal. If you are unclear about any of these questions ask the interviewer.

FINANCIAL LIABILITIES

Have you any outstanding debts or attachments of earnings? YES / NO

If YES, give details

Have you ever been declared bankrupt / insolvent? YES / NO

If YES, give details

Are you the subject of any County Court proceedings? YES / NO

If YES, give details

SERVICE RECORD

Services: ARMY / ROYAL NAVY / RAF / FIRE / POLICE / OTHER (specify)

Unit or Regiment: Rank: Service No.

From: To: Conduct Assessment on discharge:

Are you a member of any reserve unit that will require annual training or service?

YES / NO

If YES give details

SECONDARY EDUCATION RECORD

School attended:

From

To

Qualifications:

FURTHER EDUCATION RECORD

College / University attended:

From

To

Qualifications:

PERSONAL REFERENCES

Give the names and address of two persons (not former employers or relatives) who have known you for **at least 2 years, within the last 5 and with who you have regular contact with**

Name:

Name:

Address:	Address:
Post Code:	Post Code:
Tel No.:	Tel No.:
How long known:	How long known:

SELF-EMPLOYMENT REFERENCES

If you have been self-employed, please give references of people who can confirm the details.

TRADE

ACCOUNTANT

Name:

Name:

Address:

Address:

EMPLOYMENT RECORD

1. State **all periods** of **employment, unemployment and self-employment** for the **last 5 years or since leaving school**.
2. For any periods of **unemployment**, state the **address of the Unemployment Benefit Office** at which you reported.

Start with present situation.

Employers Details (BLOCK CAPITALS)	Employment Details	Dates MM/YY	Office Use
Name: Address: Tel No.:	Position Held: Work No.: Reporting To: Salary / Wage Per Week: Reason for Leaving:	From To	
Name: Address: Tel No.:	Position Held: Work No.: Reporting To: Salary / Wage Per Week: Reason for Leaving:	From To	
Name: Address:	Position Held: Work No.: Reporting To:	From To	

Tel No.:	Salary / Wage Per Week: Reason for Leaving:		
Name: Address: Tel No.:	Position Held: Work No.: Reporting To: Salary / Wage Per Week: Reason for Leaving:	From To	
Name: Address: Tel No.:	Position Held: Work No.: Reporting To: Salary / Wage Per Week: Reason for Leaving:	From To	

MEDICAL QUESTIONNAIRE

The following information is retained in strictest confidence and will assist us in protecting, as far as is reasonably practicable, your health, safety and welfare.

Should any additional information be required from your medical practitioner, the law requires us to inform you of our intention and to obtain your written consent beforehand.

Please read the following questions carefully and answer as accurately as possible. **Answer**

Are you currently suffering or have you ever suffered from any of the following conditions? (circle/tick)

Fainting, blackouts, epilepsy or fits	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Typhoid, paratyphoid or cholera	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Dysentery or recurring diarrhea	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Tuberculosis (TB)	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Eczema or skin trouble	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Asthmatic attacks or chest problems	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Heart trouble or high blood pressure	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Arthritis, rheumatism or gout	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Joint, ligaments or tendon trouble	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Rupture or hernia	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Currently taking prescribed medication	Yes/ <input type="checkbox"/> No <input type="checkbox"/>

Diabetes	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Typhoid, paratyphoid or cholera	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Dysentery or recurring diarrhea	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Tuberculosis (TB)	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Eczema or skin trouble	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Claustrophobia or Vertigo	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Back pain	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Difficulty in standing for long periods	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Difficulty in climbing stairs	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Difficulty in bending to lift weights	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Serious injury or fracture	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Mental / emotional illness	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Recurrent infections or illness	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Any major operations	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Difficult in writing	Yes/ <input type="checkbox"/> No <input type="checkbox"/>
Colour blindness	Yes/ <input type="checkbox"/> No <input type="checkbox"/>

Is there anything in your circumstances that would be detrimental to your working night shifts? (Night time workers have the opportunity of a free medical assessment)

Yes/ No

Do you smoke? Yes/ No

How many per day?

Do you drink alcohol? Yes/ No

How many units per week?

