



CONFIDENTIAL
PLEASE COMPLETE USING BLOCK CAPITALS
Application for Employment
HDS Securities

HDS aims to be an equal opportunity employer and select staff solely on merit, irrespective of race, sex, disability, etc. In order to monitor the effectiveness of our equal opportunity policy, we request all applicants to provide the requested information.

HDS Securities, Berth 46, Suite A, Port of Tilbury, Tilbury, Essex RM18 7HS
 Tel No. 01375 840577

Surname:		Forename(s):		Date:	
Address:					
		Post Code:		Telephone No:	
How long at this address DD/MM/YY			If less than 6 years at above address state previous address below		
Address:					
		Post Code:		How long at this address: DD/MM/YY	
Position applied for:			Full or Part time		Can you swim: YES / NO
Do you hold a FULL British Driving Licence: YES/NO		Driving Licence No:			
Do you have any Endorsements on your licence: YES/NO		If YES please give details:			
Do you have any prosecutions pending: YES/NO		If YES please give details:			
					Do you own your own vehicle: YES / NO
Emergency Contact Details:					
Surname:		Forename(s):		Occupation:	
Home Address:					
Post Code:			Telephone No:		
Work Address:					
			Post Code:		Telephone No:
Educational History					
School or College:				FOR OFFICE USE ONLY	
Address:				DATE: INT:	
Post Code:		Telephone Number:		Certificates: YES/NO	
From:	To:	Qualifications gained:		COMMENTS:	
School or College:				FOR OFFICE USE ONLY	
Address:				DATE: INT:	
Post Code:		Telephone Number:		Certificates: YES/NO	
From:	To:	Qualifications gained:		COMMENTS:	
Please give details of any Security related qualifications.			First Aid: YES / NO		Manual Handling YES / NO
			Lift: YES / NO		Health & Safety YES / NO
SIA Licence: YES / NO		SIA Number:		Nocn / City & Guilds: YES / NO	
TWO Personal References					
Please remember that character references must NOT include members of your family or people living at the same address as you and you must of known them for 5 years.					
Surname:		Forename(s):		FOR OFFICE USE ONLY:	
Address:					
Post Code:		Telephone No.			
How Long known: DD/MM/YY			Occupation:		
Surname:		Forename(s):		FOR OFFICE USE ONLY:	
Address:					
Post Code:		Telephone No.			
How Long known: DD/MM/YY			Occupation:		

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Previous Employment History				
Give details of your present or most recent position first, and then you are preceding employment, and so on, ending with your earliest job (going back 10 years). Include details of unemployment, military service, and part time work. Give full addresses and dates, in case of unemployment give the address of the Benefit Office to which you reported. All periods of self-employment should be entered in relevant boxes on last page. All Dates to be in DD/MM/YY format				
Company Name:		Contact Name:		FOR OFFICE USE ONLY:
Address:				Date: Init:
Post Code:		Telephone No:		Vetting OK: YES/NO
From:	To:	Position:		Comments:
Reason for Leaving:				
				Average Wage:
Company Name:		Contact Name:		FOR OFFICE USE ONLY:
Address:				Date: Init:
Post Code:		Telephone No:		Vetting OK: YES/NO
From:	To:	Position:		Comments:
Reason for Leaving:				
				Average Wage:
Company Name:		Contact Name:		FOR OFFICE USE ONLY:
Address:				Date: Init:
Post Code:		Telephone No:		Vetting OK: YES/NO
From:	To:	Position:		Comments:
Reason for Leaving:				
				Average Wage:
Company Name:		Contact Name:		FOR OFFICE USE ONLY:
Address:				Date: Init:
Post Code:		Telephone No:		Vetting OK: YES/NO
From:	To:	Position:		Comments:
Reason for Leaving:				
				Average Wage:
Company Name:		Contact Name:		FOR OFFICE USE ONLY:
Address:				Date: Init:
Post Code:		Telephone No:		Vetting OK: YES/NO
From:	To:	Position:		Comments:
Reason for Leaving:				
				Average Wage:
Company Name:		Contact Name:		FOR OFFICE USE ONLY:
Address:				Date: Init:
Post Code:		Telephone No:		Vetting OK: YES/NO
From:	To:	Position:		Comments:
Reason for Leaving:				
				Average Wage:

Sources of Information						
How did you hear about this vacancy?						
Internal	Employee	Job Centre	Employment Agency/Consultants	Press	Other	
If Press or Other please specify:						

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Self Employment					
Company Name:		Address:		FOR OFFICE USE ONLY	
		Post Code:		Date:	Init:
Telephone:	From:	To:		Vetting OK: YES/NO	
Reason for Cease Trading:				Comments:	
		Average wage:			
Name of Accountant:		Address:			
Post Code:		Telephone No:			
Company Name:		Address:		FOR OFFICE USE ONLY	
		Post Code:		Date:	Init:
Telephone:	From:	To:		Vetting OK: YES/NO	
Reason for Cease Trading:				Comments:	
		Average wage:			
Name of Accountant:		Address:			
Post Code:		Telephone No:			
I hereby authorise HDS Securities to contact my accountant to verify the above information:					
Signed:		Full name in capitals:		Date:	

I HEREBY DECLARE THAT THE INFORMATION ABOVE IS TRUE AND THAT A FALSE OR MISLEADING STATEMENT MAY LEAD TO MY SUBSEQUENT DISMISSAL AND/OR PROSECUTION.

I AUTHORISE HDS Securities to obtain verbal and written references from the above.

I understand that an unsatisfactory reference could lead to my **Subsequent Dismissal**.

I AGREE TO MAKE A STATUTORY DECLARATION BEFORE A SOLICITOR, COMMISSIONER OF OATHS, NOTARY PUBLIC OR JUSTICE OF THE PEACE UNDER THE STATUTORY DECLARATIONS ACT 1835 IN ORDER TO FILL ANY GAPS OR OMISSION IN MY CONTINUOUS EMPLOYMENT RECORD.

SIGNATURE: _____ DATE: _____

NAME: (PLEASE PRINT): _____

AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorise any Agent or Investigator of HDS Securities, or any Investigator or duly accredited representative of HDS Securities Personnel Management bearing this release, or a copy thereof, within one year of it's date, to obtain any information from schools, colleges, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorisation. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature:

Full Name:

Other Names Used:

Date:

Current Address:

Telephone Number: _____ /

SENSES CERTIFICATE

NAME:

- 1. Does the applicant have normal vision in both eyes?
a Without glasses YES / NO
b With glasses YES / NO

- 2. Can the applicant read a vehicle number plate from a distance of 25 metres?
a. Without glasses YES / NO
b With glasses YES / NO

- 3. Can the applicant identify different colours?
a Without glasses YES / NO
b With glasses YES / NO

- 4. Does the applicant appear to have good hearing range in both ears? YES / NO

- 5. Can the applicant differentiate between pungent smells? YES / NO

- 6. Does the applicant appear to have good mobility range? YES / NO

- 7. Does the applicant suffer from any medical condition that may be made worse by working at night? YES / NO

If so give details.....

8. Additional Comments

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	Applicant	For & on behalf of HDS Securities
Name		
Signature		
Date:		

STATEMENT OF HEALTH AND CREDIBILITY

Name: _____

Date: _____

Have you appeared at court charged with:

A criminal Offence? YES/NO

A civil matter? YES/NO

Have you been cautioned by the police for any offence? YES/NO

If yes, please attach details _____

Are you claiming any benefit to which you are not entitled? YES/NO

Have you developed any medical condition since filling out and signing your Health Statement on your application form? YES/NO

Details: _____

Are you on any prescribed medication by your doctor? YES/NO

If so, what is the medication for? _____

I _____ certify that to the best of my knowledge, the information I have given is complete and correct, and I understand that misrepresentation of the facts is grounds for immediate dismissal, and renders me liable for prosecution.

Signed: _____ Date: _____

Comments:

Signed: _____
Manager

Date: _____

DATA PROTECTION ACT

LETTER OF AUTHORITY

I hereby give authority to HDS Securities of the above address, to obtain a copy of my personal data, as held on the National Insurance Recording System Computer, in accordance with my subject access rights under the Data Protection Act 1984 (sections 21 and 34 (6) (b)).

I understand that my national Insurance record includes reference to all periods of employment, periods of registered unemployment and to periods of non-liability for contributions (for example, periods of full time education, periods spent abroad or in legal custody).

TITLE **MR MRS MISS MS**

SURNAME
(Please print in Block Capitals)

FORENAMES

ADDRESS

POSTCODE

DATE OF BIRTH

NATIONAL INSURANCE NUMBER

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SIGNED: _____ Contributions Agency
Data Protection Unit
DATE: _____ Room D4401
DSS Long Benton
Newcastle upon Tyne
NE98 1YX

DECLARATIONS

I certify that to the best of my knowledge, the information that I have given in my application for employment is true and complete. I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835 in confirmation of previous employment or unemployment. I authorize the company or its agents to approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment/unemployment record. I further declare that any documents that I provide as proof of my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined under a UV scanner or similar device. I acknowledge that any falsified documents may be reported to the appropriate authority.

DATA PROTECTION ACT 1998

The Vetting Solutions Centre 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.

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 your information to your current and future potential employers where this is necessary (this may be to companies operating abroad if you apply for work outside of the United Kingdom).

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

DISCLOSURE

You are applying for a position of trust and in the event of your being offered employment by Vetting Solutions Centre or one of its clients we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from employment. For more information ask one of our helpful staff for a copy of the Disclosure and Barring Service (DBS) 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 consent to the Vetting Solutions Centre and your employer to see a copy of the Disclosure. The Disclosure information is not retained i.e. it is disposed of within the timescales recommended in the DBS Code of Practice. By signing below you agree to this process.

Applicant Name **NI Number**

Applicant Signature **Date**

Suggested things to bring with you to your interview at HDS Securities

Please note that although we do not state that you bring these things with you when come to drop in your application and show any certificates or qualifications, it may work in your favour to do so as it speeds up the employment process if you are a successful candidate.

We cannot start your Employment until we have:

We need one of the below:

- Passport
- Birth Certificate

We need the below:

- Utility Bills – These act as proof of address/accommodation.
Please bring 2 examples, e.g. recent phone bill, gas bill, council tax dated within the last 2 months.

We need all of the 3 items Below:

- SIA Licence – if held
- SIA approved training certificate
- CRB

The items below will be helpful for you vetting:

- Proof of employment history – this can be in the form letters etc and must cover your last 5 years of employment
- Work Permits if applicable
- P45 / P60 forms
- Letters of employment / Letters of redundancy
- References