



# APPLICATION FORM

**GOLDEN SHIELD SECURITY LIMITED**  
**SECURITY HEADQUARTERS, ROYAL SOVEREIGN HOUSE, 40 BERESFORD STREET,**  
**WOOLWICH, LONDON SE18 6BF TELEPHONE: 020 8855 0955 FAX: 020 8855 0404**

**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 number of applications we receive, any Application Form that is not completed properly will be rejected prior to interview.

## 1. PERSONAL INFORMATION

SURNAME:	<input type="text"/>	FIRST NAMES:	<input type="text"/>
CURRENT ADDRESS:	From (Date) ____ / ____ / ____   Post Code: _____	TELEPHONE:	<input type="text"/>
		MOBILE NO:	<input type="text"/>
		CURRENT DRIVING LICENCE:	YES NO (circle)
		CAR OWNER:	YES NO (circle)
		NATIONAL INSURANCE NO.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 2. LIST PREVIOUS ADDRESSES FOR LAST 6 YEARS (Attach separate sheet, if necessary)

ADDRESS	FROM (DATE)	TO (DATE)

## 3. PERSONAL DETAILS

a) MARITAL STATUS (Tick)	MARRIED	DIVORCED	SINGLE	b) DATE OF BIRTH	DATE OF BIRTH	AGE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
c) WHERE WERE YOU BORN: - If born in U.K. you are not required to complete question (d)				PLACE <input type="text"/>		
d) IF BORN OUTSIDE U.K. DATE YOU ENTERED U.K.	Date ____ / ____ / ____ Port of Entry _____	ELIGIBILITY TO WORK IN U.K. (IF BORN OUTSIDE U.K.)		IMPORTANT! YOU MUST ATTACH COPY OF PASSPORT, TOGETHER WITH COPY OF VISA OR WORK PERMIT OR OTHER PROOF OF ELIGIBILITY TO WORK IN U.K.		

## 4. NEXT OF KIN TO BE CONTACTED IN ANY EMERGENCY:

NAME	RELATIONSHIP	PARENT	WIFE/HUSBAND	PARTNER
TELEPHONE NUMBER IN AN EMERGENCY				

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## 5. SIA LICENSING DETAILS

Licence Number:

## 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:

## 7. PERSONAL REFEREES

PLEASE GIVE DETAILS OF TWO PEOPLE, OTHER THAN FAMILY WHO HAVE KNOWN YOU FOR A MINIMUM OF 2 YEARS WITHIN THE PAST 5 YEARS WHO WE CAN APPROACH FOR A REFERENCE (can be an ex-employer).

Name:	
Address:	
Post Code:	
TEL No:	

Name:	
Address:	
Post Code:	
TEL No:	

## 8. MEDICAL INFORMATION

DO YOU SUFFER FROM ANY ILLNESS OR DISABILITY YES      NO      (circle)	IF SO, PLEASE SPECIFY (use separate sheet, if necessary)
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## 9. BANK DETAILS

Bank Name:
Sort Code:      -      -
Account No. _____
Roll No. _____
Account Name:

## 9. UNIFORM DETAILS

SHIRT/BLOUSE/JACKET	
Neck Size _____	Chest Size _____
TROUSERS	
Waist Size _____	Leg Length _____

# APPLICATION FORM

## 10. LAST 5 YEARS ONLY OF EMPLOYMENT & UN-EMPLOYMENT HISTORY

(Attach separate sheet, if necessary)

EMPLOYERS FULL NAME, ADDRESS (INC, POSTCODE) AND TELEPHONE NO.	DESCRIBE YOUR JOB	DATE STARTED	DATE FINISHED	REASON FOR LEAVING

### READ THIS SECTION CAREFULLY BEFORE YOU SIGN THIS STATEMENT

11. DURING THE PROBATIONARY PERIOD YOUR EMPLOYMENT MAY BE TERMINATED BY THE “COMPANY” GIVING NO LESS THAN 24 HOURS.

#### STATEMENT TO BE SIGNED BY THE 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 COMPANY TO APPROACH ANY GOVERNMENT AGENCIES, FORMER EMPLOYERS AND PERSONAL REFEREES TO VERIFY THE INFORMATION GIVEN AND WILL SUPPLY A STATUTORY DECLARATION IF REQUIRED (I GIVE PERMISSION FOR MY PRESENT EMPLOYER TO BE APPROACHED). YES/NO 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.

#### CONFIDENTIALITY AGREEMENT

I AGREE NOT TO DISCLOSE ANY CONFIDENTIAL INFORMATION GAINED DURING OR AFTER EMPLOYMENT WITH GOLDEN SHIELD SECURITY LTD ABOUT THE CLIENTS OR ARENA TO ANY 3<sup>rd</sup> PARTY. GOLDEN SHIELD SECURITY LTD SHALL BE ENTITLED TO APPLY FOR AN INJUNCTION TO PREVENT SUCH DISCLOSURES OR USE TO SEEK ANY OTHER REMEDY INCLUDING, WITHOUT LIMITATIONS, THE RECOVERY OF DAMAGES IN CASE OF SUCH DISCLOSURES OR USE.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

# APPLICATION FORM FOR OFFICE USE ONLY

## 12. ASSESSMENT OF THE APPLICANT (Assessment by the person carrying out the interview)

	Excellent	Good	Poor
A. Physical ability to carry out the services required			
B. Aptitude & demeanour			
C. Literacy and verbal communication abilities			

## 13. INDUCTION TRAINING (To be provided by the persons carrying out the interview)

Company Profile	Uniform	Non Attendance	Payroll Questions
Management Structure	Site Instructions	Booking Time Off	Code of Conduct
Staff Feedback	Customer Care	Payment for Holiday	
Working Time Directive	Wage Queries	Pay	

Applicant to sign confirming receipt of training \_\_\_\_\_ Date \_\_\_\_\_

## 14. SENSE TESTS

<b>COLOUR BLINDNESS</b>	<b>PASS</b>	<b>FAIL</b>
<b>HEARING</b>	<b>PASS</b>	<b>FAIL</b>
<b>SMELL</b>	<b>PASS</b>	<b>FAIL</b>

## 15. START DATE