

PERSONAL REFERENCE AND EMPLOYMENT VERIFICATION

Please read this carefully before signing this application form

I understand that employment with Infinity Security Ltd is subject to satisfactory references and security screening in accordance with BS 7858.

I undertake to co-operate with Infinity Security Ltd in providing any additional information required to meet these criteria:

I authorize Infinity Security and/or its nominated agent to approach previous employers, schools/colleges, character referees or Government Agencies to verify that the information I have provided is correct.

I authorize Infinity Security to make a consumer information search with a credit reference agency, which will keep a 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 Infinity Security reasonable processing of any sensitive personal information obtained for the purposes 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 Infinity Security Ltd. Subject to the Access to Medical Records Act 1988, I consent to the results of such examinations to be given to Infinity Security Ltd. I understand and agree that if so required I will make a Statutory Declaration 1835, in confirmation of previous employment or employment.

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 Infinity Security Ltd or its representatives may render me liable to dismissal without notice.

SIGNATURE:.....

PRINT NAME:.....

DATE:.....

APPLICATION FOR EMPLOYMENT

INFINITY SECURITY LTD

OFFICE USE ONLY:	START DATE:	END DATE:
INTERVIEWED BY:		VETTING CODE: VETTED BY: VETTING STARTED:
FLOATER:	SITE:	PAT RATE:

PERSONAL DETAILS

Position Applied for:
Where did you learn of the vacancy?

ALL RELEVANT AREAS MUST BE COMPLETED IN FULL

SURNAME		PREVIOUS SURNAME	
FULL FORENAMES		DATE OF BIRTH	
PLACE OF BIRTH		COUNTRY OF BIRTH	
NATIONALITY		NATIONAL INSURANCE NO.	
HEIGHT		WEIGHT	
MARTIAL STATUS	Single/Married/Divorced/Separated (delete as applicable)		
PRESENT ADDRESS		PREVIOUS ADDRESS (If at present address for less than 3years)	
TELEPHONE NUMBER	Day Time Evening Mobile	NEXT OF KIN DETAILS Name Contact Number	

DO YOU HOLD A CURRENT DRIVING LICENSE?	FULL/PROVISIONAL (Delete as applicable)	LICENCE NUMBER	DO YOU HAVE YOUR OWN TRANSPORT? Yes/No
Please give details of any endorsements/motoring offences. Motoring offences need NOT be included.		<u>DETAILS</u>	

<p>Have you or any member of your family, ever been convicted, fined, cautioned or had any order made against you by a Criminal, Civil or Military Court? Including Bankruptcy proceedings and county court judgments.</p> <p>(Disclosure is not required where there is a conviction to which the rehabilitation of Offenders Act 1974 applies. Failure to disclose an unspent conviction is in itself, a criminal offence.)</p>	YES/NO	NATURE OF OFFENCE/CAUTION:
	PLEASE INITIAL	COURT DATE LIABILITY INCURRED
<p>Are any criminal proceedings currently in progress against you?</p>	YES/NO	IF YES PLEASE GIVE DETAILS

EDUCATION AND TRAINING RECORD

NAME AND ADDRESS OF SECONDARY SCHOOL ATTENDED	DATES ATTENDED		SUBJECTS STUDIED	GRADE ATTAINED
	FROM	TO		

FURTHER EDUCATION	DATES ATTENDED		SUBJECTS STUDIED	GRADE ATTAINED
	FROM	TO		

TRADE/PROFESSIONAL QUALIFICATIONS	MILITARY RECORD		
	UNIT OR REGIMENT		
	RANK		
	SERVICE NUMBER		
	PERIOD OF SERVICE	FROM	TO
	CONDUCT ON DISCHARGE		

EMPLOYMENT RECORD

Show all periods of employment, self-employment for the last five years or since leaving school. If unemployed, state where you were registered for unemployment benefit.

PLEASE GIVE AS MUCH INFORMATION AS POSSIBLE FOR THE LAST 5 YEARS, I.E. FULL POSTAL ADDRESS AND EXACT EMPLOYMENT DATES, INCLUDING MONTH AND YEAR.

EMPLOYERS FULL NAME AND ADDRESS	POSITION HELD	FINAL WAGE	EMPLOYMENT DATES		REASON FOR LEAVING	OFFICE USE ONLY
			FROM	TO		
Post Code Tel:						
Post Code Tel:						
Post Code Tel:						
Post Code Tel:						
Post Code Tel:						
Post Code Tel:						
Post Code Tel:						

ADDITIONAL INFORMATION

PLEASE GIVE ANY OTHER INFORMATION, THAT YOU FEEL IS RELEVANT (PLEASE INCLUDE ANY HOBBIES OR INTERESTS). CONTINUES ON A SEPERATE SHEET IF NECESSARY.

REFERENCE SECTION

Please give the names and addresses of two persons (not relatives) who have known you for at least two years. One of these MUST be a Line Manager from your most recent employment	
REFERENCE ONE- LINE MANAGER Name: Address: Postcode: Telephone No: (Mobile numbers are NOT acceptable) Period Known:	Name: Address: Postcode: Telephone No: (Mobile numbers are NOT acceptable) Period Known:
In case of self-employment please give trade or bank reference.	
Name: Address: Tel No: Status	Name: Address: Tel No: Status

DECLARATION

I hereby certify; to the best of my knowledge and belief that the details I have given in this application form are true. I give permission to the company to make any enquiry deemed necessary during the screening process.

I understand to the company to make given are found to be false at any time after my employment; I will be liable to instant dismissal, and may be liable for criminal proceedings.

I HAVE COMPLETED THIS FORM MYSELF: **YES/NO**

I AGREE THAT YOU MAY APPROACH FORMER EMPLOYERS, GOVERNMENT AGENCIES AND ANY RELEVANT PARTIES IN ORDER TO COMPLETE MY SECURITY SCREENING: **YES/NO**

YOU MAY CONTACT MY PRESENT EMPLOYER: **YES/NO (PLEASE DELETE AS APPLICABLE)**

We will not contact your current employer until written permission is obtained. The offer of provisional employment may be withdrawn if the security screening is not concluded satisfactory within 16weeks of starting.

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

All data provided and held by Infinity Security Ltd is in accordance with the data protection act 1998.

For office use only (TICK WHEN TEST HAS BEEN PASSED)		
SMELL	SIGHT	HEARING

Please complete your bank details in full and ensure that all the relevant sections are accurate in order for your salary to be paid by BACS directly into your bank account.

ACCOUNT IN THE NAME OF:
BANK/BUILDING SOCIETY NAME:
BANK/BUILDING SOCIETY ADDRESS:
.....
SORT CODE: (6 DIGITS)
ACCOUNT NUMBER: (8DIGITS)
ROLL NUMBER: (FOR BUILDING SOCIETY ACCOUNTS ONLY)

WORKING TIME DIRECTIVE

1998 WORKING TIME DIRECTIVE	
Employee's agreement to opt out of the 48hours maximum average working week	
This agreement is made between Infinity Security Ltd, Lloyd House, 42 Great Bridge Street West Bromwich B70 0BN	
AND	(Employees name)
Payroll number:	
Address:	

The Working time regulations 1998 provide that the average working week, including overtime, shall not exceed 48 hours.

I only agree to work the expected shift pattern of an average of 56 hours over a seven day shift pattern averaged over seventeen weeks.

Any additional hours of work required to the above are to be considered as EXTRA working hours and are to be agreed by the employee.

Other than the above, all my statutory rights as an employee remain in place.

The company and the employee agree that this limit (48hours) shall not apply to the employee. This agreement will remain in force indefinitely. The employee or the company may terminate this agreement at any time by giving not less than 1 month's written notice to the other.

Signed: Employee

Date:

Signed: For and on behalf of the company

Date:

MEDICAL QUESTIONNAIRE

STRICTLY PRIVATE AND CONFIDENTIAL

NAME **DATE OF BIRTH**

Please complete the questionnaire below. The information is required with your interests in mind and will be retained in the strictest of confidence. If further information is required from your medical practitioner, your written consent will be obtained beforehand. You may be referred to a doctor appointed by the company so that a medical examination can be carried out.

SECTION A

HAVE YOU?	YES	NO	If, YES, please give details
1. Had an operation			
2. Been seriously injured			
3. Received inpatient/outpatient hospital treatment in the last 5years (excluding x-rays)			
4. Been refused or dismissed from employment for health reasons			
5. Received disability pension			
6. Been registered disabled			
7. Been made ill by your work			
8. Been refused a drivers license due to ill health			
9. Worked in toxic environment			
10. Any permanent disabilities/on going illness			
11. During the last 5years been off continuously for a period of 2weeks or more			Number of weeks
12. In the last 12months how many days were you absent from work			Number of days

SECTION B

Do you or have you ever had	Yes	No	Do you or have you ever had	Yes	No	Do you or have you ever had	Yes	No
Allergies/eczema/skin rashes			Ear problems			Nerve problems/mental stress		
Anaemia			Epilepsy/fits			Heart problems		
Anxiety or depression			Eye problems			Rheumatic fever		
Arthritis			Fainting and dizziness			Rupture		
Asthma			Headaches (frequent)			Shortness of breath		
Back problems			Problems with joints/ligaments or tendons			Sinus/nasal problems affecting your sense of smell		
Chest problems			High blood pressure			Stomach/bowel problems		
Cough (frequent)			Jaundice			Varicose veins		
Diabetes			Migraine			Upper limb disorder		

If you have answered **YES** to any of the questions in SECTION B please give details

.....

SECTION C

	Yes	No
Do you currently suffer form any illness/disability? If yes, please give details:.....		
Do you have prescribes medicine regularly (including inhalers)? If yes, please give details.....		
Are you currently prescribed spectacles for any purpose?		
Have you prescribed spectacles for VDU use?		
Are you colour blind?		
When did you last have an eye test?		
Have you ever claimed compensation for an injury sustained at work? If yes, please give details.....		
Have you ever had a hearing test? If yes, please give date and findings.....		
Have you previously worked in a protective hearing environment? If yes, please give details.....		
Do you smoke?		

Name and address of your own Doctor Dr Address: Tel no:	Please state you: HeightFTIns Weight.....STLbs Has your weight varied in the last 6months? <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> If yes why and by how much?
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The above information will be taken into account when considering your application for employment. To the best of my knowledge and belief the information given above is correct. I understand that if i am appointed and this information is found to be incorrect then i am liable for dismissal.

Signature: Date:

MEDICAL QUESTIONNAIRE REVIEW SECTION

If any section has been ticked yes:

A follow up with officer carried out after 6months to ensure medical records are updated:

Signature: Date:

CONFIDENTIAL

EQUAL OPPORTUNITIES MONITORING FORM

It is the intention of Infinity Security Ltd to provide equal opportunities for everyone regardless of race, gender, martial status or disability.

Please help us to monitor our selection procedure by ticking the appropriate boxes. The information that you provide will be treated in the strictest confidence. The monitoring form will be separate from your application form. It has no part in the selection process.

1. *Ethnic origin.

To which ethnic group would you say you belong? Please tick one box

- | | | | |
|----------------------------------|-----|-------------|-----|
| White | () | Indian | () |
| Black African | () | Pakistani | () |
| Black Caribbean | () | Bangladeshi | () |
| Black Other | () | Chinese | () |
| Other () (please specify) | | | |

*These categories are approved by the commission for racial equality.

2. Gender and Martial status

Are you?

Male () Female ()

Single () Married () Other ()

3. Do you have a disability?

Yes () No ()

4. Are you registered disabled?

Yes ()

No () Registered Number

If yes, what is the nature of your disability?

.....
.....

Candidate Details:

Full Name:

Post applied for:

Date: