

## **APPLICATION FORM FOR EMPLOYMENT**

- *This **5-YEAR** Application Form, when fully completed, ensures compliance with British Standard 7858 – Security Screening of Individuals Employed in a Security Environment – Code of Practice.*
- *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'.*
- ***Your Security Screening cannot begin if you fail to fully complete this Application Form.***

### **Personal Details**

Title: Mr/Mrs/Miss/Ms (please circle) ..... Surname .....

First Name(s) ..... Nick Name .....

Current Address: ..... National Insurance No .....

..... Tel No .....

..... Mobile .....

..... E-mail .....

Postcode..... From ..... To .....

Previous Address (if less than 5 years at Current Address) .....

.....

Postcode..... From ..... To .....

Date of Birth ..... Country of Birth .....

Nationality ..... If Not Born in EC, Date of Entry .....

Work Permit/Visa No ..... Expiry Date .....

Emergency Contact .....

Home Tel ..... Mobile No .....

## Select As Applicable

Are You?   Married                      Single                      Divorced

Do you have a Current Driving Licence? YES   NO   If Yes, Licence Number .....

Have you ever been cautioned or convicted of a criminal offence or are there any proceeding pending (including motoring offences)?   YES   NO

If yes, give details .....

Have you ever been subject to bankruptcy proceedings or court judgements for debt or have any pending?   YES                      NO

If yes, give details .....

Do you have any medical conditions? YES   NO

If yes, give details .....

## Employment Record (5 Years)

Employer/DSS/Education Details	Start Date dd/mm/yy	End Date dd/mm/yy	Company Name & Full Details
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Name of Contact .....	.....	.....	.....
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Position Held .....	Reason for Leaving .....	Tel .....
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Address.....	Email.....
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Employer/DSS/Education Details	Start Date dd/mm/yy	End Date dd/mm/yy	Company Name & Full Details
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Name of Contact .....	.....	.....	.....
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Position Held .....	Reason for Leaving .....	Tel .....
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Address.....	Email.....
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Employer/DSS/Education Details	Start Date dd/mm/yy	End Date dd/mm/yy	Company Name & Full Details
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Name of Contact .....	.....	.....	.....
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Position Held .....	Reason for Leaving .....	Tel .....
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Address.....	Email.....
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## **Self-Employment Referees**

If you have been self-employed please give the names, addresses and telephone numbers of 2 professional referees who can confirm this (e.g. Solicitor, Accountant, Bank Manager, Inland Revenue Office. Please include any reference numbers).

### **Referee One**

Title ..... Forename ..... Surname .....

Address .....

Email ..... Tel ..... Occupation .....

In what capacity do you know this person? ..... How long have you known this person? .....

### **Referee Two**

Title ..... Forename ..... Surname .....

Address .....

Email ..... Tel ..... Occupation .....

In what capacity do you know this person? ..... How long have you known this person? .....

## **Personal Referees**

Please give the names, addresses, telephone numbers and occupations of 2 persons, not blood-related and not residing at same address as you, who have known you for at least 2 years in a personal capacity, whom we may approach for character references (must not be an employee of JSL).

### **Referee One**

Title ..... Forename ..... Surname .....

Address .....

Email ..... Tel ..... Occupation .....

In what capacity do you know this person? ..... How long have you known this person? .....

### **Referee Two**

Title ..... Forename ..... Surname .....

Address .....

Email ..... Tel ..... Occupation .....

In what capacity do you know this person? ..... How long have you known this person? .....

## **Education**

Secondary School Name & Address	Start Date mm/yy	End Date mm/yy	Qualification	Result
.....				
.....	.....	.....	.....	.....
.....				
College Name & Address	Start Date mm/yy	End Date mm/yy	Qualification	Result
.....				
.....	.....	.....	.....	.....
.....				
University Name & Address	Start Date mm/yy	End Date mm/yy	Qualification	Result
.....				
.....	.....	.....	.....	.....
.....				

## **Training/SIA Number**

**EXP/**

Qualification	Result	Date	Name of Training Company
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

## **Declaration**

I declare that to the best of my knowledge all information provided in this application is correct. I fully understand that if I conceal any material fact. I will, if engaged, be liable to termination of my service.

Signature .....

Print Name ..... Date .....

## Employment Information Sheet

*\*You must supply 4 passport photos, color copies of SIA License and any other relevant documents i.e. Passport, BRP, Visa, Driving License, National Insurance, Current Proof of Address (not more than 3 months old).*

Venue Employed At .....

Mr/Mrs/Miss/Ms ..... Surname .....

First Name(s) .....

Previous Name(s) ..... Nick Name .....

Address .....

Email Add ..... Tel No (+STD code) ..... Mobile .....

National Insurance No ..... Date of Birth .....

Country of Birth ..... Nationality .....

If Not Born in EC, Date of Entry ..... Work Permit/Visa No .....

Expiry Date ..... Emergency Contact .....

Home Tel (+STD code) ..... Mobile .....

### Select As Applicable

Are You?      Married      Single      Divorced

Do you have a Current Driving Licence?      YES      NO.      Is this your second job?      YES      NO

SIA Licence Number (If Obtained) ..... Expiry Date .....

### Bank Details (Can be obtained from Cheque Book)

Name & Address of Bank .....

..... Post Code .....

Name of Account ..... Sort Code ..... Confirm Sort Code .....

Account Number ..... Confirm Account Number .....

Reference Number (required for some Building Society Accounts) .....

Name & Address of Next of Kin (contacted in emergency only) .....

..... Phone Number .....

## HEALTH SCREENING QUESTIONNAIRE

The purpose of this questionnaire is to ensure that, under the Working Time Directive, which came into effect on 01 October 1998, any person who is classed as a 'night worker' undertakes a health assessment in order for us to determine if you are fit to carry out the night work to which you are assigned.

Full Name: ..... Date of Birth: .....

Unit: ..... Job Title: .....

Home Address: .....

..... Home Tel No: .....

Doctor's (GP's) Name & Address: .....

.....

Please complete this form to the best of your knowledge and tick the appropriate box(es). Please note that ticking 'yes' does not necessarily mean you are unfit for night work (simply that we may need to refer you for further medical assessment). Please delete as appropriate.

If you answer yes to any question, please give as much information as possible overleaf, as this may prevent the need for further medical assessment.

- |   |          |       |
|---|----------|-------|
| 1. Are you on permanent night shift? (Working after 2 am)   | YES / NO |       |
| 2. How long have you worked night shifts?   | Months / | Years |
| 3. Do you suffer from diabetes?   | YES / NO |       |
| If yes, do you require treatment with insulin injections?   | YES / NO |       |
| 4. Do you suffer from a heart or circulatory disorder?  | YES / NO |       |
| If yes, does this affect your physical stamina and your ability to do physical work?  | YES / NO |       |
| 5. Do you suffer from stomach or intestinal disorder, such as ulcer?  | YES / NO |       |
| 6. Do you have any conditions where the timing of a meal is particularly important?   | YES / NO |       |
| 7. Do you suffer from any (medical) condition affecting your sleep?   | YES / NO |       |
| 8. Do you suffer from a chronic chest disorder (such as asthma) where night time symptoms are particularly troublesome?                               | YES / NO |       |
| 9. Are you aware of any other health factors that may affect your fitness to do night work or do you feel night shifts affect your health in any way? | YES / NO |       |

Please use the space below for any additional comments:

.....

.....

.....

### Declaration:

I certify that the above answers to the questionnaire are correct to the best of my knowledge. I understand that if I have withheld information this may adversely affect future efforts to place me in suitable employment.

Employee's Signature: ..... Date: .....

### To be completed by Head Office

Received by: ..... Date: .....

Fit for night work / Unfit for night work \*

\*Delete whichever is inappropriate

To Whom It May Concern:

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

I undertake to co-operate with Josoemag Services Ltd. in providing any additional information required to meet these criteria;

I authorise Josoemag Services Ltd. 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 authorise Josoemag Services Ltd. 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 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 Josoemag Services Ltd's 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 Josoemag Services Ltd. Subject to the Access to Medical Records Act 1988, I consent to the results of such examinations to be given to Josoemag Services Ltd. I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1935, 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 Josoemag Services Ltd. or its representatives may render me liable to dismissal without notice.

I understand that this information will only be used for the purpose of my application for the position of

.....

Signed: ..... Date: .....

Print Name: .....

Address: .....

.....

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### HEAD OFFICE ONLY

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Signed:

Date:

Print Name:

Position

On behalf of Josoemag Services Ltd.

## **WORKING WEEK AGREEMENT**

It is anticipated that your average weekly hours of work, excluding meal and rest breaks, may exceed 48 hours. Your signature on this document and your statement or Particulars of Employment signifies your agreement to work more than 48 hours when required.

Employee Name:

.....

I ..... hereby agree to work more than an average of 48 hours in any week for my employer, **Josoemag Services Ltd, Josoemag Building, 98 Braemar Avenue, South Croydon, CR2 0BQ.**

In the event that I wish to withdraw from this agreement I undertake to give three months' written notice to that effect.

Signed: .....

Date: .....



## **DECLARATION**

### **Please read this carefully before signing this application**

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

I undertake to co-operate with the Company in providing any additional information required to meet these criteria.

I authorize the Company and/or its nominated agent, to approach any previous employers, schools/colleges, character referees 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 a record of that search and may share that information with other credit reference agencies.

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 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 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 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 that any documents produced as evidence of identity and proof of residence may be examined using an Ultraviolet scanner or other methods to deter identity theft and fraud. Any suspect document will be reported to the relevant authority.

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 it is a criminal offence to attempt to obtain employment by deception and that any misrepresentation or omission of a material fact or deception will be cause for immediate cancellation of employment.

Signed: ..... Print Name: ..... Date: .....

**Please supply with this application for proof of National Insurance Number and COPIES of 2 Photo IDs, including passport and Visa & proof of current address not older than 3 months.**

### **GDPR Acknowledgement: Your rights in connection with your personal information**

As a data subject, you have a number of statutory rights. Subject to certain conditions, and in certain circumstances, you have the right to:

\* request access to your personal information – this is usually known as making data subject access request and it enables you to receive a copy of the personal information we hold about you and to check that we are lawfully processing it \* request rectification of your personal information – this enables you to ask us to delete or remove your personal information we hold about you corrected \* request the erasure of your personal information – this enables you to ask us to delete or remove your personal information where there's no compelling reason for its continued processing, e.g. it's no longer necessary in relation to the purpose for which it was originally collected \* restrict the processing of your personal information – this enables you to ask us to suspend the processing of your personal information, e.g. if you contest its accuracy and so want us to verify its accuracy \* object to the processing of your personal information – this enables you to ask us to stop processing your personal information where we are relying on the legitimate interests of the business as our legal basis for processing and there is something relating to your particular situation which makes you decide to object to processing on this ground \* data portability – this gives you the right to request the transfer of your personal information to another party so that you can reuse it across different services for your own purposes.

If you wish to exercise any of these rights, please contact our data protection officer at [admin@josoemag.co.uk](mailto:admin@josoemag.co.uk).

## For how long does the Company keep your personal information?

The Company will only retain your personal information for as long as is necessary to fulfil the purpose for which it was collected and processed. If your application for employment or engagement is unsuccessful, the Company will generally destroy your personal records after the end of the relevant recruitment exercise.

However, but this is subject to:

- a) any minimum statutory or other legal tax, health and safety, reporting or accounting requirements for particular data or records, and
- b) the retention of some types of personal information for up to seven years to protect against legal risk, e.g. if they could be relevant to a possible legal claim in a tribunal, County Court or High Court.

If you have consented to the Company keeping your personal information on file, in case there are future suitable employment opportunities with us, the Company will hold your personal information for a further six months after the end of the relevant exercise, or until you withdraw your consent if earlier.

If your application for employment or engagement is successful, personal information gathered during recruitment process will be retained for the duration of your employment or engagement and in accordance with the privacy notice for employees, workers and contractors.

Personal information which is no longer retained will be securely and effectively destroyed or permanently erased from our IT systems and we will also require third parties to destroy or erase such personal information where applicable.

### **Guidance Notes for Completing Application Form**

Please note, application forms that are either not completed in full, nor have the requested documents attached **WILL NOT** be processed. Complete application forms will be required if you wish to proceed.

#### **Previous Convictions**

If you have convictions that are not spent in accordance with the Rehabilitation of Offenders Act 1972, please provide the date of offence and conviction, details of the circumstances and the penalty imposed.

#### **Person to Contact in Emergency**

If you are taken ill or have an accident at work, we require details of who we should contact, **do not** put your own details here.

#### **Employment History**

We need to obtain written references from your previous employers, and colleges attended over the past five years (without any gaps). Therefore, please provide full postal addresses and telephone numbers. If you have been unemployed, we require details of the Jobcentre at which you were registered.

If you have been self-employed, we will require the details of either your solicitor or accountant who can confirm your period of unemployment and the fact that your business was conducted in an orderly manner.

If you are currently employed and do not wish us to contact your employer for a reference, please supply documentation to confirm your period of employment, i.e. pay slips, copy of contract etc.

#### **Personal Referees**

This should be two people who have known you for five years and are not relatives, previous employers, live in the same address as yourself, nor be employees of Josoemag Services Ltd.

### **Vetting Requirements**

- Provide proof of identity and address of residence.
- Full history for previous five years prior to application, this should include education, employment, periods of self-employment, unemployment and gaps in employment history throughout the screening period.
- The names and addresses of two individuals with personal knowledge of yourself and from whom a written character reference can be requested. Each character reference should confirm that nothing is known about you which would reflect adversely upon your suitability for the employment you have applied for.  
Your character referees will be required to confirm their relationship with you and the fact that they have known you for a minimum 2 years in the past five years. They should not be relatives nor persons living at the same address as you.
- Details of all cautions or convictions for criminal offences, including motoring offences and pending actions, subject to the provisions of the Rehabilitation of Offenders Act 1974.
- Details of all bankruptcy proceedings and court judgements.
- An acknowledgement that misrepresentation, or failure to disclose material facts, either during application or throughout employment may constitute grounds for immediate dismissal and/or legal action.
- A statement authorising an approach to current and former employers, government departments, individuals providing character references, etc, for verification of your continuous career and history.
- Assistance in obtaining a continuous record of evidence in writing confirming that there is nothing in your background which would reflect adversely upon your suitability for the purposed employment.