

Welcome to VSG and thank you for your interest

PERSONAL INFORMATION SHEET



650 Pavilion Drive, Northampton Business Park NN4 7SL
Tel: 08456 440511 Fax: 08456 432136

SIA LICENCE DETAILS

Licence Type	Licence No.	Expiry Date
Security Guarding		
Door Supervisor		
CCTV		
CPL		

NOCN 2 Certificate	To apply & 1 day admin	
NOCN 1 Certificate	To apply & CM + 1 day admin	
No qualifications	To apply & full BJT	

PERSONAL DETAILS - We are an equal opportunities employer (*DOB required for SIA Licensing purposes)

TITLE Mr / Mrs / Miss / Ms	SURNAME	TELEPHONE NUMBERS
FORENAME		Home
ADDRESS		Mobile
		Email
	POSTCODE	MARITAL STATUS
SURNAME (at birth if different)		Married / Single / Separated / Divorced / Widow / Widower
DATE OF BIRTH*	AGE	

NATIONAL INSURANCE NO.	COUNTRY OF BIRTH
NATIONALITY	DATE OF ENTRY TO UK <i>if applicable</i>
PROOF OF IDENTITY / AUTHORITY TO WORK IN THE UK WILL BE REQUIRED <i>Please circle which of the following can be produced</i>	
PASSPORT / BIRTH CERTIFICATE / IMMIGRATION PAPERS / VISA / WORK PERMIT <i>Please state expiry date</i>	

Are you looking for **FULL** or **PART-TIME** work ?
And when would you be able to start work if you were offered a position ?

TRANSPORT

Please give details of driving licence held	FULL CAR / MOTORBIKE / PROVISIONAL / INTERNATIONAL / NONE
Do you have full access to your own transport	YES / NO
Please state number of points, if any, on your licence	

EDUCATION HISTORY - Please give details of any school, college or university attended within last 5 years

School Name & Address	Dates attended From / To	School Name & Address	Dates attended From / To

SERVICE RECORD - Please give details of any Military or Civilian Forces served in

ROYAL NAVY / ARMY / RAF / FIRE / POLICE / TA	Dates From / To
Unit or Regiment	Service No.
Rank on Leaving	Conduct Assessment on Leaving

CRIMINAL CONVICTIONS & OFFENCES EFFECTING LICENSING

Subject to the Rehabilitation of Offenders Act 1974, have you ever been fined, imprisoned, placed on probation, discharged on payment of costs or had any Order made against you by a Criminal, Civil or Military Court ? *(This excludes motoring offences)* YES / NO

Are there any alleged offences outstanding against you ? YES / NO

IF YOU HAVE ANSWERED YES TO EITHER OF THE ABOVE PLEASE GIVE DETAILS

FINANCIAL HISTORY - *this is required for the standard Security Industry screening checks*

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

Do you have a bankruptcy order or any voluntary arrangements ? YES / NO

Are you the subject of any County Court proceedings (**County Court Judgements**) ? YES / NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE PLEASE GIVE DETAILS

HEALTH - *any employment offer may be subject to a further medical form being completed*

Have you ever undergone any operations or medical treatment, or been prescribed any medication ? YES / NO

Have you ever been diagnosed with any medical conditions ? YES / NO

IF YOU HAVE ANSWERED YES TO EITHER OF THE ABOVE QUESTIONS THEN PLEASE SUPPLY FULL DETAILS

Please state number of days absent from work due to illness, in the last 12 months _____

Would you be prepared to undergo a medical if requested ? YES / NO

PERSONAL REFERENCES - *please give names & addresses of 2 people you have known for at least 5 years (not relations or employers)*

Name	Name
Address	Address
Phone No	Phone No
How long known	How long known

SELF EMPLOYMENT - *please include in employment history (If applicable please provide accountant or trade reference)*

NEXT OF KIN DETAILS *PLEASE PROVIDE CONTACT IN CASE OF EMERGENCY*

Name	Name
Address	Address
Phone No.	Phone No.
	Relationship

EMPLOYMENT HISTORY - a full 5 year employment / back to school history is required

Please give full details of your current / previous Employers, Benefits Offices for unemployment claims & self employment

Company Name, Address & Phone No. or Email	Dates Months & Years		Job Title & Hourly Pay	Reason for Leaving
	From	To		

DECLARATION - please read this carefully before signing the form

On completing this form, I have read and accepted any conditions outlined within it. I understand that any appointment made will be subject to satisfactory references being received by the Company and I give permission for the Company to approach previous employers, schools, colleges, personal referees or Government Agencies to verify that the information I have given is correct.

I also authorise VSG to Credit Reference Check as required.

I certify that, to the best of my knowledge, the information that I have given is true and correct and I understand that any false statements or omission may result in me being liable to dismissal without notice. I consent to the Company (and any Group/Associated company) processing my personal data and sensitive personal data as defined in the DPA 1998 for the purposes of carrying out payroll, administrative, personnel and other management duties. I agree that the Company (or Group/Associated company) may make this information available to others and I understand that the processing of my information may involve the transfer of my personal and sensitive information outside the EEA. I agree to this transfer.

I understand that if I wish to take a 2nd job whilst working for VSG, I am required to contact the Personnel Department for authorisation.

Print Name

Signature

Date

EQUAL OPPORTUNITIES - a voluntary section which is not used in assessing your application

My ethnic origin is (please circle)

- | | | | | |
|----------------------|-------------------------|------------------------|------------------------|----------------------|
| White | Mixed | Asian or Asian British | Black or Black British | Chinese or other |
| British | White & Black Caribbean | Indian | Caribbean | Chinese |
| Irish | White & Black African | Pakistani | African | Other - Please state |
| Other - Please state | White & Asian | Bangladeshi | Other - Please state | |
| | Other - Please state | Other - Please state | | |

FOR OFFICE / INTERVIEWER USE ONLY

*If less than 5 years at current address -
Please take previous address details - essential for credit check*

Initials

Identification / authority to work seen

Passport No.:

Driving Licence No.:

Initials

Criminal convictions

Initials

Medical history

Initials

Financial history

Initials

*Employment history verified 5 years /
back to school with no gaps*

Initials

SIA documentation requirements confirmed and checked

If applicable - please list confirmed available support documents to be provided

Initials

Vacancy discussed

CORE

RELIEF / CSO

Pay rate / frequency

Uniform sizes

Chest

Hi VIZ

Waist

Inside Leg

Shoes

Collar

Hat

Position offered

Training Course Dates

Accommodation

Interview notes - *Holidays booked / referred by etc*

Date of interview

Interviewed by

Recommended by

5 year screening - completed by

Date

5 year screening - authorised by

Date