

Application for Employment Private and Confidential

STATEMENT TO PROSPECTIVE EMPLOYEES (PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION FORM)

To enable this company to offer a position of employment we have to carry out a comprehensive screening procedure. In order that your application for employment can be effectively actioned by our Vetting Office it is essential that you read the following statement and **ensure that all relevant sections** of the application form are completed and returned together with all relevant documentation to Graffins Services Limited, Suite 129, 30 Red line Street, Richmond Upon Thames, TW9 1RB

PERSONAL REFERENCE AND EMPLOYMENT VERIFICATION

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

I undertake to cooperate with the Company in providing any additional information required to meet these criteria;

I authorise the Company 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 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 agree to pay part of the cost of this credit reference check the sum to be advised to me in writing prior to the check taking place.

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 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 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 the Company or its representatives may render me liable to dismissal without notice.

SIGNATURE

PRINT NAME

DATE

1.Surname		2.Title	Mr/Mrs/Ms/Miss
3.Forenames		4.Marital Status	Single/Separated/ Divorced/Married
5.Present Address		6. if you are living less than 3 years at present address then please provide Previous Address	
Home Tel No. Mobile Tel No.			
7.Date of Birth		8.Maiden Name	
9.Nationality		10.Passport No:	
11- Email Address:		12. N.I. No:	
13.Car	Yes/No	14.Driving Licence	Please supply Copy
15. SIA License no		16- Expiry Date:	
17.Verification of Address	Please supply copy of a recent utility bill		
18. Have you ever been convicted of a Criminal Offence?		Yes/No/Case Pending	
19. Have you ever been subject to Bankruptcy Proceedings?		Yes/No/Case Pending	

20. Education & Training

Start Date Month Year	Leave Date Month Year	Name of School or College and full address	Qualifications gained

21. Referees

Please give details of 2 Personal Referees (Must not be related in any way, nor living at your address & should be known for longer than 2 years in the last five).

Name		Name	
Full Address And Telephone Number		Full Address And Telephone number	
Length of Time Known		Length of time known	

Please give details of 2 Friends or Relatives to be contacted in case of emergency.

Name		Name	
Address		Address	
Relationship		Relationship	
Tel No.	Home: Work:	Tel No.	Home: Work:

22. Employment History

Please give details of your Employment History for the last 5 years or since you left full time education.
 If in Full time secondary education during the last 5 years, please provide the full name and address of
 Your School and the date of leaving

Include details of National Service and any periods of self-employment where applicable.
 For any periods of unemployment give details of Job Centre and any courses completed.

Full Name of Employer Full Address & Position held in company	Tel No.	Start Date		End Date		Reason for Leaving
		Month	Year	Month	Year	
Post Code: Position Held:						
Post Code: Position Held:						
Post Code: Position Held:						
Post Code: Position Held:						
Post Code: Position Held:						
Post Code: Position Held:						

Continue on a separate sheet of paper if necessary

23. Other Qualifications

Please give details of any special skills or training received, e.g. First Aid, Health & Safety, Security, Skills for Security etc.

Course	Qualification or Certificate Gained

24. Bank Details

Bank or Building Society Name	
Full Address	
Bank Sort Code	
Account No.	

25. Uniform Details

State Size

SHIRT, Collar size Ladies size	
JACKET, chest size	
BLAZER, chest size	
LADIES SUIT	
LADIES SKIRT, size	
TROUSERS, waist / inside leg	

CONSENT TO PROCESSING OF
PERSONAL AND SENSITIVE PERSONAL DATA FOR THE PURPOSES OF
THE DATA PROTECTION ACT 1998 ('the DPA 1998')

I HEREBY CONSENT to and authorise Graffins Services Limited ('the Company') and any third party nominated by the Company from time to time to perform a vetting service. To hold the information contained in the Application for Employment and any other information obtained and/or derived as a direct result of the Company and/or the Vetting Company obtaining references and/or confirming the accuracy of the information contained in the Application for Employment (and for the avoidance of doubt that will include details of National Insurance Contributions) during my employment with the Company.

This consent shall constitute 'consent' and 'explicit consent' for the purposes of the DPA 1998.

Signed..... Date.....

Print Name

This Agreement is made between

Graffins Services Limited ("the Company")
And

..... ("The Worker")

48 hour maximum average working week

The Working Time Regulations 1998 provide that the average working week, including overtime, shall not exceed 48 hours. The Company and the worker agree that this limit shall not apply to the worker. This Agreement will remain in force indefinitely. The worker, or the Company, may terminate this Agreement at any time by giving not less than three months' written notice to the other.

Signed: _____

Date: _____

Name: _____

For and on behalf of the Company

Signed: _____

Date: _____

Name: _____

Staff Member