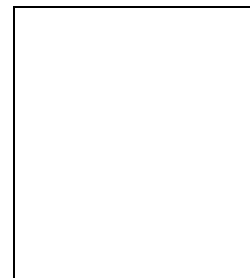




Application Form



Position Applied for:.....

Attached Documents:

Signed Application Form	[]
Proof of ID	[]
Proof of Address	[]
Right to Work	[]

Personal Information:

Title: Surname:.....

Forename:..... Surname at Birth:.....
(If different from above)

Address:.....

.....

Postcode:..... Place of Birth:.....

Telephone:..... Mobile:.....

Nationality:..... Date and Place of entry into UK:.....

Work Permit:..... National Insurance Number:.....
(If applicable)

Passport Number:.....

SIA License Sector:..... SIA License Number:.....

Person to contact in case of emergency/Next of kin:

Relationship to next of kin:..... Name:.....

Address:.....

.....

Postcode:.....

Telephone:..... Mobile:.....

Driving:

Type of Driving License: Full / Provisional / None Own Transport: Car / Motorbike / None

License Number:..... Have you ever been disqualified?

Any Motoring offences/convictions? Yes / No – If yes, please provide description of your offence/s below.....

.....

Criminal Convictions:

Have you, ever been fined, cautioned, sentenced to imprisonment or placed on probation for a criminal act (subject to the Rehabilitation of Offenders Act)? **Yes / No**

Are there any alleged offences outstanding against you? **Yes / No**

Have you, ever been made bankrupt or have any Court Judgements against you, whether satisfied or not, within the last 6 years? **Yes / No**

Has any order been made against you by a Civil or Military Court or Public Authority? **Yes / No**

If yes to either questions give details

.....



Education:

Type of Institute	Name of Institute	Address of Institute	From MM/YYYY	To MM/YYYY	Grades
High School					
College					
University					

Personal References:

Please provide 2 personal references that you have known for at least 2 years in last 5 years and are not your relatives or former employers or resident on same address.

Name:.....	Name:.....
Address:.....	Address:.....
.....
Tel. No.:.....	Tel. No.:.....
Occupation:.....	Occupation:.....
How long known:.....	How long known.....

Equal Opportunities:

This section is voluntary and will NOT be used in assessing your application. Royel Security Ltd is an equal opportunities employer. If you decide to complete this section it will help us to monitor the effectiveness of our Equal Opportunities Policy. Please tick the appropriate box below.

My ethnic origin is:

British	
African	
Asian	
Caribbean	
Chinese	
White	
Other	

If other, please specify.....

Bank Details:

Bank Name:..... Account Holder Name:.....

Sort Code:..... Account No:



Employment: State all periods of employment, unemployment and self-employment for the last 5 years or since leaving school. For any periods of unemployment, state the address of the Unemployment Benefit Office at which you reported. Start with present situation.

	Employers Details:	Employment Details:	From: MM/YYYY	To: MM/YYYY	Reason for leaving:
Name:		Position:			
Address:		Manager:			
Postcode:					
Tel No:		Salary:			
Fax No:					

	Employers Details:	Employment Details:	From: MM/YYYY	To: MM/YYYY	Reason for leaving:
Name:		Position:			
Address:		Manager:			
Postcode:					
Tel No:		Salary:			
Fax No:					

	Employers Details:	Employment Details:	From: MM/YYYY	To: MM/YYYY	Reason for leaving:
Name:		Position:			
Address:		Manager:			
Postcode:					
Tel No:		Salary:			
Fax No:					

	Employers Details:	Employment Details:	From: MM/YYYY	To: MM/YYYY	Reason for leaving:
Name:		Position:			
Address:		Manager:			
Postcode:					
Tel No:		Salary:			
Fax No:					

	Employers Details:	Employment Details:	From: MM/YYYY	To: MM/YYYY	Reason for leaving:
Name:		Position:			
Address:		Manager:			
Postcode:					
Tel No:		Salary:			
Fax No:					



Declarations

I certify that to the best of my knowledge, the information that I have given in my application for employment is true and complete and understand that any false statement or omission to Royel Security Ltd or its representatives may render lead to termination of employment without notice.

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 authorise Royel Security Ltd or its nominated agents to carry out financial history check /credit check and approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment/unemployment record.

I consent to Royel Security Ltd reasonable processing of any 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 Royel Security Ltd Subject to the Access to Medical Reports Act 1988, I consent to the results of such examinations to be given to Royel Security Ltd and authorize Royel Security 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 further declare that any documents that I provide as proof of my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined under a UV scanner or similar device. I acknowledge that any falsified documents may be reported to the appropriate authority.

Data Protection Act 1998

Royal Security Ltd will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers. By returning this form to Royel Security Ltd you consent to our processing personal data about you where this is necessary, for example information about your credit status, ethnic origin or criminal offences. You also consent to the transfer of your information to your current and future potential employers where this is necessary (this may be to companies operating abroad if you apply for work outside of the United Kingdom).

Your information will be held on our computer database and/or in our paper filing systems. By signing below, you agree to this process and confirm that you do not have a criminal record subject to the current Rehabilitation of Offenders Act and any amendments. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Disclosure

You are applying for a position of trust and in the event of being offered employment by Royel Security Ltd we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from employment. For more information, ask a member of staff for a copy of the CRB Code of Practice/Disclosure Scotland and/or Company our policy statement regarding ex-offenders. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document, you allow Royel Security Ltd to see a copy of the Disclosure. The Disclosure information is not retained i.e. it is disposed of within the timescales recommended in the CRB Code of Practice. By signing below, you agree to this process.

Screening

Any offer of employment is subject to satisfactory screening, that the applicant consents to being screened and will provide information as required. That the information provided is correct, and the applicant acknowledges that any false statements or omissions could lead to termination of employment.

I confirm this is an electronic form and my signature will be recorded as my name.

I confirm that my consent is explicit, fully informed and freely given for the purposes of this job.

Applicant Name: _____ **NI Number:** _____

Applicant Signature: _____ **Date:** _____

Receipt Acknowledgment

I have read and understood the contents of this Contract of Employment and agree with the terms and conditions. I acknowledge receipt of this Statement. I have been shown the Employee Handbook. I confirm that I have read the Statement and the Employee Handbook which set out the principal rules, policies and procedures relating to my employment and written contract of employment.

I confirm this is an electronic form and my signature will be recorded as my name.

Signed by the employee: _____

Date: _____

Signed for and on behalf of **Royal Security Ltd**

Signed by the Employer: _____

Date: _____

Section two To be completed by the employer

Almost all employers must file employee starter information online at www.hmrc.gov.uk/online

Guidance for employers who must file online can be found at www.businesslink.gov.uk/payingnewemployees

Employers exempt from filing online should send this form to their HM Revenue & Customs office on the first payday. Guidance can be found in the E13 *Employer Helpbook Day to day payroll*.

Employee's details

Date employment started DDMMYYYY

<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"/>
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Works/payroll number and department or branch (if any)

<input type="text"/>
<input type="text"/>

Job title

<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer's details

Employer PAYE reference

Office number Reference number

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address

Building number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employer name

<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"/>	<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"/>	<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"/>	<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"/>	<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"/>

Rest of address

<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postcode

<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"/>
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Tax code used

If you do not know the tax code to use or the current National Insurance contributions (NICs) lower earnings limit, go to www.businesslink.gov.uk/payeratesandthresholds

Enter 'X' in the appropriate box

Box A

Emergency code on a **cumulative** basis

A	<input type="text"/>
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Box B

Emergency code on a **non-cumulative** Week 1/Month 1 basis

B	<input type="text"/>
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Box C

Code BR unless employee fails to complete section one then code OT Week 1/Month 1 basis

C	<input type="text"/>
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Tax code used

<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"/>
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If Week 1 or

Month 1 applies,

enter 'X' in this box

<input type="text"/>

For employees who complete Box A or Box B starter notification is not needed until their earnings reach the NICs lower earnings limit.

Royal Security Limited

Personal details:

New Employee Form

Surname	<input type="text"/>
Forename 1	<input type="text"/>
Forename 2	<input type="text"/>
Preferred name	<input type="text"/>
Address	<input type="text"/>
Post Code	<input type="text"/>
Telephone	<input type="text"/>
Mobile	<input type="text"/>
E-mail	<input type="text"/>

Title (eg Mr)	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Married	<input type="checkbox"/>
Date of birth	<input type="text"/>
Photo	<input type="text"/>

Work & Pay:

Job title	<input type="text"/>
Department	<input type="text"/>
Works Number	<input type="text"/>
NI Number	<input type="text"/>
NI Table Letter	<input type="text"/>
Tax Code	<input type="text"/>
Wk1 / Mth1 basis	<input type="checkbox"/>
Director	<input type="checkbox"/>

Date started	<input type="text"/>
Pay rate	<input type="text"/>
Pay frequency	Wk <input type="checkbox"/> 2-Wk <input type="checkbox"/> 4-Wk <input type="checkbox"/> Mth <input type="checkbox"/>
Pay method	Bank <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/>
Bank name	<input type="text"/>
Sort code	<input type="text"/>
Account name	<input type="text"/>
Account number	<input type="text"/>
Payment ref. <small>(if supplied by the bank)</small>	<input type="text"/>

P45 from previous employment:

PAYE Office Number	<input type="text"/>
PAYE Office Reference	<input type="text"/>
Leaving date	<input type="text"/>
Continue Student Loan	<input type="checkbox"/>
Tax code at leaving	<input type="text"/>
W1/M1 basis	<input type="checkbox"/>
Was paid monthly	<input type="checkbox"/>
Wk/Mth of last P11	<input type="text"/>
Pay to date	<input type="text"/>
Tax to date	<input type="text"/>

Terms of employment:

Hours work per week	<input type="text"/>
Paid overtime	<input type="checkbox"/>
Weeks notice required.	<input type="text"/>
Days sick on full pay	<input type="text"/>
Retirement age	<input type="text"/>
May join pension scheme	<input type="checkbox"/>
Days holiday per year	<input type="text"/>
Max carry over days	<input type="text"/>
Days Holiday in first year	<input type="text"/>

If there is no P45:

- A - This is the employee's first job since last 6 April and he/she has not been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension.
- B - This is now the employee's only job, but since last 6 April he/she has had another job, or has received taxable Jobseeker's Allowance or Incapacity Benefit. He/she does not receive a state or occupational pension.
- C - The employee has another job or receives a state or occupational pension
- Don't know

Additional Information / Notes / History

Employee signature _____ Date _____