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PRIVATE AND CONFIDENTIAL: APPLICATION FOR EMPLOYMENT

Position applied for Date

Surname: First Name(s):

Address:

..... Postcode:

Tel No: Email:

National Insurance No: Date of birth:

Are you eligible for employment within the UK. YES NO

(Documentary evidence maybe required)

EDUCATION HISTORY: Detail all education from 11 years old and qualifications obtained.

From: Month/Year	To: Month/Year	School/College	Qualifications

OTHER TRAINING: List all training courses attended and certificates/qualifications obtained.

From: Month/Year	To: Month/Year	Provider	Qualifications

DRIVING LICENCE: Some positions may require you to drive company vehicles and/or travel to a place of work that is not serviced by public transport.

Do you hold a Drivers Licence?

Full UK licence Provisional licence I do not have a licence

How will you travel to work?

Own Car Motorcycle Bicycle Public transport Other

EMPLOYMENT HISTORY: Please record your employment history below.

WE MUST HAVE MINIMUM 5 YEARS EMPLOYMENT HISTORY (or to school leaving age)
BEFORE WE CAN CONSIDER EMPLOYMENT.

PLEASE ALSO INCLUDE DETAILS OF ANY PERIODS OF UNEMPLOYMENT

Start with current/most recent first. Continue on a separate page if necessary

From Month/Year	To: Month/Year	Name & address of employer	Job title and duties	Salary at finish
1				
Contact name			Notice req'd and/or reason for leaving	
2				
Contact name			Reason for leaving	
3				
Contact name			Reason for leaving	
4				
Contact name			Reason for leaving	
5				
Contact name			Reason for leaving	
6				
Contact name			Reason for leaving	
7				
Contact name			Reason for leaving	
8				
Contact name			Reason for leaving	

VETTING & SCREENING: All applications will be vetted and screened for the previous 5 years. Any failure to provide relevant and accurate information or if supplied information is unsatisfactory we may have no alternative but to reject your application and/or withdraw any offer of employment. This is in accordance with BS 7858-2006

YOU MUST THEREFORE SUPPLY ALL THE INFORMATION REQUIRED

REFERENCES:

Before we can proceed with your application we require 2 character references from persons who have known you at least 2 years out of the last 5 years they can not be related to you: Please supply the information below

Name:	Name:
Address:	Address:
.....
Telephone:	Telephone:
Specific dates known to applicant:	Specific dates known to applicant:
Relationship:	Relationship:

OTHER EMPLOYMENT:

Please record any other employment you would continue to do if you were successful in obtaining employment.

LEISURE:

Please note here your leisure interests and hobbies and to what level you pursue them.

CRIMINAL RECORD:

State any criminal convictions (subject to Rehabilitation of Offenders Act 1974).
If none please state **NONE**.

MEDICAL SECTION: This section must be completed **fully** to progress your application.

Question	YES	NO	Details	
Do you suffer from or have history of any muscular or skeletal injuries (inc back pain).				
Are you colour blind in any or both eyes If so please give details			PASS	FAIL
Have you or any member of your family any history of heart problems.			PASS	FAIL
Have you or any member of your family any history of chest, respiratory, asthma type problems.				
Are you allergic to anything				
Are you prone to fitting, seizure, faints etc.				
Have you ever suffered from nervous breakdown, panic attacks, mental illness				
Do you suffer from high blood pressure				
Have you any hearing difficulties			PASS	FAIL
Have you any sense of smell difficulties			PASS	FAIL
Have you any eye sight difficulties			PASS	FAIL
Are you under any medication at all If so please give details				
Please list any special needs that you require that will enable you to carry out your duties satisfactorily.				

GENERAL:

Uniform: To allow us to order you a uniform please supply the following measurements.

Chest	Waist	Inside leg	Collar	Shoe
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Please give details of any days/hours/shifts you cannot work.

Please give details of any holiday commitments already booked or planned.
Date: Period: Reason:

Bank Account Details
This information can be provided upon commencement of employment if preferred.
Account name: Sort code: Account no:
Branch address:

Name and address of contact in cases of emergency.
Name: Relationship: Tel No:
Address:

DECLARATION BY APPLICANT

I agree not to divulge any information however acquired relating to the Company, its Business or its Clients to any other Person, Company or Organisation without written consent from the Company either during or after employment is determined.

I agree to abide by the rules and procedures of the company at all times and agree to a personal search as and when required.

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 on manual records.

I agree to attend Training Courses and /or First Aid training appropriate to my employment as identified and mutually agreed by the company and myself.

I Authorise the company to make a consumer information search with a credit reference agency, which will be kept on record and the company may share that information with other credit reference agencies.

I have detailed my previous 5 years employment history and consent to the company contacting such persons including character references as necessary to verify those details in accordance with British Standards 7858-2006

I AGREE / I DO NOT AGREE, to my present employer being contacted BEFORE an offer of employment is made. I understand my present employer will be contacted after any provisional offer of a job, is accepted by myself.

I understand that any offer of employment is subject to the satisfactory 5 years screening process.

I consent to 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 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 any offer of employment is subject to the satisfactory 5 years screening process.

I understand that any offer of employment is subject to 12 weeks probationary period.

I understand that if any information I have provided on this form is subsequently found to be false or misleading I will be liable to disciplinary procedures that could result in dismissal without notice.

I understand that it is a criminal offense to make false statements on this Application Form.

I confirm that if I commence employment with your company and I am registered as unemployed, I will inform the relevant authorities of my revised employment status.

Signature of applicant:

Name:

Date: