



Dear Applicant,

Thank you for downloading Cardinal Security application form. Please ensure that you fill out the entire application form, completing as much detail as possible as this could affect your chances of being invited to an interview.

Please send in your completed application form along with the following documents;

1. Passport (Photocopying all relevant Pages)
2. Birth certificate
3. Driving licence
4. Utility bill or a document with your current address on it.
5. A Written reference


**Failure to send the above documentation with your application form could result in an interview not taking place.**

If you have any queries please contact Cardinal Security on 0870 777 9793.

Yours sincerely

Cardinal Personnel Department



# APPLICATION FOR EMPLOYMENT

OFFICE USE ONLY

<b>I.D. No.:</b>
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<b>POSITION APPLIED FOR:</b> <b>Security Officer</b>
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## CONFIDENTIAL

1. This Application Form, when completed, contains the basic information from which a candidate is assessed. Please ensure you complete this form in BLOCK CAPITALS, in your own handwriting and in black ink.
2. **Ensure full details of previous employers and their addresses are entered** as this will facilitate reference checks. Any gaps in your employment record must be fully explained.

TITLE: Mr / Mrs / Miss / Ms ( <i>circle</i> )	SURNAME:
Surname at Birth: <i>(if different from above)</i>	FORENAMES:
Address .....	
.....	
..... Post Code.....	
Tel No:	Mobile No:
E.mail address .....	
Date of Birth:	Place of Birth:
SIA Licence Number:	Sector Applied To:
<i>For the purposes of the Asylum and Immigration Act 1996, it is necessary for an employer to establish that an employee is entitled to work in the United Kingdom, and, if so, to establish if any restrictions under the Act applies to the employee. The following questions must therefore be answered to satisfy this requirement.</i>	
Nationality:	Are you permitted to work in the U.K. ? YES / NO
Date and Place of entry into UK: <i>(if applicable)</i>	Work Permit Expiry Date: <i>(if applicable)</i>
National Insurance No:	Passport No.:
Person to contact in an emergency / Next of Kin:	Next of Kin Relationship:
Name.....	Their telephone no. (Work):.....
Address: .....	
.....	Their telephone no. (Home):.....
post code.....	

**DRIVING LICENCE**

Driving Licence: Full / Provisional / None                      Licence No:.....                      Car / Motorcycle

Own Transport: YES / NO                      Have you ever been disqualified from driving ?                      YES / NO

Enter details of any motoring convictions or endorsements in the last 5 years: .....

.....

**SERVICES RECORD**

Services: ARMY / ROYAL NAVY / RAF / FIRE / POLICE / OTHER (*specify*) .....

Unit or Regiment:..... Rank:..... Service No:.....

From:                      To:                      Conduct Assessment on discharge:

Are you a member of any reserve which will require annual training or service?                      YES/ NO

If YES give details.....

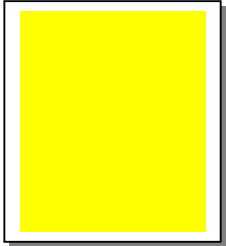
**OFFENCES, CAUTIONS AND CONVICTIONS**

*Office Use Only*

1. Have you ever been Cautioned by the Police ?                      YES / NO

2. Have you ever been convicted, fined or had any order made against you by a Criminal, Civil or Military Court ?                      YES / NO

3. Are you aware of any Police investigations in which you may be involved?                      YES / NO



If the answer to either question 1, 2 or 3 above is YES, give details:.....

.....

*N.B. Disclosure is not required where there is a conviction to which the provisions of the Rehabilitation of Offenders Act 1974 applies. Failure to disclose an unspent conviction may result in summary dismissal. If you are unclear about any of these questions ask the interviewer.*

**FINANCIAL LIABILITIES**

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

If YES, give details:.....

Have you ever been declared bankrupt / insolvent?                      YES / NO.

If YES, give details.....

Are you the subject of any County Court proceedings?                      YES / NO

If YES, give details.....

**SECONDARY EDUCATION RECORD**

School attended: From To Qualifications

**FURTHER EDUCATION RECORD**

College / University attended: From To Qualifications

**PERSONAL REFERENCES**

Give the names and address of two persons (not former employers or relatives) who have known you for at least 2 years.

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

**SELF-EMPLOYMENT REFERENCES**

If you have been self-employed please give references of people who can confirm the details

TRADE ACCOUNTANT
Name: ..... Name: .....
Address: ..... Address: .....
.....
.....

**EQUAL OPPORTUNITIES**

This section is voluntary and will NOT be used in assessing your application. Cardinal Security Limited is an equal opportunities employer. If you choose 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: African [ ] Asian [ ] Caribbean [ ] White [ ]
Other [ ] (please specify)

**EMPLOYMENT RECORD**

State all periods of employment, unemployment and self employment for the last 10 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 (BLOCK CAPITALS)	Employment Details	Dates	Office Use
Name: Address:  Tel. No:	Position Held: Work No: Reporting To: Salary/Wage Per week: Reason for Leaving:	From:  To:	
Name: Address:  Tel. No:	Position Held: Work No: Reporting To: Salary/Wage Per week: Reason for Leaving:	From:  To:	
Name: Address:  Tel. No:	Position Held: Work No: Reporting To: Salary/Wage Per week: Reason for Leaving:	From:  To:	
Name: Address:  Tel. No:	Position Held: Work No: Reporting To: Salary/Wage Per week: Reason for Leaving:	From:  To:	
Name: Address:  Tel. No:	Position Held: Work No: Reporting To: Salary/Wage Per week: Reason for Leaving:	From:  To:	
Name: Address:  Tel. No:	Position Held: Work No: Reporting To: Salary/Wage Per week: Reason for Leaving:	From:  To:	
Name: Address:  Tel. No:	Position Held: Work No: Reporting To: Salary/Wage Per week: Reason for Leaving:	From:  To:	
Name: Address:  Tel. No:	Position Held: Work No: Reporting To: Salary/Wage Per week: Reason for Leaving:	From:  To:	

*If necessary, continue overleaf*

**EMPLOYMENT RECORD (continued)**

Employers Details (BLOCK CAPITALS)	Employment Details	Dates	Office Use
Name: Address:  Tel. No:	Position Held: Work No: Reporting To: Salary/Wage Per week: Reason for Leaving:	From:  To:	
Name: Address:  Tel. No:	Position Held: Work No: Reporting To: Salary/Wage Per week: Reason for Leaving:	From:  To:	
Name: Address:  Tel. No:	Position Held: Work No: Reporting To: Salary/Wage Per week: Reason for Leaving:	From:  To:	
Name: Address:  Tel. No:	Position Held: Work No: Reporting To: Salary/Wage Per week: Reason for Leaving:	From:  To:	
Name: Address:  Tel. No:	Position Held: Work No: Reporting To: Salary/Wage Per week: Reason for Leaving:	From:  To:	
Name: Address:  Tel. No:	Position Held: Work No: Reporting To: Salary/Wage Per week: Reason for Leaving:	From:  To:	
Name: Address:  Tel. No:	Position Held: Work No: Reporting To: Salary/Wage Per week: Reason for Leaving:	From:  To:	
<b>FOR OFFICE USE ONLY</b>			
<p><b>Insert date/ year in appropriate box</b></p> <p><b>Year 1</b> D N O S A J J M A M F J</p> <p><b>Year 2</b> D N O S A J J M A M F J</p> <p><b>Year 3</b> D N O S A J J M A M F J</p> <p><b>Year 4</b> D N O S A J J M A M F J</p> <p><b>Year 5</b> D N O S A J J M A M F J</p>	<p><b>Year 6</b> D N O S A J J M A M F J</p> <p><b>Year 7</b> D N O S A J J M A M F J</p> <p><b>Year 8</b> D N O S A J J M A M F J</p> <p><b>Year 9</b> D N O S A J J M A M F J</p> <p><b>Year 10</b> D N O S A J J M A M F J</p>		
5 year screening - completed by →		Date	
5 year screening - authorised by →		Date	
	10 year Screening Commenced	Date	

**MEDICAL QUESTIONNAIRE**

The following information is retained in strictest confidence and will assist us in protecting, as far as is reasonably practicable, your health, safety and welfare. It will not be used to discriminate against your application.

Please answer YES or NO to the following.

- 1. Are you generally in good health ?..... YES / NO
- 2. Are you physically fit ?..... YES / NO
- 3. Is your eyesight acceptable for normal purposes, e.g., driving, (with spectacles / lenses if necessary) ?..... YES / NO
- 4. Is your hearing normal, including for telephone usage ?..... YES / NO

If you answer YES to the following questions 5 - 20, please give details below.

- 5. Are you presently taking prescribed medication ?..... YES / NO
- 6. Have you been registered disabled ?..... YES / NO
- 7. Have you had any illness or injury causing you to be off work for more than 2 weeks in the last 5 years ?..... YES / NO

Do you suffer from, or have you ever had, any of the following :-

- |  |  |
|--|--|
| 8. Diabetes..... YES / NO  | 9. Back trouble..... YES / NO                    |
| 10. Heart trouble..... YES / NO  | 11. Chest trouble..... YES / NO                  |
| 12. Migraine..... YES / NO   | 13. Allergies..... YES / NO                      |
| 14. High blood pressure..... YES / NO  | 15. Arthritis, rheumatism or gout..... YES / NO  |
| 16. Fainting, black outs, epilepsy or fits... YES / NO   | 17. Mental ill-health or breakdown..... YES / NO |
| 18. Joints, ligaments or tendon trouble.... YES / NO   | 19. Fracture..... YES / NO                       |
| 20. Do you suffer from any other medical condition that may affect your suitability for employment ?..... YES / NO |  |

If you answered YES to any of the above questions 5 - 20, please give details below:-

Should any additional information be required from your medical practitioner, the law requires us to inform you of our intention and to obtain your written consent beforehand.

**HEALTH DECLARATION**

I confirm that the above information is complete and correct and agree that Cardinal Security Security reserves the right to require me to undergo a medical examination at the Company's expense.

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

**DECLARATION**

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

I hereby certify that to the best of my knowledge, the details I have given in this application are complete and correct. I understand that to make a false statement to the Company, or it's representative(s), in pursuance of my application, will constitute Gross Misconduct which, if proven, may result in summary dismissal without notice.

I understand that employment with the Company is subject to satisfactory vetting in accordance with BS 7858:2004, and I undertake to co-operate with the Company in providing any additional information required to meet this criteria. I authorise the Company, to approach previous employers, schools/colleges, personal referees or Government Agencies to verify that the information I have provided is correct.

I understand that some of the information I have provided in this application will be held on a computer database and some or all will be held in manual records.

SIGNATURE: .....

PRINT NAME: .....

DATE: .....