

APPLICATION FORM

Swift Fire & Security Limited – HR Department
 Matthew Elliott House, 64 Broadway, Salford Quays, Manchester, M50 2TS
 Tel: 0161 872 0336 Fax: 0161 872 0270



Position applied for:

1. This Application Form, when completed, contains the basic information from which a candidate is assessed.
2. Please **answer all questions** in **BLOCK CAPITALS** in your own handwriting and **using black ink**. If a question or section does not apply to you, insert 'NO' or 'N/A'.

| | | | |
|---|-----------------|---|--|
| TITLE: Mr / Mrs / Miss / Ms (<i>circle</i>) | | SURNAME: | |
| Surname at Birth:(if different from above) | | FORENAMES: | |
| Address: | | | |
| Post Code: | | | |
| Tel No: | | Mobile No: | |
| Date of Birth: | Place of Birth: | Nationality: | |
| National Insurance No: | | Passport No: | |
| Marital Status: Single / Married / Separated / Divorced / Widow / Widower (<i>circle</i>) | | | |
| Person to contact in an emergency / next of Kin | | | |
| Name: | | Next of Kin Relationship: | |
| Address: | | Their telephone No. (work): | |
| | | Their telephone No. (home): | |
| Post Code: | | | |
| Place of entry into the UK: (<i>if applicable</i>) | | Date of entry: (<i>if applicable</i>) | |
| Are you permitted to work in the UK? YES / NO | | Work Permit expiry date: (<i>if applicable</i>) | |

SECONDARY EDUCATION RECORD (only complete if applicable within the last 10 years)

| | | | |
|--------------|-----------------|-------|-------|
| School Name: | Qualifications: | From | To |
| Address: | | MM/YY | MM/YY |

FURTHER EDUCATION RECORD (only complete if applicable within the last 10 years)

| | | | |
|----------------------------|-----------------|-------|-------|
| College / University Name: | Qualifications: | From | To |
| Address | | MM/YY | MM/YY |

SERVICE 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 that will require annual training or service? YES / NO

If YES give details

CHARACTER REFEREES

Give the names and address of two persons (**not former employers or relatives**) who have known you for **at least 5 years**.

| | |
|-----------------|-----------------|
| Name: | Name: |
| Address: | Address: |
| Post Code: | Post Code: |
| Tel No.: | Tel No.: |
| How long known: | How long known: |

SELF-EMPLOYMENT REFERENCES

If you have been self-employed during the last 5 years, please give references of people who can confirm the details.

| | |
|---------------|--------------------|
| TRADE: | ACCOUNTANT: |
| Name: | Name: |
| Address: | Address: |
| Post Code: | Post Code: |

EMPLOYMENT RECORD

1. State **all periods** (to include start and finish month/year) of **employment, unemployment and self-employment** for the **last 5 years or since leaving school**.
2. 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 MM/YY | 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 | |
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| Name: Address: Tel No.: | Position Held: Work No.: Reporting To: Salary / Wage Per Week: Reason for Leaving: | From To | |

EMPLOYMENT RECORD (continued)

| Employers Details (BLOCK CAPITALS) | Employment Details | Dates MMYY | 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 | |

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.

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.

Please read the following questions carefully and answer as accurately as possible.

Are you currently suffering or have you ever suffered from any of the following conditions? (circle)

| | | | |
|---|----------|---|----------|
| Fainting, blackouts, epilepsy or fits | YES / NO | Claustrophobia or Vertigo | YES / NO |
| Diabetes | YES / NO | Back pain | YES / NO |
| Typhoid, paratyphoid or cholera | YES / NO | Difficulty in standing for long periods | YES / NO |
| Dysentery or recurring diarrhoea | YES / NO | Difficulty in climbing stairs | YES / NO |
| Tuberculosis (TB) | YES / NO | Difficulty in bending to lift weights | YES / NO |
| Eczema or skin trouble | YES / NO | Serious injury or fracture | YES / NO |
| Asthmatic attacks or chest problems | YES / NO | Mental / emotional illness | YES / NO |
| Heart trouble or high blood pressure | YES / NO | Recurrent infections or illness | YES / NO |
| Arthritis, rheumatism or gout | YES / NO | Any major operations | YES / NO |
| Joint, ligaments or tendon trouble | YES / NO | Difficult in writing | YES / NO |
| Rupture of hernia | YES / NO | Colour blindness | YES / NO |
| Currently taking prescribed medication | YES / NO | | |
| Defective vision (not corrected by glasses or contact lens) | | | YES / NO |
| Deafness or difficulty hearing speech (not corrected by hearing aid) | | | YES / NO |
| Any medical condition that may affect your suitability for employment? | | | YES / NO |
| Are you currently or do you expect to receive medical treatment in the near future? | | | YES / NO |
| Have you received hospital treatment during the last 3 years? | | | YES / NO |
| Have you been absent from work, school or full time education for more than two successive weeks in the last 3 years (other than holidays)? | | | YES / NO |
| Are you or have you been registered disabled? | | | YES / NO |
| Having been explained the details of the job requirements do you feel that you will have any problems in carrying out the work required? | | | YES / NO |

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

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 its representatives will give my employer the right to terminate my employment immediately and without notice.

I understand that employment with the Company is subject to satisfactory vetting in accordance with BS 7858 and I undertake to co-operate with the Company in providing any additional information required to meet this criteria. I authorise the Company and/or its nominated agent Nova Risk Management Limited 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 and some or all will be held in manual records. The Company will make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses.

I agree that the Company reserves the right to require me to undergo a medical examination at the Company's expense.

Signature:

Date:

Print Name:

ADDITIONAL INFORMATION:

The following documents must be supplied with this application form. Original documents must be seen by the business before any offer of employment can be made:

1. **Proof of Identification.** Accepted documents are: Passport, Picture Drivers licence (with paper part also) or Birth Certificate (with Marriage certificate or proof of name change as appropriate)
2. **Proof of Address.** Accepted documents are: Utility bill (we cannot accept mobile phone bills) or Picture Drivers licence (with paper part also)

In addition before any offer can be made the Company must obtain 2 verbal references. These ideally must be from previous employers, although character referees can also be obtained.