



# Application Form

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Bedford  
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# CONFIDENTIAL – Application Form

## DECLARATION - PLEASE READ THIS CAREFULLY BEFORE SIGNING THIS APPLICATION FORM

I understand that employment with the Company is subject to satisfactory references and security screening in accordance with BS7858.

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

I authorise the Company 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 carry out a credit check with an authorised credit information agency. If requested I will be supplied with a copy of any information obtained.

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 consent to the 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 1998, I consent to the results of such examinations to be given to the Company.

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 and/or legal action.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

The Company holds details of all employees in accordance with The Data Protection Act.



Please affix  
Photograph

## APPLICATION FOR EMPLOYMENT

POSITION:..... REF NO: (If applicable).....

**PLEASE ENSURE YOU COMPLETE ALL SECTIONS OF THIS APPLICATION IN FULL USING BLOCK CAPITALS IN BLACK INK. ONLY APPLICATIONS IN FULL WILL BE CONSIDERED.** Due to stringent industry regulations we can only employ candidates who provide a full five year checkable employment / education history accounting for any time spent not working. CV's are not acceptable on their own but may be submitted with the completed form if you wish. Akita Security Services Limited is an Equal Opportunities Employer.

### PERSONAL DETAILS

**NAME OF APPLICANT** Surname..... Miss /Mrs /Mr/Ms. Please circle  
Forenames.....  
Maiden name or any previous name by which you have been known.....

**TELEPHONE NUMBERS** Home..... Mobile.....

**EMAIL ADDRESS:** .....

**ADDRESS** .....

..... Postcode.....

Dates from.....

If less than 2 years state your previous address:

**PREVIOUS ADDRESS** .....

..... Postcode.....

Dates from..... To.....

**DATE OF BIRTH & AGE** .....

**SEX** MALE  FEMALE

**MARITAL STATUS** SEPARATED / MARRIED / DIVORCED / SINGLE please circle

**PLACE OF BIRTH** .....Nationality.....  
If not born in the EC, date of entry.....  
If applicable: VISA TYPE:.....  
VISA EXPIRY DATE:.....

**NATIONAL INSURANCE NUMBER** .....

**PERSON TO BE CONTACTED IN AN EMERGENCY / NEXT OF KIN**

Name.....  
Address.....  
.....  
Tel..... Mobile.....  
Relationship.....

**SIA LICENCE**

Do you have an SIA Licence Yes  No

What type of licence do you hold? Guarding   
Door Supervisor   
CCTV   
Other.....

If Yes enter details below / if No is training required? Yes  No

Licence No:..... Expiry Date.....

Licence No:..... Expiry Date.....

Licence No:..... Expiry Date.....

**DRIVING LICENCE.**

Do you have your own transport? Yes  No

Do you currently have a full licence? Yes  No

Do you have any current endorsements? Yes  No

If yes, please give details.....  
.....

If you do not hold a current driving licence, how do you plan to get to your place of work?  
.....

**BACKGROUND INFORMATION**

Have you ever had a court order made against you including civil, criminal or military action? YES  NO  Details .....

Do you have any criminal convictions, cautions or Motoring offences recorded against you or pending In this or any other country? YES  NO  Details.....

Are you presently, to your knowledge, the subject of a Police investigation or liable to appear in any civil, Criminal or military court as a defendant? YES  NO  Details.....

Have you ever been subject to Bankruptcy Proceedings or received a court order for debt? YES  NO  Details.....

**EDUCATION & TRAINING**

From – To (Month/Year)	School / University / College etc Address / Telephone Number	Qualification

**SERVICE RECORD**

Army / Police / Royal Navy / RAF / Fire Service / Merchant Navy / Circle as appropriate	
From – To (Month /Year)	Conduct Record

## PREVIOUS EMPLOYMENT

Give full details of present and previous employment (including telephone numbers where known) including full details of self employment which must be verified by accountants, bankers or companies with whom you traded. Also give exact dates of unemployment stating the office at which you were signing at. Start with your most recent employment and work backwards covering **5 years** where applicable.

Ref	Date (month/year)		Name /Address of Employers	Job Title	Reason for Leaving	Office use only
	From	To				
E1			Tel No: Contact:	Pay Rate Salary		
E2			Tel No: Contact:	Pay Rate Salary		
E3			Tel No: Contact:	Pay Rate Salary		
E4			Tel No: Contact:	Pay Rate Salary		
E5			Tel No: Contact:	Pay Rate Salary		
E6			Tel No: Contact:	Pay Rate Salary		
E7			Tel No: Contact:	Pay Rate Salary		

**SELF EMPLOYMENT REFERENCES**

In the case of self employment please give trade references or names and addresses of persons who can confirm details (i.e.: Book Keeper, Accountant, Solicitor or companies with whom you traded).

NAME.....

NAME.....

ADDRESS.....

ADDRESS.....

.....

.....

.....

.....

.....

.....

Tel No:.....

Tel No:.....

From ..... To.....

From..... To.....

**PERSONAL REFERENCES**

Please give details of two people, who have known you for a minimum of 2 years within the last 5 years who we may approach for references, and are not related to you and who do not reside at your address.

NAME.....

NAME.....

ADDRESS.....

ADDRESS.....

.....

.....

.....

.....

.....

.....

Tel: .....

Tel:.....



**The name and address of your GP**

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**HEALTH DECLARATION FOR WORKING NIGHTS**

I, \_\_\_\_\_, being an employee of Akita

Security Services Ltd declare that:

**I DO / DO NOT\*** suffer from any medical condition which may affect my suitability for employment, which may include night work. (\* please delete as applicable)

As a Night Time worker do you wish to take up the option of a free medical assessment – **Yes / No**

If you have answered that you DO SUFFER from a medical condition which may affect your suitability For employment including night work, please give details:

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**You may be requested to attend a consultation with the Company's medical practitioner.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Akita Security Services Ltd is an Equal Opportunity employer, committed to the principles of equality, and will apply employment policies that are fair, equitable and consistent with the skills and abilities of its employees and the needs of the business.

Please indicate to which of the following groups you belong. This information is strictly confidential and will not be used to identify you personally.

Asn/Asn Brit-Bangladeshi	<input type="checkbox"/>	Asn/Asn Brit-Indian	<input type="checkbox"/>	Asn/Asn Brit-Pakistani	<input type="checkbox"/>
Asn/Asn Brit-Any Other Asn	<input type="checkbox"/>	Blck/Blck Brit-African	<input type="checkbox"/>	Blck/Blck Brit-Caribbean	<input type="checkbox"/>
Blck/Blck Brit-Any other Blck	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Mixed White/Asian	<input type="checkbox"/>
Mixed White/Blck African	<input type="checkbox"/>	Mixed Wht/Blck Caribbean			<input type="checkbox"/>
Mixed-Any Other Mix	<input type="checkbox"/>	White-British	<input type="checkbox"/>	White-Irish	<input type="checkbox"/>
White-Any Other White	<input type="checkbox"/>	Any Other	<input type="checkbox"/>		
Not Known/Not Provided	<input type="checkbox"/>				