



**PLEASE RETURN THE COMPLETED FORM TO:**

Vigilant Security Services UK Limited  
 AMC Business House  
 12 Cumberland Avenue  
 London  
 NW10 7QL

Tel: 0207 183 4247  
 Fax: 0208 961 3905

# APPLICATION FORM

**CONFIDENTIAL (WHEN COMPLETE)**

**FOR DATA PROTECTION PURPOSES, THIS APPLICATION FORM WILL BE SHREDDED AFTER ONE YEAR, IF YOUR APPLICATION WAS UNSUCCESSFUL**

**CONFIDENTIAL (WHEN COMPLETE)**

- NOTES:
1. PLEASE USE BLACK INK AND CAPITAL LETTERS
  2. PLEASE ANSWER ALL QUESTIONS  
(USE N/A, NO OR NONE IF A QUESTION DOES NOT APPLY)
  3. PLEASE READ ALL SECTIONS CAREFULLY AND SIGN WHERE APPLICABLE

(Now Please Turn Over)

## FOR OFFICE USE ONLY

NAME		ID	PHOTO
START DATE	SCREENING DATE	PROBATION DATE	
SIA LICENCE NO.		SIA EXPIRY DATE	
LICENCE TYPE	TRAINING NOTES		

### DOCUMENTS SEEN

PASSPORT	<input type="checkbox"/>	PASSPORT/VISA TYPE EXP.	<input type="text"/>	SIA LICENCE	<input type="checkbox"/>
PROOF OF ADDRESS	<input type="checkbox"/>	DRIVING LICENCE	<input type="checkbox"/>	UK BIRTH CERTIFICATE	<input type="checkbox"/>

ADDITIONAL SCREENING REQUIREMENTS	LETTER ISSUED <input type="checkbox"/>
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TUPE INFO	DATE OF TRANSFER	PREVIOUS COMPANY
	CONTINUOUS SERVICE	SITE NAME

PAPERWORK FORWARDED TO	ACCOUNTS	<input type="checkbox"/>	DATE
	SCREENING	<input type="checkbox"/>	
	CONTROL	<input type="checkbox"/>	

INVITE SIGNATURE
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LEAVERS INFO	UNIFORM RETURNED Y/N	REASON FOR LEAVING	DEPARTMENTS INFORMED	OPERATIONS <input type="checkbox"/>
	LEAVING DATE	RE EMPLOY Y/N	ACCOUNTS <input type="checkbox"/>	PERSONNEL <input type="checkbox"/>
			SIGNED	

SURNAME/FAMILY NAME	TITLE	HAVE YOU WORKED FOR VSS BEFORE IF YES FROM _____ TO _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
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FORENAME(S)	MALE/FEMALE	HAVE YOU APPLIED TO VSS BEFORE IF YES, WHEN: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
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PREVIOUS SURNAME	DATE OF BIRTH	ARE YOU SEEKING SECURITY	FT <input type="checkbox"/> PT <input type="checkbox"/> RECEPTION <input type="checkbox"/> OTHER <input type="checkbox"/>
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ADDRESS	
POST CODE	NEAREST TRAIN STATION

HOW DID YOU HEAR ABOUT THIS POSITION?
IF THIS WAS A VSS EMPLOYEE PLEASE PROVIDE COMPLETE NAME
DATE ANY HOLIDAYS BOOKED

HOME TELEPHONE _____
MOBILE _____
EMAIL _____

NAME AND ADDRESS OF NEXT OF KIN (IN CASE OF EMERGENCY)

NATIONAL INSURANCE No.
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HOW RELATED: _____
HOME TEL: _____ WORK TEL: _____

NATIONALITY
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VISA TYPE	EXPIRY
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PLACE OF BIRTH (TOWN AND COUNTRY)
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DATE OF ENTRY IN UK
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PASSPORT No.
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DO YOU HAVE A DRIVING LICENCE: <input type="checkbox"/> FULL <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHICH CLASS: CAR <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/>
DRIVING LICENCE No: _____ DETAILS OF CURRENT ENDORSEMENTS: _____

**WE REQUIRE A CONTINUOUS RECORD OF YOUR PREVIOUS ADDRESS FOR THE LAST 5 YEARS**

PREVIOUS ADDRESS 1:	PREVIOUS ADDRESS 2:
FROM _____ TO _____	FROM _____ TO _____

<b>DETAILS OF SIA LICENCE:</b>	
SIA LICENCE No. _____	SIA LICENCE EXPIRY DATE _____
SIA LICENCE TYPE _____	

**PLEASE READ THIS SECTION CAREFULLY AND SIGN**

HAS A COUNTY COURT JUDGEMENT EVER BEEN AWARDED AGAINST YOU? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, GIVE DETAILS: _____	DATE: _____
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HAVE YOU EVER APPEARED BEFORE A COURT, CHARGED WITH A CRIMINAL, CIVIL OR MILITARY OFFENCE AND BEEN CONVICTED, OR CAUTIONED BY THE POLICE, FOR ANY OFFENCE WHICH IS CONSIDERED AN UPSPENT CONVICT NO	YES <input type="checkbox"/> SIGNATURE: _____
IF YES GIVE DETAILS AND DATES:	NO <input type="checkbox"/> SIGNATURE: _____

HAVE YOU ANY ALLEGED OFFENCES OUTSTANDING?	YES <input type="checkbox"/> SIGNATURE: _____
IF YES GIVE DETAILS AND DATES:	NO <input type="checkbox"/> SIGNATURE: _____

**SERVICE RECORD**

N/A  ARMY  NAVY  AIR FORCE  POLICE SERVICE  FIRE SERVICE  TERRITORIAL ARMY   
 ARE YOU LIABLE FOR RECALL YES  NO  ARE YOU A MEMBER OF ANY RESERVE INVOLVING TRAINING YES  NO

**CHARACTER REFERENCES**

PLEASE GIVE DETAILS OF 2 PEOPLE (OTHER THAN FAMILY AND NOT A FORMER EMPLOYER), WHO HAVE KNOWN YOU FOR A MINIMUM OF 3 YEARS. WE WILL APPROACH FOR REFERENCES AND IF NEED BE, TO ASSIST IN VERIFYING CERTAIN PERIODS OF YOUR EMPLOYMENT HISTORY.

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
TELEPHONE No. _____	TELEPHONE NO. _____
OCCUPATION: _____	OCCUPATION: _____
PERIOD KNOWN: _____	PERIOD KNOWN: _____

**EDUCATION AND QUALIFICATIONS** (STATE NAME AND ADDRESS OF ALL SCHOOLS/COLLEGES ATTENDED WITHIN LAST 5 YEARS)

DATES FROM/TO	SECONDARY SCHOOL/COLLEGE/UNIVERSITY INCLUDING FULL ADDRESS AND TELEPHONE No.	EXAMS TAKEN QUALIFICATION GAINED	OFFICE USE

**EMPLOYMENT - FIVE YEARS HISTORY** STARTING WITH TODAY'S DATE AND WORKING BACKWARDS

EMPLOYMENT DATES MONTH/YEAR	DETAILS OF EMPLOYMENT, SELF EMPLOYMENT, REGISTERED/UNREGISTERED/ UNREGISTERED UNEMPLOYMENT, MILITARY SERVICE, PART TIME WORK		OFFICE USE
FROM:	COMPANY NAME:	POSITION HELD	
TO:	ADDRESS:	WORKS No.	
TEL:		REPORTING TO:	
FAX:		LAST SALARY/WAGE:	
		REASON FOR LEAVING:	
	POSTCODE:		
FROM:	COMPANY NAME:		
TO:	ADDRESS:	POSITION HELD	
TEL:		WORKS No.	
FAX:		REPORTING TO:	
		LAST SALARY/WAGE:	
	POSTCODE:	REASON FOR LEAVING:	
FROM:	COMPANY NAME:		
TO:	ADDRESS:	POSITION HELD	
TEL:		WORKS No.	
FAX:		REPORTING TO:	
		LAST SALARY/WAGE:	
	POSTCODE:	REASON FOR LEAVING:	

**Bank Details**

Name of Bank	
Bank Address	
Account Name	
Bank Sort Code	
Account Number	

**EMPLOYMENT - FIVE YEAR HISTORY (CONTINUED)**

EMPLOYMENT DATES MONTH/YEAR	DETAILS OF EMPLOYMENT, SELF EMPLOYMENT, REGISTERED/UNREGISTERED/ UNREGISTERED UNEMPLOYMENT, MILITARY SERVICE, PART TIME WORK, ETC.	OFFICE USE
FROM:		
TO:	ADDRESS:	WORKS No.
TEL:		REPORTING TO:
FAX:		LAST SALARY/ WAGE:
	POSTCODE:	REASON FOR LEAVING:

**PLEASE READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE STATEMENTS**

ARE YOU ABLE AND FIT TO WORK NIGHT SHIFTS  STATE: YES <input type="checkbox"/> SIGNATURE: _____ NO <input type="checkbox"/> SIGNATURE: _____	OFFICE USE ONLY REFERENCE DECLARATION SIGNED <input type="checkbox"/> DATA PROTECTION STATEMENT SIGNED <input type="checkbox"/> EQUAL OPPORTUNITIES FORM SIGNED <input type="checkbox"/> BANK DETAILS FORM FILLED <input type="checkbox"/>
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**STATEMENT TO BE SIGNED BY APPLICANT**

- 1 IF OFFERED EMPLOYMENT, IT WILL INITIALLY BE FOR A PROBATIONARY PERIOD OF 12 WEEKS
  - 2 DURING THE PROPATIONARY PERIOD, YOUR CONTRACT OF EMPLOYMENT MAY BE TERMINATED BY YOU (EXCEPT IN CASE OF GROSS MISCONDUCT), BY NOT LESS THAN 2 WEEKS NOTICE.
  - 3 CONTINUED EMPLOYMENT IS CONDITIONAL UPON SATISFACTORY SCREENING, TRAINING AND A MEDICAL EXAMINATION (IF REQUIRED) AND ADHERENCE TO THE TERMS AND CONDITIONS OF EMPLOYMENT.
  - 4 I HAVE READ AND UNDERSTOOD THE COMPANY'S EQUAL OPPORTUNITY POLICY
  - 5 CUSTOMER TELEPHONES ARE FOR BUSINESS USE ONLY. CRIMINAL PROCEEDINGS WILL BE INSTIGATED AGAINST ANY MEMBER OF STAFF WHO IS REASONABLY SUSPECTED OF THIS OFFENCE AND YOU WILL BE LIABLE FOR ANY COST INCURRED BY YOU.
- PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ UNDERSTOOD THE ABOVE 5 POINTS IN THIS STATEMENT.

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

**STATEMENT TO BE SIGNED BY APPLICANT**

I, \_\_\_\_\_  
(FULL NAME IN CAPITALS)

CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IS COMPLETE AND CORRECT AND I UNDERSTAND THAT PRESENTATION OF ANY FALSE INFORMATION OR DOCUMENTS IS GROUNDS FOR IMMEDIATE DISMISSAL AND RENDERS ME LIABLE TO PROSECUTION.

IN ORDER TO COMPLETE THE EMPLOYEE SCREENING TO THE BS7858 STANDARD I AUTHORISE THAT ORGANISATION TO APPROACH THE CREDIT REFERENCE BUREAU, ANY AGENCIES, FORMER EMPLOYERS AND PERSONAL REFERENCES TO VERIFY THE INFORMATION GIVEN AND WILL SUPPLY A STATUTORY DECLARATION IF REQUIRED.

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

**SENSE TEST**

**SMELL TEST:**  
 BURNT COTTON USED: YES  NO       BURNT PAPER USED: YES  NO

**HEARING TEST:**  
 LOUDER VOICE USED: YES  NO       QUIETER VOICE USED: YES  NO

**VISION TEST:**  
 SPECTACLE: YES  NO       COLOUR BLINDNESS: YES  NO

25 YARDS DISTANCE: YES  NO

**COMMENTS:**

\_\_\_\_\_  
 \_\_\_\_\_

CHECKED BY (SIGNATURE): \_\_\_\_\_

DATE \_\_\_\_\_

**EQUAL OPPORTUNITIES MONITORING FORM**

Vigilant Security Services is committed to achieving equality of opportunity. To help us achieve this aim please complete this form.

<b>Personal Details</b>	
Title_____ Surname _____	First Name(s) _____
Post Applied for _____	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth_____ Marital / Partnership Status_____

<b>Ethnic Background</b>	
a) White	
British <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Irish <input type="checkbox"/>	Other White Background <input type="checkbox"/> Please Specify: _____
b) Asian	
Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/>	Any other Asian background <input type="checkbox"/> Please Specify: _____
c) Black	
Caribbean <input type="checkbox"/> African <input type="checkbox"/>	Any other Black background <input type="checkbox"/> Please Specify: _____
d) Mixed	
White & Black <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black <input type="checkbox"/>	Any other Mixed <input type="checkbox"/> Caribbean African Background

<b>Disability</b>
Do you have a physical and / or mental impairment within the criteria of the Disability Discrimination Act, which has a substantial long term adverse effect on your ability to carry out normal day to day activities?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details below along with any adaptations that you would require to

<b>English Language</b>				
Please describe your English language abilities by ticking the relevant boxes below:				
	Understand	Speak	Read	Write
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Medical Questionnaire



Vigilant Security Services requires medical questionnaire to be filled by application for final decision for his/her appointment. Vigilant Security Services use following medical documents to obtain information relevant to an applicant's health status for purposes of making an employment decision. This is a mandatory information if you wish to be considered for the position. Failure to submit to the examination or failure to make full and open disclosure of any current or past medical conditions, including incomplete, misleading or inaccurate information can lead to disqualification from Vigilant employment, or disciplinary or adverse action if employed.

Skin Allergies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ear Trouble	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eye Trouble	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Asthma or Hay Fever	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Recurrent Sore Throat or Sinusitis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tuberculosis, Bronchitis or Pneumonia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Shortness of Breath or Chest Trouble	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Heart Disease or High Blood Pressure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Severe Headaches or Migraines	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fits, Blackouts or Epilepsy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Gastric, Duodenal Ulcers or prolonged Indigestion	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hepatitis or Jaundice	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Typhoid Fever, Gastroenteritis or Diarrhea	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Prolonged Back Pain or Disc Trouble	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Arthritis or Rheumatism	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Difficulties in Bending or Lifting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Kidney or Bladder Infection	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please comment on any other medical issue that you may want to include in this questionnair apart from above listed:

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\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Date



### **AUTHORISATION AND COMPLIANCE**

*(Please read this carefully before signing this application form)*

#### **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 the Company 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 authorize the Company or its agents to 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 the Company's 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 the Company. Subject to the Access to Medical Reports Act 1988, I consent to the results of such examinations to be given to the Company and authorize the Company 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**

The Company 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 the Company 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 the Company 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 the Company 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.

Applicant name: \_\_\_\_\_

NI number: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Date \_\_\_\_\_