

CORVUS SECURITY LIMITED 06767569



**APPLICATION FOR EMPLOYMENT**

**STRICTLY CONFIDENTIAL**

**PERSONAL DETAILS** – Please Complete in BLOCK CAPITAL IN BLACK INK

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_ years \_\_\_\_\_ months

If less than 5 years please give ALL previous addresses:

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

Position Applied for: \_\_\_\_\_ Home Tel No. \_\_\_\_\_ Mob No. \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_ Marital Status \_\_\_\_\_

Type of Driving licence held? \_\_\_\_\_ Driving Licence No. \_\_\_\_\_

State any driving convictions in the past five years \_\_\_\_\_

	Frontline	Non Frontline	CCTV	FIRST AID / APR / PATH
SIA Licence Held				
SIA Licence Number				
SIA Licence Expiry				

Please enclose copy of one of the following identification (Tick appropriate box)

Passport  Driving Licence  Birth Certificate  Other \_\_\_\_\_

Are you in good health? Yes  No  if No please give details \_\_\_\_\_

Time lost through illness/injury in the past year: \_\_\_\_\_

Are you currently receiving any medical treatment? Yes  No  if yes please give details:

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

Doctors Name and Address: \_\_\_\_\_

**I authorise Corvus Security Ltd at any time during my employment to contact my Doctor if necessary**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

## EMPLOYMENT RECORD

Please show all periods of employment, self-employment and unemployment, starting with your present, in sequence over the previous **5 years**. If unemployed, state the Job centre you were registered at. If a housewife / husband and employed for any period, show this sequence with the date and address at which you lived.

**TELEPHONE NUMBERS MUST BE PROVIDED**

Employer or Unemployment	Dates	Position and Responsibilities	Reason for Leaving
Company Name:  Address:  Telephone No: Contact Name	From:  To:		
Company Name:  Address:  Telephone No: Contact Name	From:  To:		
Company Name:  Address:  Telephone No: Contact Name	From:  To:		
Company Name:  Address:  Telephone No: Contact Name	From:  To:		
Company Name:  Address:  Telephone No: Contact Name	From:  To:		

**Have you ever been dismissed for misconduct by an employer?** Yes  No

If yes, give date and details:

Name of Company: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Events leading to dismissal: \_\_\_\_\_

If currently employed, period of notice required by employer:

\_\_\_\_\_

## PERSONAL REFERENCES

Give the names and addresses of two persons who are not relatives, who have known you for a minimum of two years or more and who will be prepared to give you a written reference.

Personal Referees	Period known	Occupation
Name: Address:  Telephone No:	From:  To:	
Name: Address:  Telephone No:	From:  To:	

## SCHOOL RECORD AND AFTER SCHOOL QUALIFICATIONS

Name and Address of School	Month / Year From:	Month / Year To:	Qualifications

### READ VERY CAREFULLY

Have you ever been fined, sentenced to imprisonment, placed on probation, discharged on payment of costs or had any order made against you by a criminal, civil military court or public Authority, or is any prosecution pending? Yes  No  if yes please give details

\_\_\_\_\_

\_\_\_\_\_

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

(Declaration subject to the rehabilitation of offenders act)

### FOR EMERGENCY CONTACT ONLY

Name and Address of next of kin: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_ Tel. No. \_\_\_\_\_

### SERVICE IN THE ARMED FORCES

Regiment/Unit

Rank Attained

Dates of Service: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Reason for leaving:

Conduct Record:

Services Number: \_\_\_\_\_

## RECRUITMENT POLICY

It is the company's policy to employ the best-qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, sex or marital status or disability.

### Declaration:

I confirm that the information given on this form is to the best of my knowledge true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal without notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Company has a statutory obligation to seek references from all previous employers, colleagues, schools, Social Security, H.M. Inspector of Taxes, Credit Checks and personal referees.

Under the data Protection Act 1998 the contents of this Application Form is confidential. Periodically customers may request to see your application and references. Please confirm consent or refusal by signing one of the statements below.

**I hereby authorise the customer access to my application**

**I hereby refuse access to my application**

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

### AGREEMENT TO ACCEPT NIGHT WORK

All new employees are hired on the understanding that they are able and willing to work night shifts.

1. Are you willing to work Night shifts? YES  NO  if no please give details

\_\_\_\_\_

2. Do you have any physical disability that would prevent you from working night shifts? YES  NO  if yes please give details

3. Do you know of any personal reasons that would interfere with your working night shifts? YES  NO  if yes please give details

\_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete this application form and return by post to:

**CORVUS SECURITY LTD, Hemswell, 4 Chestnut Court, Parc Menai, Bangor, LL57 4FH**

(office address is not manned and is only used for appointments and scheduled meetings, due to our busy workload)

### Office Use Only

R	I	SD or Job Offer

## INSTRUCTIONS

### 1. Fill in the application form

- Make sure your personal references are not family, girl/boyfriends or employers.  
e.g. They can be a neighbour, family friend, doctor, solicitor or other non family person who has known you for over 5 years.
- Your work references should be everywhere you have worked for at least the last 5 years or back to 18 if under 23 yrs old.
- If you run out of space for work history please add further details to the back of the form or attach an extra sheet.

### 2. Photocopy your driving license, the card and the paper part if it is the new type.

Or

Photocopy a utility bill in your address with your name on it (that is less than three months old)

[those over 25 a driving licence is required to drive our vehicles on events etc. You must declare any points on the application form]

### 3. Photocopy your SIA License

(your licence will be checked by one of our team when we meet you)

### 4. Photocopy of Passport / Birth Certificate or work permit / visa

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#### Check list

- Fill Application Form
- Photocopy Driving License or proof of I.D. at the address you live
- Photocopy any certificates that relate to your job with us e.g. first aid (if in date)
- Photocopy of SIA Licence
- Passport / Birth Certificate, work permit or visa

If you would prefer to scan and email the documents that is fine, please call us in advance of this so we can be ready to receive them and give you the correct email address.

Many thanks

Any questions can be addressed to 0845 643 1514