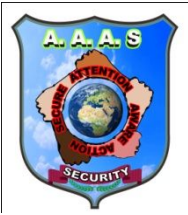


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**AAAS SECURITY COMPANY LTD**

329-333 HIGH STREET E15 2TF  
Tel:02030927945 Mob:07460764099  
Email:info@aaassecurity.uk

**PERSONAL DETAILS OF APPLICANT:**

SURNAME: ..... FIRSTNAME .....

CURRENT ADDRESS:.....

CITY: .....POST CODE: .....

HOME TELEPHONE: ..... MOBILE NUMBER.....

EMAIL ADDRESS: .....

DATE OF BIRTH : ..... NATIONALITY:.....

TOWN& COUNTRY OF BIRTH :..... NATIONAL INSURANCE NO:.....

MARRIED	DIVORCED	SINGLE
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MARITAL STATUS :

**SECURITY OFFICER CARD DETAILS -**

SIA LICENCE NUMBER: .....

LICENCE ISSUE DATE: ..... EXPIRE DATE: .....

**BANK ACCOUNT DETAILS -**

BANK &ACCOUNT NAME:.....

ACCOUNT NUMBER:.....SORT CODE:.....

**NEXT OF KIN DETAILS -**

FULL NAME: .....

RELATION TO YOU: .....

ADDRESS: .....POST CODE.....

CITY:.....PHONE NO.....

HAVE YOU EVER BEEN CONVICTED AS A CRIMINAL OFFENCE: YES..... / NO....

If yes pls give details:.....

.....



HAVE YOU EVER BEEN MADE BANKRUPT? YES / NO .IF YES PLEASE SPECIFY.....

DO YOU HAVE ANY COUNTY COURT JUDGEMENT? YES / NO.IF YES PLEASE SPECIFY.....

DO YOU OBJECT TO THE COMPANY CONTACTING A CREDIT AGENCY WITH REFERENCE TO YOURSELF? YES / NO

**MEDICAL INFORMATION**

DO YOU SUFFER ANY FROM ANY ILLNESS OR DISABILITY?  YES      NO	IF YES PLEASE SPECIFY
--	-----------------------

Employees working on night duties may be required to undertake a medical, for further information contact head office .

**READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE STATEMENT**

1. IF OFFERED EMPLOYMENT IT WILL BE INITIALLY FOR A PROBATIONARY PERIOD OF 16 WEEKS.

AFTER A PERIOD OF 12 WEEKS FROM START DATE FOR SCREENING:

2. DURING THE PROBATIONARY PERIOD YOUR CONTRACT OF EMPLOYMENT MAY BE TERMINABLE BY THE "COMPANY" BY NO LESS THAN 24 HOURS NOTICE IN WRITING. THIS APPLIES TO SCREENING PERIOD ALSO.

3. CONTINUED EMPLOYMENT IS CONDITIONAL UPON SATISFACTORY SCREENING, MEDICAL AND GENERAL PERFORMAN

**STATEMENT TO BE SIGNED BY APPLICANT**

I \_\_\_\_\_ CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE GIVEN IS COMPLETE AND CORRECT, AN I UNDERSTAND THAT MISREPRESENTATION OF FACTS IS GROUNDS FOR IMMEDIATE DISMISSAL AND RENDERS ME LIABLE FOR PROSECUTION.

I AUTHORISE THE COMPANY TO APPROACH ANY GOVERNMENT AGENCIES, FORMER EMPLOYERS, CREDIT AGENCIES AND PERSONAL REFEREES TO VERIFY THE INFORMATION GIVEN, AND WILL SUPPLY A STATUTORY DECLARATION IF REQUIRED (I GIVE PERMISSION FOR MY PRESENT EMPLOYER TO BE APPROACHED). I CONFIRM IF SUCCESSFUL

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

**FOR OFFICE USE ONLY**

<u>ASSOCIATED DOCUMENTS:</u>	<u>SEEN:</u>		<u>DATE:</u>	<u>COPY RETAINED:</u>
	Yes	No		
Birth Certificate/Passport	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
S.I.A. Licence	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Service Record	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Utility Bill/Bank Statement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

N.B. PHOTOCOPIES OF ONE THE ABOVE DOCUMENTS ARE TO BE INCLUDED WITHIN VETTING PAPERS.

<b>INTERVIEWERS ASSESSMENT (office use only)</b>	
Sense Tests a) colour blindness OK/FAILED b) Hearing OK/FAILED c) Smell OK/FAILED	
INTERVIEWERS SIGNATURE: _____	DATE: _____

I HAVE CHECKED THE DETAILS OF THIS APPLICATION FORM AND CONFIRM THAT ALL INFORMATION IS CORRECT AT TIME OF INTERVIEW.

PRINT NAME..... SIGN.....

(INTERVIEWER)

**BEFORE PROCEEDING WITH THIS APPLICATION FORM NOTICE TO ALL APPLICANTS**

AAAS SECURITY COMPANY LTD CONFORMS TO THE STANDARD OF BS 7858 AND AS SUCH ALL APPLICANTS MUST UNDERGO A SECURITY SCREENING PROCESS.

THE APPLICATION MUST BE COMPLETED IN FULL.

1.A FULL 5 YEAR WORK HISTORY(OR IN THE CASE OF A YOUNGER APPLICANT A 10 YEAR IF THE COMPANY REQUIRES THE LATER FOR CLIENT OR INSURANCE REASONS.

2. PERSONAL REFERENCES

3. PROOF OF I D

4. PROOF OF ADDRESS

5. MEDICAL HISTORY

6.NATIONAL INSURANCE CHECK

7.CRIMINAL RECORDS BUREAU SCREENING VIA THE S.I.A.

**AS TO ENABLE US TO PROCESS YOUR APPLICATION PLEASE SUPPLY THE FOLLOWING**

- 1.NAMES, ADDRESSES AND TELEPHONE NUMBERS OF PREVIOUS EMPLOYERS**
- 2.FULL NAMES, ADDRESSES AND TELEPHONE NUMBERS OF PERSONAL REFERENCES**
- 3.FULL DETAILS OF ANY UNEMPLOYMENT**

**PLEASE BRING THE FOLLOWING ITEMS TO YOUR INTERVIEW**

- 1 BIRTH CERTIFICATE**
- 2 PASSPORT(IF HELD)**
- 3 TWO RECENT UTILITY BILLS**
- 4 DRIVING LICENCE(IF HELD)**
- 5 TWO PASSPORT SIZE PHOTOGRAPHS**
- 6 BANK DETAILS**
- 7 P45 IF YOU HAVE ONE**

**Failure to complete this application form could result in your application being delayed or rejected. Any information supplied that is found to be fraudulent would result in dismissal or in some cases legal action being taken.**

**Before proceeding with this application**

- 1. Do you agree to a S.I.A. Criminal record check being carried out? YES/NO**
- 2. Do you fully understand the potential consequences? YES/NO**
- 3. Do you agree to a credit check taken via a credit agency regards to yourself YES/NO?**

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

;