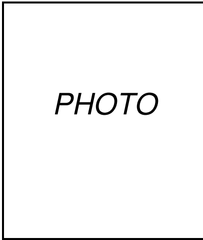
PHOTO

APPLICATION FORM

Dark Knight Security Ltd.
1 Almond Drive, Caversham, Berkshire, RG4 6NH
☏: 0843 289 3727, Fax: 01189 543 710
Email: info@darkknightsecurity.co.uk

Position applied for: ....**SIA LICENCE No**............................. **EXP........../........../..............**

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'. Please attach a recent passport size photograph.

TITLE: Mr / Mrs / Miss / Ms *(circle)* Surname at Birth: (if different from above)	SURNAME: FORENAMES:
Address: Post Code:	How long have you lived at your present address? Owner / Rented / with parents / lodging / other *(circle)*
Tel No:	Mobile No:
Previous Address: From: To: Post Code:	Date of Birth: Place of Birth: Nationality: Date and Place of entry into the UK: *(if applicable)*
Are you permitted to work in the UK? YES / NO	Work Permit expiry date: *(if applicable)*
National Insurance No:	Passport No:
Marital Status: Single / Married / Separated / Divorced / Widow / Widower *(circle)* Person to contact in an emergency / next of Kin	Is Partner employed: YES / NO Full time / part time
Name: Address: Post Code:	Next of Kin Relationship: Their telephone No. (work): Their telephone No. (home):

DRIVING LICENCE

Driving Licence. Full / Provisional / None   Licence No: Car / Motorcycle

Own Transport: YES / NO   Have you ever been disqualified from driving? YES / NO

Enter details of any motoring convictions or endorsements in the last 5 years

EQUAL OPPORTUNITIES

This section is voluntary and will NOT be used in assessing your application. We are an equal opportunities employer. If you choose to complete this section, **it will** *help us to monitor the effectiveness of our Equal Opportunities Policy.*

My ethnic origin is *(circle)*   African   Asian   Caribbean   Caucasian

Other *(please specify)*

OFFENCES, CAUTIONS AND CONVICTIONS

1. Have you ever been Cautioned by the Police? YES / NO
2. Have you ever been convicted, fined or had any order made against you by a Criminal, Civil or Military Court? YES / NO
3. Are you aware of any Police investigations in which you may be involved? YES / NO

If the answer to either question 1, 2 or 3 above is YES, give details:

NB. Disclosure is not required where there is a conviction to which the provisions of the Rehabilitation of Offenders Act 1974 applies. Failure to disclose an unspent conviction may result in summary dismissal. **If you are unclear about any of *these questions ask the interviewer.***

FINANCIAL LIABILITIES

Have you any outstanding debts or attachments of earnings? YES / NO

If YES, give details

Have you ever been declared bankrupt / insolvent? YES / NO

If YES, give details

Are you the subject of any County Court proceedings? YES / NO

If YES, give details

SECONDARY EDUCATION RECORD

School attended:	From	To	Qualifications:

FURTHER EDUCATION RECORD

College / University attended:	From	To	Qualifications:

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

PERSONAL REFERENCES

Give the names and address of two persons (not former employers or relatives) who have known you for **at least 10 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, please give references of people who can confirm the details.

TRADE	ACCOUNTANT
Name:	Name:
Address:	Address:

EMPLOYMENT RECORD

1. State **all periods** of **employment, unemployment and self-employment** for the **last 10 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	
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	

EMPLOYMENT RECORD (continued)			
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	
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	

FOR OFFICE USE ONLY

5 year screening - completed by		Date:
5 year screening - authorised by		Date:
	Sent for 10 screening	Date:

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
Is there anything in your circumstances that would be detrimental to your working night shifts? (Night time workers have the opportunity of a free medical assessment).	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 it's nominated agent to approach previous employers, schools/colleges, personal referees or Government Agencies to verify that the information I have provided is correct.

I understand that under the Working Time Regulations my hours of work are restricted to a maximum of 48 hours per week unless I state otherwise. As part of my application for employment with the Company I agree to work in excess of 48 hours. Furthermore, I understand there is a specific exemption in the Regulations for the security industry relating to rest breaks after 6 hours' continuous work; for working a maximum of 8 hours at night; to rest periods of 11 hours **in** every 24 hours and 24 hours rest in every 7 days, provided that compensatory rest is arranged. I therefore consent to waive my entitlement to such compensatory rest. I understand that I may revoke this waiver if I choose by giving written notice of at least 30 days.

I understand that some of the information I have provided in this application will be held on a computer database and some or all will be held in manual records.

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

SIGNATURE:

PRINT NAME:

DATE: