

Scanner Security Ltd.
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<u>APPLICATION FORM &</u> EMPLOYEE / SUB CONTRACTOR FORM

Please print clearly and attach a passport size photograph

Surname:
First Names:
Company Name (If applicable):
Full Postal Address:
Post Code:
Home Number:
Mobile Number:
Email Address:
Date of Birth:(dd/mm/yy) Place of Birth:
Marital Status: SingleMarriedPartnerDivorced
Nationality:
National Insurance #:
Company Reg # or UTR # (If applicable):
Next of Kin or person to be contacted in any emergency
Name:Relationship: Parent/Spouse/Partner
Address:
Post Code:
Contact Telephone Number:

Training and License: First Aid Qualified: YES / NO If YES: Certificate #:..................Exp Date:.....(dd/mm/yy) **Convictions:** Criminal Record: YES / NO If **YES**: Give details: **Employment History (Vetting Form):** Starting with your last or present employer, give details of your employment history, with FULL POSTAL ADDRESS since you left full time education. Include periods of self-employment and military service. Please state any periods of unemployment that you did not register with the Department of Unemployment as "Not registered / unemployed" and give full details of what you were doing. If self employed, you must give name and address plus telephone number of your accountant. May we approach your previous/current Employer/s YES / NO Name and full address of current/last employer or Jobcentre/DSS Office: Post Code: Tel Number: Tel Number: Position Held: Contact Name: C Reason for leaving:.....

It is important that the following section is completed in full.

Name and full address of cur	rrent/last employer or Jobcentre/DSS Office:
Post Code:	Tel Number:
Position Held:	Contact Name:
Date From (MM/YY):	Date To (MM/YY):
Reason for leaving:	
Name and full address of cur	rrent/last employer or Jobcentre/DSS Office:
	_
Post Code:	Tel Number:
Position Held:	Contact Name:
Date From (MM/YY):	Date To (MM/YY):
Reason for leaving:	
Name and full address of cur	rrent/last employer or Jobcentre/DSS Office:
Post Code:	Tel Number:
Position Held:	Contact Name:
Date From (MM/YY):	Date To (MM/YY):
Reason for leaving:	

Personal References:

Give the names and addresses of two people who must be of status, who have known you well for at least 2 years within the last 5 years and who will give us a written reference. They should not be either relatives of yours or related to each other.

Address:
Post Code: Tel Number:
Occupation:
How long known in years:
Name:
Address:
Post Code: Tel Number:
Occupation:
How long known in years:
Additional vetting information:
Use the space below to tell us anything else you think we may need to know in regards to your employment history

Physical Record:		
Height:		
Have you suffered from any recurring medical problems: YES / NO		
If YES , please give details:		
Experience:		
Please give details of all types of clubs, pubs and venues you have worked, together with any other experience you feel may be relevant:		
Number of years experience:		
Statement to be signed by employee:		
I certify that to the best of my knowledge, the information I have given is complete and correct, and I understand that misrepresentation of facts is ground for immediate dismissal.		

Date:....

Employees signature: