

COVERGUARD SERVICES LIMITED

APPLICATION FOR EMPLOYMENT/SUB CONTRACTOR



COVERGUARD

CONFIDENTIAL

NOTES A. PLEASE ANSWER **ALL** QUESTIONS. WRITE **NO OR NIL** IF A QUESTION DOES NOT APPLY TO YOU.B. PLEASE WRITE IN **BLOCK CAPITALS** AND IN **BLACK INK**.

Application for

Self Employment Employment

How did you hear about this vacancy?:

PERSONAL DETAILS

Title: e.g. Mr / Mrs / Miss / Ms

Surname:

Forenames:

Have you been known by any other name?

Yes

No

Forename:

Surname:

Address:

Postcode:

Time at this address:

Years

Months

E-mail Address:

Home Telephone No:

Mobile Telephone No:

National Insurance No:

Previous Address (if less than 3 years)

Continue in Additional Information section on page 7 if necessary

Postcode:

Dates From

to

House / Flat / Owner / Renting / With Parents / Lodging
(delete as appropriate)

Place Of Birth:

Country Of Birth:

Nationality:

Height:

Weight:

Single / Married / Divorced / Separated / Widow
(delete as appropriate)In accordance with the commission for Racial Equality's
Code Of Practice, please describe your ethnicity:
(delete as appropriate)

African / Asian / West Indian / White

Other:

SIA LICENCE STATUS

SIA Licence No:

SIA LEVEL:

SIA Licence valid until:

IMMIGRATION STATUS

If you are a foreign national, are there any restrictions to the number of hours you can work?

Yes No

If YES, please provide details:

Are you a student:

Yes No

CRIMINAL DECLARATION

Have you ever been fined, imprisoned, placed on probation, discharged on payment of costs, or had any order made against you by a criminal, civil or military court or public authority. (Excluding minor driving offences)

State YES or NO:

Have you any alleged offences outstanding against you:

State YES or NO:

If you answered YES to either question, give details:

Have you any relatives working for the company?

Yes No

Have you previously applied for/obtained a position with this company?

Yes No

If YES, give dates:

Do you own a motor vehicle or motorcycle?

Yes No

Do you possess a full, clean, current UK Driving Licence?

Yes No

How long have you held a full Driving Licence?

Years Months

Driving Licence No:

Date of Expiry:

Give details of any endorsements or other motoring convictions during the last 5 years:

EMERGENCY CONTACTS

Person To Be Contacted in An Emergency:

Name:

Relationship:

Address:

Postcode:

Their Telephone No:

Work

Home

Have you ever worked for any of the following in any capacity: Police, Royal Air Force, Army, Royal Navy?

Yes No

If so, do you have any specialist knowledge, i.e. Communications:

HEALTH DECLARATION

Health Declaration (Answer YES or NO to the following questions - if appropriate, give further details below)

Are you physically fit?

Yes No

Are you generally in good health?

Yes No

Do you have normal hearing in both ears?

Yes No

Do you have any speech impediments?

Yes No

Have you ever had a surgical operation?

Yes No

Have you been in hospital for more than two weeks in the last 5 years?

Yes No

Are you taking any form of medication?

Yes No

Have you ever suffered from epilepsy, blackouts or fainting attacks?

Yes No

Have you ever suffered any mental ill health or nervous breakdowns?

Yes No

Do you suffer from heart problems or high blood pressure?

Yes No

Have you ever suffered from kidney disease or bladder problems?

Yes No

Have you ever suffered from arthritis, rheumatism or gout?

Yes No

Have you ever had any form of diabetes?

Yes No

Have you ever suffered any form of ear disease?

Yes No

Have you ever had a hernia or suffered any type of rupture?

Yes No

Have you had any other illness, allergy or disease?

Yes No

If YES, give details:

PLEASE NOTE, YOU MAY BE REQUIRED TO WORK IN A LOCATION WITH VARYING TERRAIN, I.E. A CONSTRUCTION SITE

Do you suffer from any other medical condition that may affect your suitability for employment?

Yes No

Have you ever had any back or joint problems, prolapsed disc, fractures or skeletal disorders?

Yes No

Are you registered disabled?

Yes No

(If YES, state green card number below)

Green Card No:

Do you have normal eyesight? (Using corrective vision, if necessary)

Yes No

Give details of any declared illness or incapacity shown above, including periods off work in the last three years of more than fourteen days:

DOCTORS DETAILS

Name:

Address:

Postcode:

I hereby authorise Coverguard Services Limited to contact my doctor (if required) to verify the above information.

Signature:

Date:

EDUCATION/QUALIFICATIONS

Educational Qualifications

(Use a separate sheet if required)

Secondary School / College / University Dates

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Examinations taken, qualifications gained

Business Qualifications

Secondary School / College / University Dates

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Examination taken, qualification gained

If you are a student:

Name of college / organisation

What are you studying?

First Aid / Fire Fighting Certificates:

Foreign Languages: (Qualifications gained, if applicable)

CHARACTER REFERENCES

Please give details of two professional people, not family, and not connected with your school / college or your employment. This person/s must have known you for at least three years. They must be prepared to submit written character references should the company so request. (You should note that this maybe a condition of employment/Sub-Contractor.)

REFERENCE 1

Name:

Address:

Postcode:

Telephone No:

Occupation:

Period Known:

REFERENCE 2

Name:

Address:

Postcode:

Telephone No:

Occupation:

Period Known:

EMPLOYMENT RECORD

Employment/Sub-Contractor Record

Record your total employment history. Include details of any self-employment, unemployment, military service and part time work. Be sure to give the full address and dates, service / payroll numbers, branch, trade or regiment.

If there are any periods of unemployment, give the address of the Unemployment Benefit Office to which you reported.

Give details of your present or most recent employment first, then your preceding employment, finishing with your earliest job. (Please go back as far as 20 years if applicable. Use a separate sheet if necessary.)

Employer's Details:

Name of company:

Address:

Postcode:

Name of the person you reported to and their job title:

The position you held:

Average weekly wage:

Employed From

to

Reason For Leaving:

Employer's Details:

Name of company:

Address:

Postcode:

Name of the person you reported to and their job title:

The position you held:

Average weekly wage:

Employed From

to

Reason For Leaving:

Office Use:

Employer's Details:

Name of company:

Address:

Postcode:

Name of the person you reported to and their job title:

The position you held:

Average weekly wage:

Employed From to

Reason For Leaving:

May we approach your present employer for a reference:

Yes No

Hobbies/Interests:

In the case of periods of self-employment, please give references or the name of someone who can confirm the following details:

ACCOUNTANT (if applicable)

Name:

Address:

Postcode:

Telephone No:

Status:

Your Self Employment reference number (UTR) supplied by HMRC:

If you are applying for self-employment please sign this declaration to confirm that you will be responsible for paying your own tax and National Insurance

Name (BLOCK CAPITALS):

Signed:

Dates unavailable for interview (In the next two months)

Dates available for employment /
Period of notice to present employer

If offered employment/Sub-Contractor, the position will be subject to a probationary period of 4 months.

During the probationary period, your employment will be terminable by you by not less than one week's notice, or by the Company by one day for the first four weeks, and one week thereafter.

I authorise the Company to obtain all details of employment and unemployment periods from previous employers if required.

I understand that any appointment made will be subject to satisfactory references being received by the Company.

I certify that, to the best of my knowledge, the information that I have given is true and complete. I have never been convicted of any civil or criminal offence or dismissed from employment for any misconduct. I also understand, that any false statement or omission may render me liable to dismissal without notice. I accept that I may be required to undergo a medical examination if requested by the Company, and I consent to the results of such an examination being given to the Company Director if required.

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 conformation of previous employment or unemployment.

Signature:

Date:

Name and Initials (Block Capitals)

ADDITIONAL INFORMATION

PLEASE RETURN THIS APPLICATION FORM TO:

DEPT 19, 24-28 ST LEONARDS ROAD, WINDSOR, BERKSHIRE SL4 3BB