

APPLICATION FOR EMPLOYMENT

Private and Confidential



STATEMENT TO PROSPECTIVE EMPLOYEES

Due to the nature of the work that is carried out by R&R Frontline Services, It cannot be stressed enough that the omission of any information requested will severely hinder the possibility of us offering you a position in the company and will also delay the screening period.

Declaration:

PERSONAL REFERENCE AND EMPLOYMENT VERIFICATION

I understand that employment with the Company is subject to satisfactory references and security screening in accordance with BS 7858.

I undertake to cooperate with the Company in providing any additional information required to meet these criteria;

I authorise the Company and/or its nominated agent to approach previous employers, schools/colleges, character referees or Government Agencies to verify that the information I have provided is correct;

I authorise the company to make a consumer information search with a credit reference agency, which will keep a record of that search and may share that information with other credit reference agencies. I agree to pay part of the cost of this credit reference check the sum to be advised to me in writing prior to the check taking place.

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

I consent to the Company's reasonable processing of any sensitive personal information obtained for the purpose of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the Company. Subject to the Access to Medical Records Act 1988, I consent to the results of such examinations to be given to the Company. 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 confirmation of previous employment or unemployment.

I hereby certify that, to the best of my knowledge, the details I have given in this application form are complete and correct.

I understand that any false statement or omission to the Company or its representatives may render me liable to dismissal without notice.

Name:..... Date:.....



Signed

APPLICATION DETAILS	
Position(s) applied for	
Date of application	
Name (Last names first, then forenames)	
Full postal address	
Telephone (incl. code)	
Mobile number	
National Insurance No.	
SIA Number	
Date of Birth:	
Passport Number	
Driving Licence Number	
GENERAL INFORMATION	
Do you have any medical or other condition that could limit your ability to perform the position for which you are applying?	Yes / No
If yes, please provide details	
Are there any special adaptations you require through the recruitment process?	Yes / No
Will you work reasonable overtime if needed?	Yes / No



Certificate No 5837QMS001

Please give details of your Employment History for the last **5 years or** since you left full time education. If in full time secondary education during the last 5 years, please provide the full name and address of your school and the date of leaving.

Include details of National Service and any periods of self-employment where applicable. For any periods of unemployment give details of Job Centre and any courses completed.

Full Name of Employer Full Address & Position held in company	Tel No.	Start Date Month Year		End Date Month Year		Reason for Leaving
Post Code: Position Held:						
Post Code: Position Held:						
Post Code: Position Held:						
Post Code: Position Held:						

Continue on a separate sheet of paper if necessary



Certificate No 5837QMS001

Referees

Please give details of 2 Personal Referees (Must Not reside at the same address & should be known for more than 2 years out of the last 5 years).

Name		Name	
Phone No.		Phone No.	
Full Address		Full Address	
Length of Time Known		Length of time known	

Please give details of 2 Friends or Relatives to be contacted in case of emergency.

Name		Name	
Address		Address	
Relationship		Relationship	
Tel No.	Home: Work:	Tel No.	Home: Work:



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If you have been self employed, give the names and addresses of two persons, not relatives or referees above, who can confirm this (e.g. Accountant, Solicitor, Customer Companies with whom traded with).

Name		Name	
Address		Address	
Relationship		Relationship	
Tel No.	Home: Work:	Tel No.	Home: Work:
How long known:		How Long Known:	

Education & Training

Start Date Month Year	Leave Date Month Year	Name of School or College and full address	Qualifications gained



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Please give details of any special skills or training received, e.g. First Aid, Health & Safety, Security, Skills for Security etc.

Course	Qualification or Certificate Gained

30. Doctor

Name	Full Address	Telephone No.

DECLARATION

It is understood and agreed that any misrepresentation by me on this application form will be sufficient cause for cancellation of this application and/or termination from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organisations for furnishing such information.

This Company is an Equal Opportunity Employer. We do not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by law.

Applicant's signature

Date

...../...../.....



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FOR OFFICE USE ONLY

INTERVIEW DETAILS

Date:	Interviewer:		
Documents Checked	Birth Certificate		
And copied:~	Passport		
	Service Record		
	Driving Licence		
	Utility Bill X 2		
	Forces Discharge Paper		
	Immigration Papers		
	SIA Licence		
Comments			
Appointment:	Position		
	Start Date		
Authorised to continue screening	Name:	Signature:	Date:



Certificate No 5837QMS001

SELF DECLARATION OF FITNESS

I _____ (Please print name)

Hereby declare that I know of no medical reason why I should be unable to carry out duties that I am employed for, for R&R Frontline Services Ltd

I confirm the following

1. I am able to smell smoke, fire and harmful gases
2. I am able to see clearly for a distance of 40 yards
(With prescribed spectacles if necessary)
3. I am able to walk upstairs with a fire extinguisher if necessary
4. I have no physical disability

I further confirm that should some personal medical impediment be discovered or develop during my employment with R and R Frontline Services Ltd I will notify the company immediately and be prepared to undergo a full examination to determine my future employment.

Thus declared on the _____ day of _____ in the year of _____

Name: _____ Signature: _____

Witnessed by

Name: _____ Signature: _____



**CONSENT TO PROCESSING OF
PERSONAL AND SENSITIVE PERSONAL DATA FOR THE PURPOSES OF
THE DATA PROTECTION ACT 1998 ('the DPA 1998')**

I HEREBY CONSENT to and authorise R&R Frontline Services Ltd ('the Company') and any third party nominated by the Company from time to time to perform a vetting service to hold the information contained in the Application for Employment and any other information obtained and/or derived as a direct result of the Company and/or the Vetting Company obtaining references and/or confirming the accuracy of the information contained in the Application for Employment (and for the avoidance of doubt that will include details of National Insurance Contributions) during my employment with the Company.

This consent shall constitute 'consent' and 'explicit consent' for the purposes of the DPA 1998.

Signed..... Date.....

Print Name

This Agreement is made between



R&R Frontline Services Ltd ("the Company")

And

..... ("The Worker")

48 hour maximum average working week

The Working Time Regulations 1998 provide that the average working week, including overtime, shall not exceed 48 hours. The Company and the worker agree that this limit shall not apply to the worker. This Agreement will remain in force indefinitely. The worker, or the Company, may terminate this Agreement at any time by giving not less than three months' written notice to the other.

Signed: _____

Date: _____

Name: _____

For and on behalf of the Company

Signed: _____

Date: _____

Name: _____

Staff Member

*R&R Frontline Services LTD
Oxford Stadium
Sandy lane
Cowley
Oxford
OX4 6LJ*

Tel: 01865 712222

Fax: 01865 451032

Email: randrfrontline@aol.com

EQUAL OPPORTUNITIES MONITORING FORM



Certificate No 5837QMS001

<p>This Company is committed to the successful development of an equal opportunity policy in relation to the recruitment and selection of staff. To assist in the implementation and monitoring of this policy, this Company requests employment applicants to voluntarily provide the information below.</p>			
Job applied for			
Location			
I would describe my race or cultural origin as (please tick one box only):			
Asian Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	White	<input type="checkbox"/>
Asian Pakistan	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Asian Other	<input type="checkbox"/>	Other (please describe)	
Black African	<input type="checkbox"/>		
Black Caribbean	<input type="checkbox"/>	Do not wish to state ethnic origin	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	Male / Female		

	16–19	20–29	30–39	40–49	50–59	60+
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Certificate No 5837QMS001

y age is (please tick the appropriate box only):						
Are you a person with disability?	Yes / No					
If yes, are you registered?	Yes / No					
If you are registered, please provide your register number						
<p>This document will be kept separate from your Application Form.</p> <p>The information you provide will be treated in the strictest confidence and will not be available to interviewers on any appointment panel.</p>						



Certificate No 5837QMS001

R&R Frontline Services Ltd

Bank Details

Bank or Building Society Name	
Full Address	
Bank Sort Code	
Account No.	

National Insurance No: _____

Date of Birth: _____



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