

THE ATTACHED APPLICATION FORM MUST BE COMPLETED WITH ALL INFORMATION REQUESTED.



PLEASE NOTE: PERIODS OF EMPLOYMENT, UNEMPLOYMENT OR SELF EMPLOYMENT MUST BE SUPPLIED BY YOU FOR THE PREVIOUS 5 YEARS; FAILURE TO DO SO MAY RESULT IN EMPLOYMENT BEING REFUSED.

To enable us to commence the screening process and offer you Employment we require you to supply us with the following documents

Accepted Proofs of ID

Birth Certificate
Valid Passport
Driving Licence

Documents to be verified in person

SIA LICENCE (If Applicable)
DBS Certificate (If Applicable)

Two official proofs of address

Utility Bill, (Gas, Electricity, BT Phone Bill, Satellite/Cable TV)

Note: - Mobile phone bills are not acceptable

Bank Statement /Credit Card Statement (dated within last 3 months)
Council Tax Notification
Rent Payment Book

Right to work

Documents showing leave to remain and work in the UK, if non-UK citizen, if non-UK passport holder, Home Office letter (Original)
Proof of National Insurance Number

Evidence of employment history

Use the link below to request your employment history
HMRC Personal tax account link: <https://www.gov.uk/personal-tax-account>
Use your Universal Credit Portal to confirm all periods of unemployment: <https://www.gov.uk/sign-in-universal-credit>

THIS IS MOST IMPORTANT

Additional Requirements

4 passport sized photographs or send in a digital passport photo
School Record of Achievements/Certificates if just left school
Proof of dates from college/university



Application for Employment
 K2 Services Limited
 2 The Broadway
 Dudley
 West Midlands
 DY1 4QB



POSITION APPLIED FOR: _____

DECLARATIONS I certify that to the best of my knowledge, the information that I have given in my application for employment is true and complete and understand that any false statement or omission to the Company or its representatives may render lead to termination of employment without notice. 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 authorize the Company or its agents to approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment/unemployment record. I consent to the Company's reasonable processing of any personal information obtained for the purposes 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 Reports Act 1988, I consent to the results of such examinations to be given to the Company and authorize 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 further declare that any documents that I provide as proof of my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined under a UV scanner or similar device. I acknowledge that any falsified documents may be reported to the appropriate authority. I can confirm that I will disclose any information which may affect my ability to perform my duties and explain the reasonable adjustment required in order for me to carry out my role to the standards required.

GENERAL DATA PROTECTION REGULATIONS The Company will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers. By returning this form to the Company you consent to our processing personal data about you where this is necessary, for example information about your credit status, ethnic origin or criminal offences. You also consent to the transfer of your information to your current and future potential employers where this is necessary (this may be to companies operating abroad if you apply for work outside of the United Kingdom). Your information will be held on our computer database and/or in our paper filing systems. By signing below, you agree to this process and confirm that you do not have a criminal record subject to the current Rehabilitation of Offenders Act and any amendments. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

SCREENING Any offer of employment is subject to satisfactory screening, that the applicant consents to being screened and will provide information as required. That the information provided is correct, and the applicant acknowledges that any false statements or omissions could lead to termination of employment. I understand that a total payment of £120 will be deducted from my wages, at a rate of £10 per week. This deduction is my contribution towards screening fees, in accordance with the Terms and Conditions of my Employment Contract.

PRINT NAME:	
SIGNATURE:	
DATE:	

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 (<i>circle</i>)		SURNAME:			
Surname at Birth: (If different from above)		FORENAMES:			
Address:		How long have you lived at your present address?			
Post Code:		Owner / Rented / with parents / lodging / other (<i>circle</i>)			
Mobile No:		Email:			
Previous Address: From: To:		Date of Birth:			
Post Code:		Place of Birth:			
		Nationality:			
		Date and Place of entry into the UK: (If applicable)			
Are you permitted to work in the UK? YES / NO		Right to work visa expiry date: (If applicable)			
National Insurance No:		Passport No:			
Do you hold an SIA Licence? Please circle all that apply		YES / NO	Security Guarding	Door Supervision	CCTV
SIA Licence No/s:					Close Protection
Marital Status: Single / Married / Separated / Divorced / Widow / Widower (<i>circle</i>)					
Person to contact in an emergency / next of Kin					
Name:		Next of Kin Relationship:			
Address:		Their telephone No. (work):			
Post Code:		Their telephone No. (home):			
GP's Details					
Name:		Address:		Telephone Number:	
Postal Code:					
Bank Details					
Bank Name:			Branch Address:		
Sort Code:			Account Number:		

SELF-EMPLOYMENT REFERENCES – UNIQUE TAX REFERENCE No:		TAX OFFICE:	
If you have been self-employed, please give references of people who can confirm the details.			
TRADE		ACCOUNTANT	
Name:		Name:	
Address:		Address:	
Post Code:		Post Code:	

UN-EMPLOYMENT RECORD
State all periods of unemployment, incapacity benefits, or pension payments within the last 5 years or since leaving school.

IT IS YOUR RESPONSIBILITY TO PROVIDE PROOF OF ALL PERIODS WHERE YOU HAVE RECEIVED STATE BENEFITS.

To obtain your unemployment / benefits history you must contact your local Job Centre or Benefits Office and provide us with the documentary proof obtained from them

Start with present situation.

Dates MM/YY	Dates MM/YY	Dates MM/YY	Dates MM/YY	Dates MM/YY	Dates MM/YY
From	From	From	From	From	From
To	To	To	To	To	To
From	From	From	From	From	From
To	To	To	To	To	To
From	From	From	From	From	From
To	To	To	To	To	To
From	From	From	From	From	From

EMPLOYMENT RECORD

State all periods of employment and self-employment for the last 5 years or since leaving school.

You can assist us with your screening by requesting your 5 Year employment history from HMRC by ringing the following number 0300 200 3300 and providing us with the documentary proof obtained from them.

Start with present situation.

Employers Details (BLOCK CAPITALS)	Employment/Unemployment Details	Dates MM/YY
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
Name: Address: Tel No.:	Position Held: Work No.: Reporting To: Salary / Wage Per Week: Reason for Leaving:	From To

This section is optional

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.

SIGNATURE:	
PRINT NAME:	
DATE:	

MEDICAL HEALTH QUESTIONNAIRE

Please answer all the following questions by circling the appropriate word: if the answer is yes, circle yes; if it is no, circle no.

1	Do you have any physical or mental impairment that could be classed as a disability under the Equality Act 2010?	Yes	No
2	Have you ever received compensation or a disability pension?	Yes	No
3	Are there any medical reasons why you should not do shift work?	Yes	No
4	Are you able to carry out strenuous physical work including climbing ladders, working from scaffolding, bending, lifting and carrying?	Yes	No
5	Have you ever had to give up any previous job for medical reasons?	Yes	No
6	Have you been off work continuously for more than a month during the last five years?	Yes	No
7	Have you ever had any operations requiring hospital admission for five or more days?	Yes	No
8	Is your eyesight normal (with glasses if worn)?	Yes	No
9	Is your hearing normal?	Yes	No
10	(a) Do you regularly take tablets or medicine? (b) If so, what do you take?	Yes	No
11	Have you ever had any of the following?		
	Diabetes	Yes	No
	Tuberculosis	Yes	No
	Angina	Yes	No
	Any other heart trouble	Yes	No
	Raised blood pressure	Yes	No
	Peptic, gastric, or duodenal ulcer	Yes	No

	Indigestion for more than one week	Yes	No
	Back trouble, lumbago, sciatica, "slipped disc"	Yes	No
	Epilepsy, recurring blackout or fits	Yes	No
12	Have you ever had any of the following during the past five years?		
	Bronchitis, asthma, pneumonia	Yes	No
	Dermatitis, eczema or any other skin trouble	Yes	No
13	Do you suffer from any of the following?		
	Migraine or severe recurring headaches	Yes	No
	Anxiety, depression or any other nervous complaint	Yes	No
	Fainting attacks or giddiness	Yes	No
	Ear trouble, discharging or infected ear	Yes	No
	Kidney trouble or urinary infection		

14	If you have circled any answers as Yes for questions 1 to 13, please give very brief details below:		
15	Have you ever had any other serious illness? If yes, please give very brief details below.	Yes	No
16	Have you consulted a doctor about your health during the past 12 months? If yes, please give very brief details below.	Yes	No

Declaration

I declare that the information given in this questionnaire is to the best of my knowledge complete and correct. I declare that any health information that is required to be disclosed in the interests of health and safety to myself and others in the role I am undertaking, is detailed above.

Employee's signature:

Date:

HMRC
NICO
Benton Park View
Newcastle on Tyne
NE98 1ZZ

REQUEST FOR DATA UNDER DATA PROTECTION ACT

I herewith request a copy of my personal data, as held on the National Insurance Recording System Computer, in accordance with my subject access rights under the Data Protection Act 1984 (sections 21 & 34 (60) (b), to be sent to my home address as shown below.

I understand that my National Insurance record includes references to all periods of employment, periods of registered unemployment and to periods of non-liability for contributions (for example; periods of full-time education, periods spent abroad or in legal custody).

Title

Surname

Forenames

Address

Postcode

Date of Birth

National Insurance Number

Signed **Dated**

This Confidentiality Agreement is entered into between

Name: _____ (Employee)
and

K2 Services Ltd (Employer)

1. The Employee understands that the confidential information and Proprietary Data are trade secrets of the Employer and must always take reasonable steps in order to protect the confidentiality of said information.
2. The Employee understands that K2 has an obligation under the General Data Protection Regulations (GDPR) and is committed to protecting client and staff data.
3. The Employee agrees that he or she will not disclose to any person or entity, either directly or indirectly, confidential Information held by K2 Services Ltd. Any use or disclosure of confidential information or Proprietary Data is cause for disciplinary or legal action.

Employee's Name: _____

Employee's Signature: _____

Date Signed: _____