



Dynamic Security Solutions

**Dynamic Security Solutions Ltd**

**VETTING FROM:**            /        /

**VETTED BY:**  
(12/16 weeks from  
the above date)            /        /

PLEASE  
AFFIX  
PHOTOGRAPH

**S.I.A. LICENCE NUMBER**.....

**Expiry Date**.....

Position applied for:    **SECURITY OFFICER / PERSONEL**

**CONFIDENTIAL WHEN COMPLETED**

PLEASE ANSWER ALL QUESTIONS USING **BLOCK CAPITALS**

**1. PERSONAL INFORMATION, HOW DID YOU FIND THE VACANCY, LOCAL JOB CENTRE, PRESS, INTERNET, STAFF ALREADY WORKING FOR PLEASE CIRCLE.**

**FIRST & MIDDLE NAMES:**

**SURNAME:**

**CURRENT ADDRESS:**

**TELEPHONE & EMAIL:**

**MOBILE NO:**

**POSTCODE:**

**CURRENT DRIVING LICENCE: NO;**

**CAR OWNER:**

Yes / No

**PREVIOUS ADDRESS IF LESS THAN 3 YEARS ON CURRENT ADDRESS (continue on separate page if necessary)**

**AVAILABILITY (select as applicable)**

Days

Nights  
Weekends  
Anytime

**How many miles you can Travel**

1 to 15 miles     16 to 30 miles   
 31 to 50 miles     51 to 75 miles   
 76 to 100 mile

**National Insurance number:**

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Place of birth:

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Date of birth:

	Age
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**2. BANK DETAILS FOR PAYMENT PURPOSES**

BANK ACCOUNT NUMBER.....	SORT CODE.....
NAME OF BANK.....	NAME OF ACCOUNT HOLDER: .....

**3. PERSON/NEXT OF KIN TO BE CONTACTED IN ANY EMERGENCY:**

Name:	Relationship:
Address:	Telephone number:
Postcode:	

**4. HAVE YOU EVER APPEARED BEFORE A COURT CHARGED WITH A CRIMINAL, CIVIL OR MILITARY OFFENCE AND BEEN CONVICTED INCLUDING ANY MOTORING OFFENCES HAVE YOU ANY ALLEGED OFFENCES OUTSTANDING.**

NO / YES	IF YES, GIVE DETAILS (continue separate page if necessary):
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**5. PERSONAL REFEREES**

PLEASE GIVE DETAILS OF TWO PEOPLE, OTHER THAN FAMILY WHO HAVE KNOWN YOU FOR AT LEAST 3 YEARS OUT OF THE LAST 5 YEARS WHO WE CAN APPROACH FOR A REFERENCE:

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Period Known:	Period Known:
Email:	Email:
TEL NO:	TEL NO:



## 6. PERSONAL HISTORY (PART A)

THE SECURITY SCREENING PROCESS REQUIRES THAT WE ARE ABLE TO VERIFY YOUR PERSONAL HISTORY FOR A PERIOD OF 10 OR 05 YEARS OR TO DATE OF LEAVING SCHOOL. PLEASE GIVE DETAILS OF YOUR PERSONAL HISTORY, IDENTIFY IN THE SPACE PROVIDED ALL PERIODS OF EMPLOYMENT SELF EMPLOYMENT, REGISTERED OR UNREGISTERED UNEMPLOYMENT (STATE THE UNEMPLOYMENT OFFICE WHICH YOU REPORTED TO), MILITARY SERVICE. BE SURE TO GIVE FULL ADDRESSES INCLUDING, TELEPHONE NUMBERS AND DATES.

EMPLOYERS NAME, ADDRESS & Contact Details	NAME OF THE PERSON YOU REPORTED TO.	POSITION YOU HELD	EMPLOYMENT DATES INCLUDE MONTHS	REASON FOR LEAVING	
Company Name:  Address:  Email:  Tel No:			FROM _____ / / _____  TO _____ / / _____		<b>1</b>
Company Name:  Address:  Email:  Tel No:			FROM _____ / / _____  TO _____ / / _____		<b>2</b>
Company Name:  Address:  Email:  Tel No:			FROM _____ / / _____  TO _____ / / _____		<b>3</b>
Company Name:  Address:  Email:  Tel No:			FROM _____ / / _____  TO _____ / / _____		<b>4</b>
Company Name:  Address:  Email:  Tel No:			FROM _____ / / _____  TO _____ / / _____		<b>5</b>

Continue a separate page if necessary.

**7. PERSONAL HISTORY (PART B)**

IN THE CASE OF PERIODS OF SELF-EMPLOYMENT PLEASE GIVE NAMES AND ADDRESSES OF SOMEONE WHO CAN CONFIRM YOU'RE DETAILS (I e, NOTARY PUBLIC, ACCOUNTANT, and OR SOLICITOR).

HAVE YOU BEEN MADE BANKRUPT? <input type="checkbox"/> YES / <input type="checkbox"/> NO	DO YOU HAVE ANY COUNTY COURT JUDGEMENTS? <input type="checkbox"/> YES / <input type="checkbox"/> NO
DO YOU OBJECT TO THE COMPANY CONTACTING A CREDIT AGENCY WITH REFERENCE TO YOURSELF? <input type="checkbox"/> YES / <input type="checkbox"/> NO	

**8. DETAILS OF WHEN YOU LEFT SCHOOL & IF YOU ATTENDED COLLEGE IN THE LAST 10 YEARS**

SCHOOL COLLEGE NAME:	TOWN/CITY:	DATE LEFT SCHOOL COLLEGE:	QUALIIFICATION OBTAINED:

**9. MEDICAL INFORMATION**

DO YOU SUFFER FROM ANY ILLNESS OR DISABILITY?  <b>NO / YES</b>	IF YES PLEASE SPECIFY
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**READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE STATEMENT**

1. IF OFFERED EMPLOYMENT IT WILL BE INITIALLY FOR A PROBATIONARY PERIOD OF 16 WEEKS. AFTER A PERIOD OF 12 WEEKS FROM START DATE FOR SCREENING:
2. DURING THE PROBATIONARY PERIOD, YOUR CONTRACT OF EMPLOYMENT MAY BE TERMINABLE BY THE "COMPANY" BY NO LESS THAN 24 HOURS NOTICE IN WRITING OR Email. THIS APPLIES TO SCREENING PERIOD ALSO.
3. CONTINUED EMPLOYMENT IS CONDITIONAL UPON SATISFACTORY SCREENING, MEDICAL AND GENERAL PERFORMANCE.
4. Providing false information with the aim of securing employment could lead to charges of obtaining pecuniary reward by deception Theft Act 1968 - section 16.

**STATEMENT TO BE SIGNED BY APPLICANT**

I \_\_\_\_\_ CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE GIVEN IS COMPLETE AND CORRECT, AN I UNDERSTAND THAT MISREPRESENTATION OF FACTS IS GROUNDS FOR IMMEDIATE DISMISSAL AND RENDERS ME LIABLE FOR PROSECUTION.

I AUTHORISE THE COMPANY TO APPROACH ANY GOVERNMENT AGENCIES, FORMER EMPLOYERS, CREDIT AGENCIES AND PERSONAL REFEREES TO VERIFY THE INFORMATION GIVEN AND WILL SUPPLY A STATUTORY DECLARATION IF REQUIRED (I GIVE PERMISSION FOR MY PRESENT EMPLOYER TO BE APPROACHED). I CONFIRM IF SUCCESSFUL

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Before proceeding with this application form**  
**Notice to all Applicants**

Dynamic Security Solutions Ltd Conforms to the Standard of BS 7858 and as such all applicants must undergo a security screening process.

1. The application must be completed in full.
2. A full 5-year work history (or in the case of a younger applicant a 10 year if the company requires the later for client or insurance reasons).
3. Personal references
4. Proof of I D
5. Proof of address
6. Medical history
7. National Insurance Check
8. Criminal Records Bureau Screening via the S.I.A.

As to enable us to process your application please supply the following in full

1. Full names address Email and telephone numbers of previous employers
2. Full names address Email and telephone numbers of personal references
3. Full details of any unemployment Period

Please attach the following documents with your application:

1. Passport
2. Visa (If Necessary)
3. National Insurance Number (Card or Paper from HMRC)
4. Two recent utility bills
5. Driving licence (if held)
6. Sia (Front and Back)
7. Two passport size photographs
8. Bank details
9. P45 if available

Failure to complete this application form could result in your application being delayed or rejected. Any information supplied that is found to be fraudulent would result in dismissal or in some cases legal action being taken.

Before proceeding with this application

1. Do you agree to a S.I.A. criminal record check being carried out? **YES / NO**
2. Do you fully understand the potential consequences of providing the above? **YES / NO**
3. Do you agree to a credit check taken via a credit agency regards to yourself? **YES / NO**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Personal Reference & Employment Reference Verification

Please read this carefully before signing this application form

I understand that employment with the company is subject to satisfactory and security screening in accordance with BS7858.

I undertake to cooperate with the company in providing any additional information required to meet these criteria.

I authorise the Dynamic Security Solutions Ltd /or its nominated agent to approach previous employers, personal Reference, school, college, university, or a government agency for a character references to verify that the information I have provided is correct.

I authorise Dynamic Security Solutions Ltd 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 understand that someone 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 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 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.

Print Name:----- Signature:-----

Date: -----

**FOR OFFICE USE ONLY**

<u>ASSOCIATED DOCUMENTS:</u>	<u>SEEN:</u>		<u>DATE:</u>	<u>COPY RETAINED:</u>
	<u>Yes</u>	<u>No</u>		
Birth Certificate/Passport	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Visa (If Necessary)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
National Insurance No	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Driving Licence	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
S.I.A. Licence (Front & Back)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
1st Utility bill / bank statement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2nd Utility bill / bank statement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**N.B. PHOTOCOPIES OF THE ABOVE DOCUMENTS ARE TO BE INCLUDED WITHIN VETTING PAPERS.**

<b><u>INTERVIEWERS ASSESSMENT (office use only)</u></b>	
Sense Tests a) colour blindness OK/FAILED b) Hearing OK/FAILED	
INTERVIEWERS SIGNATURE: _____	DATE: _____

**I HAVE CHECKED THE DETAILS OF THIS APPLICATION FORM AND CONFIRM THAT ALL INFORMATION IS CORRECT AT TIME OF INTERVIEW.**

**PRINT NAME..... SIGN.....**  
 (INTERVIEWER)