



MERCURY SECURITY MANAGEMENT
 Unit 20, Edgar Industrial Estate, Comber Road
 Carryduff, BELFAST, BT8 8AN
 Tel: 028 908 13030

PRIVATE AND CONFIDENTIAL: APPLICATION FOR EMPLOYMENT

Position Applied For.....Date.....

| | |
|-----------------------------|---|
| Surname..... | First Name(s)..... |
| Address | |
| National Insurance No:..... | |
| Tel No..... | |
| Email..... | |
| Postcode..... | Are You Eligible For Employment Within The UK |
| Date of Birth..... | YES NO (Documentary Evidence maybe Required) |

EDUCATION HISTORY: Detail all education from 11 years old and qualifications obtained

| From: Month & Year | To: Month & Year | School/College | Qualifications |
|--------------------|------------------|----------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Other Training: List all training courses attended and certificates/qualifications obtained

| From: Month & Year | To: Month & Year | Provider | Qualifications |
|--------------------|------------------|----------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Employment History: Please record your Employment history below. WE MUST HAVE MINIMUM 10 YEARS EMPLOYMENT HISTORY (or to school leaving age) BEFORE WE CAN CONSIDER EMPLOYMENT. PLEASE ALSO INCLUDE DETAILS OF ANY PERIODS OF UNEMPLOYMENT

Start With Current/Most Recent First. Continue on a separate page if necessary

| START Month/Year | FINISH Month/Year | NAME & ADDRESS OF EMPLOYER | JOB TITLE AND DUTIES | SALARY AT FINISH |
|---------------------|----------------------|----------------------------|--|---------------------|
| 1 | | | | |
| Contact Name | | | Notice req'd and/or Reason for leaving | |

| | | | | |
|--------------|--|--|--------------------|--|
| 2 | | | | |
| Contact Name | | | Reason For Leaving | |
| 3 | | | | |
| Contact Name | | | Reason For Leaving | |
| 4 | | | | |
| Contact Name | | | Reason For Leaving | |
| 5 | | | | |
| Contact Name | | | Reason For Leaving | |
| 6 | | | | |
| Contact Name | | | Reason For Leaving | |
| 7 | | | | |
| Contact Name | | | Reason For Leaving | |

VETTING & SCREENING

All applications will be vetted and screened for the previous 10 years. Any failure to provide relevant and accurate information or if supplied information is unsatisfactory we may have no alternative but to reject your application and/or withdraw any offer of employment. This is in accordance with BS 7858

YOU MUST THEREFORE SUPPLY ALL THE INFORMATION REQUIRED

References

Before we can proceed with your application we require 2 character references from persons not related to you:
Please supply the information below

| | |
|-----------------------------------|-----------------------------------|
| Name | Name |
| Address | Address |
| Telephone | Telephone |
| Specific dates known to Applicant | Specific dates known to Applicant |
| Relationship | Relationship |

Other Employment

Please list all other employment you would continue to do if you were successful in obtaining employment

Leisure

Please note here your leisure interests and hobbies and to what level you pursue them

Criminal Record

State any Criminal convictions (subject to Rehabilitation of Offenders Act 1974) **If none please state NONE**

Medical Section: This section must be completed **fully** to progress your application

| Question | YES | NO | Details |
|---|-----|----|---------|
| Do you suffer from or have history of any muscular or skeletal injuries (inc back pain). | | | |
| Are you Colour blind in any or both eyes If so please give details | | | |
| Have you or any member of your family any history of heart problems. | | | |
| Have you or any member of your family any history of Chest, Respiratory, Asthma type problems. | | | |
| Are you allergic to anything | | | |
| Are you prone to fitting, seizure, faints etc. | | | |
| Have you ever suffered from nervous breakdown, panic attacks, mental illness | | | |
| Do you suffer from high blood pressure | | | |
| Have you any hearing difficulties | | | |
| Have you any sense of smell or eye sight difficulties | | | |
| Are you under any medication at all If so please give details | | | |
| Please list any special needs that you require that will enable you to carry out your duties satisfactorily. | | | |

General

Uniform: To allow us to order you a uniform please supply the following measurements

| | | | | |
|---------|---------|--------------|----------|-------|
| CHEST = | WAIST = | INSIDE LEG = | COLLAR = | SHOE= |
|---------|---------|--------------|----------|-------|

| |
|---|
| Please give details of any days/hours/shifts you cannot work |
|---|

| | | |
|---|--------|--------|
| Please give details of any holiday commitments already booked or planned | | |
| Date | Period | Reason |

| | | | |
|---|-----------|------------|----------------|
| Bank Account Details (This information can be provided upon commencement of employment if preferred) | | | |
| Account Name | Sort Code | Account No | Branch Address |

| | | |
|--|--------------|---------|
| Name and Address of Contact in cases of Emergency | | |
| Name | Relationship | Address |
| Tel No | | |

DECLARATION BY APPLICANT

I agree not to divulge any information however acquired relating to the Company, its Business or its Clients to any other Person, Company or Organisation without written consent from the Company either during or after employment is determined.

I agree to abide by the rules and procedures of the company at all times and agree to a personal search as and when required.

I agree to attend Training Courses and /or First Aid training appropriate to my employment as identified and mutually agreed by the company and myself.

If accepted I consent to a medical examination carried out by a company nominated Doctor if required.

I have detailed my previous 10 years employment history and consent to the company contacting such persons including character references as necessary to verify those details in accordance with British Standards 7858.

I AGREE / I DO NOT AGREE, to my present employer being contacted BEFORE an offer of employment is made. I understand my present employer will be contacted after any provisional offer of a job, is accepted by myself.

I understand that any offer of employment is subject to the satisfactory 10 years screening process.

I understand that any offer of employment is subject to 13 weeks probationary period.

I understand that if any information I have provided on this form is subsequently found to be false or misleading I will be liable to disciplinary procedures that could result in dismissal without notice.

I understand that it is a criminal offence to make false statements on this Application Form.

I confirm that if I commence employment with your company and I am registered as unemployed, I will inform the relevant authorities of my revised employment status.

SIGNATURE OF APPLICANT.....NAME.....DATE.....