

Please read this form carefully and answer all the applicable questions honestly and truthfully.

If you fail to do so it could affect your employment with Delta. Please return the completed form to the above address.

Position applied for:	Location:
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Title:	Mr / Dr / Mrs / Miss / Ms / Other (please specify)	
Name:		
Current Address:		
Postcode:		Email:
Telephone No:	Home:	Mobile:
DOB:		NI Number:

Emergency Contact Details

Name:		Number:
Relationship:		Mobile Number:

Eligibility to Work in the UK

Nationality:		
Type of Passport:		Do you require a Visa? YES / NO
Type of Visa:		

SIA Licence Details

Sector:	DS, CP, CCTV, SG
Licence Number and Expiry:	

NB* Applications will not be accepted without proof of identification eg. Copy of passport, driving license, birth certificate Copy of Training Certificate is required, along with a copy of your SIA license and proof of address.

Convictions

Have you been fined/convicted of a Criminal Offence in the last 10 years? Please include any motoring offences and pending actions.	YES / NO	Investigated:	Cautioned:
Please provide further information further details subject to the provision of the Rehabilitation of Offender Act 1974			
Detail any bankruptcy proceedings and CCJ's (County Court Judgments)			
Do you have a full UK Driving Licence?	YES / NO	Do you have your own transport?	YES / NO

Bank Details:

Name of account Holder:		Sort Code:	
Bank Name:		Account:	

Credit Reference Search in accordance to BS7858:2006

How long have you lived at your current address?	Months	Years
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If less than 5 years please provide additional address history up to 5 years;

Address 1:	Address 2:	Address 3:
Postcode:	Postcode:	Postcode:
Resident from: __ / __ To: __ / __	Resident from: __ / __ To: __ / __	Resident from: __ / __ To: __ / __

Self Employment History

Were you self employed in the past 5 years?	YES / NO	If no, go to Service Record
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Self Employment – if you were self employed during the past 5 years please name two trade referees that you have traded with or your Solicitor or Accountant details.

Your company/trading name:			
Trade Reference One:	Name:		
Address:			
Postcode:		Telephone:	
Trade Reference Two:	Name:		
Address:			
Postcode:		Telephone:	

Service Record – Please tick

Have you served during the past 5 years? YES / NO (If no, go to Education History)

Royal Navy	ID Number:	Dates:
Army	ID Number:	Dates:
RAF	ID Number:	Dates:
Merchant Navy	ID Number:	Dates:
Police	ID Number:	Dates:
Fire Service	ID Number:	Dates:
Other	ID Number:	Dates:

Please note you will need to provide your discharge papers as part of your vetting/reference checking

Education History - please provide all contact details for the School/College/University for the past 5 years only

Name of School / College / Uni	Contact Details	Dates	Subjects Studied
Address: Postcode:	Contact Name Tel Number Email address	To: From:	
Address: Postcode:	Contact Name Tel Number Email address	To: From:	

Personal References - Please give the names, addresses and contact numbers for three people that are willing to give you a personal reference. They must have known you for a minimum of two years, must not be related to you, cannot reside at the same address as you and not be a previous employer.

Name	Address	Telephone & Email	How long they have been known to you?
First: Surname:	Postcode:	Telephone: Email:	
First: Surname:	Postcode:	Telephone: Email:	
First: Surname:	Postcode:	Telephone: Email:	

Employment History for the last 5 years – You will be Security screened in accordance with BS 7858, which requires that we verify all employment history, including any education, unemployment and self employment for the past 5 years. **You must fill in ALL fields with all employment and unemployment history. You must also supply the names, addresses and contact numbers for all previous employers.**

Employer (most recent first):	Date:	Position and brief description of work	Reason for Leaving:
Name: Address: Postcode: Tel No:	From To:	Job Title: Duties:	
Name: Address: Postcode: Tel No:	From To:	Job Title: Duties:	
Name: Address: Postcode: Tel No:	From To:	Job Title: Duties:	
Name: Address: Postcode: Tel No:	From To:	Job Title: Duties:	
Name: Address: Postcode: Tel No:	From To:	Job Title: Duties:	

*Please use separate sheet if necessary

Equal Opportunities – We are an equal opportunities employer. We aim to recruit staff on their suitability for the position advertised, without consideration of sex, marital status, disability or ethnic origin. To help us monitor this policy it would help us if you fill in this section.

White European	White Other - Please specify	Black European	Black African	Black Caribbean
Black Other Please specify	Asian European	Asian Indian	Asian Chinese/ Japanese	Asian Other Please specify

Gender:	Male / Female			
Marital Status:	Single	Married	Divorced	Seperated
Are you registered Disabled?	YES / NO			
If yes please provide details				

CONSENT UNDER THE DATA PROTECTION ACT 1988 – The information given to Delta Security in this form will be processed only by Delta Security for the purpose of considering your application for employment. If you are successful in your application, this form and the information in it will be retained in your HR file for such times as you are an employee of Delta Security and for up to 7 years at the end of your employment. Otherwise, this form will only be retained by Delta for so long as it is required in connection with your application.

By signing this consent you give us your express consent to retain and process all the information contained in this form and to transfer it to countries outside EU if required.

Name: Signed: Date:

Please read this carefully before signing this application form

Declaration

I understand that whilst being screened any documents presented by myself as proof of identity and address may be checked using an ultra violet scanner or other method to deter identify theft and fraud.

I hereby certify that I personally completed this application form. I understand that should an offer of employment be made, my employment will be 'provisional' for 12 weeks until full screening and vetting has been carried out.

If I have made any misleading or false statements on this form, I understand that it will be cause for termination of my employment. I agree that my signature on this form gives Delta Security permission to make full enquiries about me from my previous employers, schools and colleges and Government Department to verify that the information I have given is correct.

I authorise Delta 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 the client if necessary.

I understand that employment with Delta is subject to satisfactory references and screening and will co-operate with Delta in providing any additional information required to meet this criteria.

I understand that some or information in this application form may be held on a computer and some or all information will be held in manual records.

I consent to Delta's reasonable processing of any sensitive 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 physical examination where requested by the Delta. Subject to the Access Medical Records Act 1988, I consent to the results of such examinations to be given to Delta.

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 understand that, to the best of my knowledge, the details I have given in this application form are complete and correct. In addition to this, there is nothing in my background which reflects adversely upon my suitability to work in the security industry. Any false statement or omission to Delta may render me liable to dismissal without notice.

Name: Signed: Date: