

JANS SERVICES LTD

CEME Innovation Centre, Marsh Way, Rainham, Essex RM13 8EU

Phone / Fax: 020 8596 7046

Email: info@thejans.co.uk

Photo

APPLICATION FORM

Position applied for:

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, LEAVE THE SPACE BLANK.**
3. Please attach **two** recent passport size photographs.

SCREENING AUTHORISATION

In conjunction with page 8 of this application, I the undersigned authorise Jans Services Ltd and/or its nominated agent/s to approach previous employers, schools/colleges, personal referees, or Government Agencies to verify that the information I have provided is correct.

I also agree for the company and/or its agent/s 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. This search will also include official public record information and as a minimum:

- ☐ Postal address links
- ☐ County Court Judgements (CCJ's)
- ☐ Bankruptcy Orders
- ☐ Aliases
- ☐ Date of Birth
- ☐ Electoral Register

Should any concerns appear during the consumer information search, I accept that I will be required to make representation about the concern.

I also accept that should the company and/or its nominated agent/s find any forgeries whilst checking my documentation they will be obliged to report them to the appropriate authorities.

I further understand that employment with Jans Services Ltd is subject to satisfactory screening in accordance with the current issue of BS 7858 and I undertake to co-operate with the Company and/or its agent/s in providing any additional information required to meet these criteria.

Name: _____

Signed: _____

Date: _____

SECTION A: PERSONAL DETAILS

TITLE: Mr / Mrs / Miss / Ms (<i>circle</i>)		SURNAME:	
Former names / aliases: (if different)		FORENAMES:	
Date of Birth:		Nationality:	
Place of Birth:		Date and Place of entry into the UK (<i>if applicable</i>):	
Are you permitted to work in the UK? YES / NO		Work Permit expiry date (<i>if applicable</i>):	
Address:		How long have you lived at your present address?	
Post Code:		(If less than 5 (five) years please give previous address/es below)	
Previous Address: From: To:		Previous Address: From: To:	
Post Code:		Post Code:	
Telephone No:		Mobile:	
Email Address:			
Residential Status at Present Address: → → →		Owner / Rented / with parents / lodging / other (circle)	
National Insurance No:		Passport No:	
		Country of Issue:	
Do you hold a current SIA Licence: YES / NO		SIA Licence Expiry Date:	
Licence No:		Licence Type	

SECTION B: NEXT OF KIN

Person to contact in an emergency / Next of Kin	Relationship of next of kin:
Name:	
Address:	Home Telephone No:
	Work Telephone No:
	Mobile Phone No:
Post Code:	Email Address:

SECTION C: EQUAL OPPORTUNITIES

<p>This section is voluntary and will NOT be used in assessing your application. We are an equal opportunities employer. If you choose to complete this section, it will help us to monitor the effectiveness of our Equal Opportunities Policy.</p> <p>My ethnic origin is (circle): African Asian Caribbean Caucasian</p> <p>Other (please specify):</p>
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SECTION D: G P's DETAILS

Name of Doctor:

Address (including Post Code):

Tel:

Fax:

SECTION E: BANK / BUILDING SOCIETY DETAILS

Name of Bank/Building Society

Branch /Address:

Name on Account:

Account No:

Sort Code:

SECTION F: DRIVING LICENCE

Driving Licence. Full / Provisional / None Licence No:

Car / Motorcycle

Own Transport: YES / NO

Have you ever been disqualified from driving?

YES / NO

Enter details of any motoring convictions in the last five years:

SECTION G: OFFENCES, CAUTIONS AND CONVICTIONS

1. Have you ever been cautioned by the Police?

YES / NO

2. Have you ever been convicted, fined or had any order made against you by a Criminal,
Civil or Military Court in the last 6 years?

YES / NO

3. Are you aware of any Police investigations in which you may be involved?

YES / NO

NB. Disclosure is not required where there is a conviction to which the provisions of the Rehabilitation of Offenders Act 1974 applies. Failure to disclose an unspent conviction may result in summary dismissal. If you are unclear about any of these questions contact 'Admin' at the office.

SECTION H: FINANCIAL LIABILITIES

Have you any outstanding debts or attachments of earnings?

YES / NO

If YES, give details

Have you ever been declared bankrupt / insolvent?

YES / NO

If YES, give details

Are you the subject of any County Court proceedings?

YES / NO

If YES, give details

SECTION I: SERVICE RECORD

Services: ARMY / ROYAL NAVY / RAF / FIRE / POLICE / OTHER (specify)

Unit or Regiment:

Rank:

Service No.

From:

To:

Conduct Assessment on discharge:

Are you a member of any reserve unit that will require annual training or service?

YES / NO

If YES, give details

SECTION J: SECONDARY EDUCATION RECORD

Schools attended :

(Full Names/Addresses/Telephone/Fax No's)

From

To

Qualifications:

SECTION K: FURTHER EDUCATION RECORD

Colleges / Universities attended:

(Full Names/Addresses/Telephone/Fax No's)

From

To

Qualifications:

SECTION L: PERSONAL REFERENCES

Give the names and address of two persons (not former employers or relatives) who have known you for **at least 2 years, within the last 5 and with whom you have regular contact:**

Name:

Name:

Address:

Address:

Post Code:

Post Code:

Tel No.:

Tel No.:

How long known:

How long known:

SECTION M: EMPLOYMENT RECORD

1. State **all periods** of **employment, unemployment and self-employment** for the **last 5 years or since leaving school**.
2. For any periods of **unemployment**, state the **address of the Unemployment Benefit Office** at which you reported.

Start with present situation.

Employers Details (BLOCK CAPITALS)	Employment Details	Dates DD/MM/YY	Office Use
Name: Address: Tel No.: Fax No: Email:	Position Held: Employee No: Reporting To: Salary / Wage Per Week: Reason for Leaving:	From To	
Name: Address: Tel No.: Fax No: Email:	Position Held: Employee No: Reporting To: Salary / Wage Per Week: Reason for Leaving:	From To	
Name: Address: Tel No.: Fax No: Email:	Position Held: Employee No: Reporting To: Salary / Wage Per Week: Reason for Leaving:	From: To:	
Name: Address: Tel No: Fax No: Email:	Position Held: Employee No: Reporting To: Salary / Wage Per Week: Reason for Leaving:	From: To:	

SECTION N: SELF-EMPLOYMENT REFERENCES

If you have been self-employed, please give references of people who can confirm the details.

TRADE**ACCOUNTANT**

Address:

Address:

Post Code:

Post Code:

Telephone No:

Telephone No:

Fax No:

Fax No:

Email Address:

Email Address:

SECTION O: MEDICAL QUESTIONNAIRE

Please read the following questions carefully and answer as accurately as possible.

Are you currently suffering or have you ever suffered from any of the following conditions? (circle)

Fainting, blackouts, epilepsy or fits	YES / NO	Claustrophobia or Vertigo	YES / NO
Diabetes	YES / NO	Back pain	YES / NO
Typhoid, paratyphoid or cholera	YES / NO	Difficulty in standing for long periods	YES / NO
Dysentery or recurring diarrhoea	YES / NO	Difficulty in climbing stairs	YES / NO
Tuberculosis (TB)	YES / NO	Difficulty in bending to lift weights	YES / NO
Eczema or skin trouble	YES / NO	Serious injury or fracture	YES / NO
Asthmatic attacks or chest problems	YES / NO	Mental / emotional illness	YES / NO
Heart trouble or high blood pressure	YES / NO	Recurrent infections or illness	YES / NO
Arthritis, rheumatism or gout	YES / NO	Any major operations	YES / NO
Joint, ligaments or tendon trouble	YES / NO	Difficult in writing	YES / NO
Rupture or hernia	YES / NO	Colour blindness	YES / NO
Currently taking prescribed medication	YES / NO		
Defective vision (not corrected by glasses or contact lens)			YES / NO
Deafness or difficulty hearing speech (not corrected by hearing aid)			YES / NO
Any medical condition that may affect your suitability for employment?			YES / NO
Are you currently or do you expect to receive medical treatment in the near future?			YES / NO
Have you received hospital treatment during the last 3 years?			YES / NO
Have you been absent from work, school or full time education for more than two successive weeks in the last 3 years (other than holidays)?			YES / NO
Are you or have you been registered disabled?			YES / NO
Having been explained the details of the job requirements do you feel that you will have any problems in carrying out the work required?			YES / NO

MEDICAL QUESTIONNAIRE (Cont'd)

Is there anything in your circumstances that would be detrimental to your working night shifts? (Night time workers have the opportunity of a free medical assessment).	YES / NO
Do you smoke?	YES / NO
How many sticks per day?	
Do you drink alcohol?	YES / NO
How many units per week?	

SECTION P: C V

Do you have a current CV?	YES / NO
If YES please attach/provide a copy. If not readily available how soon can you provide one?	

SECTION Q: ADDITIONAL / SUPPLEMENTARY INFORMATION:

Please use this space to tell us anything else you would want us to know.

SECTION R: EU WORKING TIME DIRECTIVE DECLARATION

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:

DECLARATIONS

I certify that to the best of my knowledge, the information that I have given in this application is true and complete and understand that any false statement or omission to the Company or its representatives may 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 authorise 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 authorise the Company or its nominated agent to make a consumer information search with a credit reference agency, which will keep a record of that search and may share the 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.

DATA PROTECTION ACT 1998

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.

DISCLOSURE

You are applying for a position of trust and in the event of being offered employment by the Company we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from employment. For more information ask us for a copy of the DBS Code of Practice/Disclosure Scotland and/or Company policy statement regarding ex-offenders. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document you allow the Company to see a copy of the Disclosure. By signing below you agree to this process.

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.

Signed:

Date:

Name (BLOCK CAPITALS):