

Please return this form to:

Lynxforce Protection Services

16 Travers Close, London, E17 5PT

Tel: 020 3129 2625

Email:careers@lynxforce.co.uk



APPLICATION FORM

Please answer all questions using **BLOCK CAPITALS** in your own handwriting using black ink. If a question or section does not apply to you, do not cross through but insert **NO** or **N/A**

Position applied for Where did you hear about this vacancy?If recommended by a Lynxforce Protection employee please state their name

TITLE Mr/Mrs/Miss/Ms (Circle)

SURNAME **FORENAMES**

Have you ever been known by any other name? YES/NO (Circle) If yes - give details

ADDRESS **Email Address**

..... **Tel. No**

POSTCODE **Mobile No**

ARE YOU PERMITTED TO WORK IN THE UK? YES/NO (Circle)

PLACE OF BIRTH

NATIONALITY

NATIONAL INSURANCE NUMBER

DO YOU HAVE A FULL UK DRIVER'S LICENCE? YES/NO (Circle)

HAVE YOU ANY PENALTY POINTS ON YOUR LICENCE YES/NO (Circle)

IF YES GIVE DETAILS

QUALIFICATIONS (BLOCK CAPITALS)	DETAILS	DATES						
DO YOU HOLD A VALID SIA LICENCE YES/NO (Circle)	LICENCE NO TYPE (i.e. Security, Door Supervisor, CCTV)	Expiry Date: <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>D</td> <td>M</td> <td>Y</td> </tr> </table>				D	M	Y
D	M	Y						
ANY OTHER ACCREDITATION / QUALIFICATION RELEVANT TO THE ROLE YOU ARE APPLYING FOR	QUALIFICATIONS (i.e. Airside pass, CSCS Card)	Expiry Date: <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>D</td> <td>M</td> <td>Y</td> </tr> </table>				D	M	Y
D	M	Y						

EMPLOYMENT AND EDUCATION HISTORY RECORD (BLOCK CAPITALS) State ALL periods of employment, 'unemployment', self-employment and/or education for the LAST 5 YEARS, unless otherwise informed. For periods of unemployment give the address of the Benefit Office in the 'Employer' column. There must be no gaps of more than 14 days – you must explain how you are going to account for any time not covered. Most recent or current first.

EMPLOYER	DETAILS	DATES
Name Address Email Address Tel/Fax Nos	Your Job Reporting to Reason for leaving	From: <input type="text"/> <input type="text"/> <input type="text"/> D M Y To: <input type="text"/> <input type="text"/> <input type="text"/> D M Y
Name Address Email Address Tel/Fax Nos	Your Job Reporting to Reason for leaving	From: <input type="text"/> <input type="text"/> <input type="text"/> D M Y To: <input type="text"/> <input type="text"/> <input type="text"/> D M Y
Name Address Email Address Tel/Fax Nos	Your Job Reporting to Reason for leaving	From: <input type="text"/> <input type="text"/> <input type="text"/> D M Y To: <input type="text"/> <input type="text"/> <input type="text"/> D M Y
Name Address Email Address Tel/Fax Nos	Your Job Reporting to Reason for leaving	From: <input type="text"/> <input type="text"/> <input type="text"/> D M Y To: <input type="text"/> <input type="text"/> <input type="text"/> D M Y
Name Address Email Address Tel/Fax Nos	Your Job Reporting to Reason for leaving	From: <input type="text"/> <input type="text"/> <input type="text"/> D M Y To: <input type="text"/> <input type="text"/> <input type="text"/> D M Y
Name Address Email Address Tel/Fax Nos	Your Job Reporting to Reason for leaving	From: <input type="text"/> <input type="text"/> <input type="text"/> D M Y To: <input type="text"/> <input type="text"/> <input type="text"/> D M Y

TWO PERSONAL CHARACTER REFERENCES

Give the name, address and telephone number of TWO people who have known you for AT LEAST 2 YEARS. Neither Character Referee can be related to you, living with you or living with one of your relations, or a Lynxforce Protection Services employee.

Name Occupation Address Postcode Telephone Number How long known?	Name Occupation Address Postcode Telephone Number How long known?
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SELF EMPLOYMENT REFERENCES

If you have been self-employed, please give the name and address of two people, other than those given as personal references, who can confirm the details. One should be your Accountant.

Name Occupation Address Postcode Email Address Telephone Number	Name Occupation Address Postcode Email Address Telephone Number
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CRIMINAL OFFENCES, CAUTIONS, CONVICTIONS ETC.

Have you ever been fined, received a caution, sentenced to imprisonment, placed on probation, discharged on payment of costs, or had any order made against you by a criminal, civil or military court or public authority?

YES/NO (Circle)

Have you ever been convicted, fined or had any order made against you by a criminal, civil or military court outside the United Kingdom?

YES/NO (Circle)

Are there any alleged offences outstanding against you?

YES/NO (Circle)

If you have answered YES to any of the questions above, please give details

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Disclosure is not required where there is a sentence to which the Rehabilitation of Offenders Act 1974 applies. Failure to disclose an unspent sentence may result in summary dismissal.

NOTE: All applicants are subject to vetting/screening and may also be required to obtain records of any convictions from the Police under the Subject Access provisions of the Data Protection Act or Disclosure from The Criminal Records Bureau.

FINANCIAL HISTORY

Have you any outstanding attachments to earnings?

YES/NO (Circle)

Do you have a bankruptcy order or any voluntary arrangements?

YES/NO (Circle)

Are you the subject of any County Court Proceedings (CCJs)?

YES/NO (Circle)

If you have answered YES to any of the questions above, please give details

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DECLARATION

Please read carefully before signing this application.

I certify that to the best of my knowledge, the details and information given in this form are complete and correct.

I understand that to make a false statement to the Company or its representatives will give the Company the right to terminate my employment immediately and without notice.

I understand that referencing will only take place if I have received a written offer of employment and that if an unsatisfactory reference is received or referencing is unable to be completed within the given time then the Company may terminate my offer of employment.

I understand that employment or other work with the Company is subject to satisfactory vetting in accordance with the Code of Practice for BS 7858 and I undertake to co-operate with the Company in providing any information required to meet this criteria. I authorise the Company and/or its nominated agent to approach previous employers, education bodies, referees or government agencies to verify that the information I have provided is correct and complete.

I give the Company permission to collect, retain and process information about me in connection with my employment and in accordance with the Data Protection Act and I understand that this will be held on a computer and some or all will be held in manual records. You may occasionally provide information about me to a third party.

I agree that I will, when required by the Company, apply for Enforced Subject Access for information (if any) relating to me on nationally held police computers and provide the results of that enquiry to the Company in confidence, or alternatively obtain disclosure from The Criminal Records Bureau.

I agree to adhere to any regulated industry requirements appropriate to the role applied for. e.g. ISA (Independent Safeguarding Authority).

I understand that the Company reserves the right to require me to undergo a medical examination or a health assessment at the Company's expense.

I understand that if I wish to take a second job whilst working for Lynxforce Protection Services, I am required to contact the Human Resources Department for authorisation.

I authorise the Company to make a consumer information search with a credit reference agency and to keep a record of that search and may share that information with other credit reference agencies.

SIGNATURE **DATE**

PRINT FULL NAME

ADDITIONAL INFORMATION

Please include below any additional information that the Company should be aware of:

IF YOU REQUIRE MORE SPACE TO PROVIDE ADDITIONAL INFORMATION PLEASE USE A SEPARATE SHEET