



UNITEDARMS
SECURITY SERVICES

APPLICATION FORM

ALL Sections must be completed in **TYPE** or **BLOCK CAPITALS** in black pen.
Some questions are repeated as various parts of this form are used by different departments.
PLEASE RETURN TO THE EMAIL OR POSTAL ADDRESS SPECIFIED BELOW.

PLEASE ANSWER THE FOLLOWING BEFORE YOU BEGIN

1. Are you over 18?

Yes - please answer question 2 No - Your application CAN NOT be considered

2. Do you have a permanent National Insurance Number?

Yes - please answer question 3 No - Your application CAN NOT be considered

3. Do you have a passport issued by the UK?

Yes - please complete and return this form No - please answer question 4

4. Do you have a valid work permit or visa enabling you to work in the UK?

Yes - please complete and return this form No - Your application CAN NOT be considered

Job title of vacancy you are applying for	
Location of vacancy you are applying for	

Surname		First Names	
Maiden Name		Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Address			
Post Code		Tel No	
Date of Birth		Place of Birth (inc. country)	
National Insurance No.		Nationality	

Do you hold a current / valid passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Passport No.	
		Passport Nationality	

Do you require a Work Permit for the UK	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes attach a copy when returning this application
---	--	---

- If your nationality is **NON-EEC** please attach a copy of your **Authority To Work In The UK** when returning this application.
- If you come from an **ACCESSION STATE** and have been in the UK for less than 12 months please attach a copy of your **Registration Certificate** when returning this application.

Have you resided in the UK for a minimum of five years	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Do you have a current / valid driving licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence No.	
Do you have your own vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any current Endorsements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give details	

Have you ever been fined, cautioned, 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?

Failure to disclose information in this regard (including any cautions) is regarded as a criminal act under the Fraud Act 2006 which carries maximum sentence of 5 years imprisonment

<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give details	
--	----------------------	--

Have you applied to us for employment before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of application	
---	--	-----------------------------	--

Height		Hair Colour		Eye Colour	
--------	--	-------------	--	------------	--

Have you had any time off work through illness / injury in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give details	
Does your health prevent you from performing certain types of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give details	

When can you start work?	
In the next 12 months, are there periods when you will be UNAVAILABLE for work? (E.g. Holiday, Hospital etc.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give details

PERSONAL REFERENCE

Please give the names and addresses and telephone numbers of two personal friends who have known you for as long as possible (no less than two years), who will provide a written character reference. They should not be relatives or past employers.

Name		Name	
Address		Address	
Telephone No.		Telephone No.	
Occupation		Occupation	
How long known?		How long Known?	

Other qualifications, courses or training you have attended (Please include details of any courses which you are currently attending – Including dates)

Do you hold an SIA Licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes give Licence Number	
Have you applied for a SIA Licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give reference Number	
Have you ever been REFUSED a SIA Licence	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever used a computer, if so at what level?	<input type="checkbox"/> Never used <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
---	---

EMPLOYMENT & EDUCATION RECORD

Start with the most recent and working backwards, please state details below ALL periods of: Please state below details of all periods of employment / unemployment / military service/ education to cover the last 10 years. It is important that you give EXACT DATES and FULL name, addresses and telephone numbers to enable us to complete the necessary checks required. An incomplete background check may result in employment and/or completion of probationary period being denied.

History #1: Name / Address		History #2: Name / Address	
Telephone No.		Telephone No.	
Dates Include Month and Year		Dates Include Month and Year	
Person to whom you reported		Person to whom you reported	
Job Title / Payroll Number		Job Title / Payroll Number	
Wage / Salary		Wage / Salary	
Reason for Leaving?		Reason for leaving?	

History #3: Name / Address		History #4: Name / Address	
Telephone No.		Telephone No.	
Dates Include Month and Year		Dates Include Month and Year	
Person to whom you reported		Person to whom you reported	
Job Title / Payroll Number		Job Title / Payroll Number	
Wage / Salary		Wage / Salary	
Reason for Leaving?		Reason for leaving?	

History #5: Name / Address		History #6: Name / Address	
Telephone No.		Telephone No.	
Dates Include Month and Year		Dates Include Month and Year	
Person to whom you reported		Person to whom you reported	
Job Title / Payroll Number		Job Title / Payroll Number	
Wage / Salary		Wage / Salary	
Reason for Leaving?		Reason for leaving?	

History #7: Name / Address		History #8: Name / Address	
Telephone No.		Telephone No.	
Dates Include Month and Year		Dates Include Month and Year	
Person to whom you reported		Person to whom you reported	
Job Title / Payroll Number		Job Title / Payroll Number	
Wage / Salary		Wage / Salary	
Reason for Leaving?		Reason for leaving?	

History #9: Name / Address		History #10: Name / Address	
Telephone No.		Telephone No.	
Dates Include Month and Year		Dates Include Month and Year	
Person to whom you reported		Person to whom you reported	
Job Title / Payroll Number		Job Title / Payroll Number	
Wage / Salary		Wage / Salary	
Reason for Leaving?		Reason for leaving?	

Briefly state why you would like to work in this job and add anything which you wish to support your application:

--

1. All individuals applying for employment with Arms Security Limited and undertaking the screening process are informed that their personal data will be used for the purpose of security screening and that any documents presented to establish identity and proof of residence may be checked using a ultra-violet scanner or other method to deter identity theft and fraud.
 2. Note that Arms Security Limited will report to the relevant authority all instances of where original identity documents appear to be forgeries.
 3. All private and confidential data about individuals being security screened will be held securely owing to the confidential nature of them and in accordance with Data Protection Legislation.
 4. I understand that employment with the company (Arms Security Limited) is subject to satisfactory references and security screening in accordance with BS: 7858.
 5. I undertake to co-operate with the company (Arms Security Limited) in providing any additional information required to meet these criteria:
 6. I authorise the company (Arms Security Limited) 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.
 7. I understand that some 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.
 8. I consent to the company'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 medical examination where requested by the company. Subject to the access to Medical Records Act 1968, 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 Declarations Act 1835, in confirmation of previous employment or unemployment.
 9. I understand that any false statement or omission to the company or its representative may render me liable to dismissal without notice.
 10. I will agree to open a Bank / Building Society account to enable my wages to be paid directly into my account.
 11. I will abide by the rules of the Company and Conditions of Service as laid down in the Companies Handbook.
 12. I will submit to a personal search when called upon to do so when employed on the Companies property.
 13. I will submit my driving licence for inspection at intervals as laid down by the Company when / if driving company vehicles.
 14. I will submit and or permit my photograph to be taken for company Identification Card purposes.
 15. I will attend Training Courses at such times and dates as arranged by the Company.
 16. I hereby certify that I have personally filled in the Application Form and I hereby certify that, to the best of my knowledge, the details I have given in this application form are complete and correct.
 17. I understand that if I am employed and it is subsequently revealed that I have made misrepresentations, false statements, failed to disclose material facts, either during application or throughout employment may constitute grounds for immediate dismissal and or legal action being taken.
 18. Applicants applying for roles within the company that require a Security Industry Authority (SIA) licence must inform the company of any instance during application and or employment where the SIA have revoked, rescinded or declined to issue a renewal immediately.
 19. Applicants applying for roles within the company must inform the company of any instance during application and or employments where they receive a caution, summons or are subject to legal action, immediately.
 20. Applicants applying for roles within the company must inform the company of any instance during application and or employments where they receive a County Court Judgement (CCJ) or are subject to bankruptcy / financial legal action immediately.
 21. Applicants applying for roles within the company must inform the company of any instance during application and or employments where they require a Visa and or Work Permit / permission to work and instances where the application is revoked, rescinded or not renewed immediately on notification.
- I authorise the company and/or its nominated agent to approach previous employers, schools / colleges, character referees or Government Agencies to verify that the information I have provided is correct.
- I authorise the company to approach my current employer. Yes. / No. (Delete where applicable)

DECLARATION

The information given in this application form, to the best of my knowledge, is correct. I understand that any false statement or omission will make me liable for immediate dismissal.

Signed:		Date:	
---------	--	-------	--

ADDITIONAL INFORMATION REQUEST

We aim to be an equal opportunity employer and select staff solely on merit, irrespective of race, sex, disability, etc. In order to monitor the effectiveness of our equal opportunity policy, we request all applicants to provide the information requested.

(Please tick the relevant boxes)

GENDER INFORMATION

Please select the appropriate box	<input type="checkbox"/> Male <input type="checkbox"/> Female
-----------------------------------	---

ETHNIC ORIGIN INFORMATION (Please tick the box that most accurately describes you).

These categories are not about nationality, place of birth or citizenship. They are colour and broad ethnic group orientated.

Asian	<input type="checkbox"/> Indian Origin <input type="checkbox"/> Pakistani Origin <input type="checkbox"/> Bangladeshi Origin <input type="checkbox"/> East African Origin <input type="checkbox"/> Chinese Origin <input type="checkbox"/> other Asian Origin
Black	<input type="checkbox"/> Caribbean Origin <input type="checkbox"/> African Origin <input type="checkbox"/> Other Black Origin
White	<input type="checkbox"/> White
Other Ethnic Origin (Please describe)	

DISABILITY INFORMATION – Please fill in this section whether or not you consider yourself to have a disability.

Do you have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a registered disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------	--	--------------------------------	--

If you do have a disability, how would you classify it?

Multiple Disability	<input type="checkbox"/>
Hearing Impaired (e.g. deaf, hard of hearing, use of hearing aid)	<input type="checkbox"/>
Visual (e.g. partially sighted, blind)	<input type="checkbox"/>
Speech (e.g. communicates with speech, speech impairment)	<input type="checkbox"/>
Mobility (e.g. severe back problems, use of wheelchair)	<input type="checkbox"/>
Manual Dexterity (e.g. arthritis)	<input type="checkbox"/>
Respiratory / Heart (e.g. emphysema)	<input type="checkbox"/>
Learning Difficulty (e.g. dyslexia)	<input type="checkbox"/>
Mental Illness (e.g. depression, stress)	<input type="checkbox"/>
Other (e.g. epilepsy, diabetes, colour blindness) Please describe:	

I authorise Arms Security Ltd to approach Government agencies, former employers, educational establishments and personal referees for verification of my employment record and to store information relating to my application or future employment in accordance with the Data Protection Act. I authorise the Company 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.

Surname		First Names:	
Signed:		Date	

PLEASE FAX TO 0800 756 9947

OR EMAIL TO: HR@ARMSSECURITY.CO.UK

**OR SEND TO: UNITED ARMS SECURITY
27 OLD GLOUCESTER STREET,
LONDON, WC1N 3AX**