

# TOP SECURITY LIMITED

## DECLARATION

*Please read this carefully before signing this application.*

To be completed by **ALL APPLICANTS**

- i) **I CERTIFY** that I have read the instructions for the completion of this personal summary and that the information is correct and complete to the best of my knowledge and belief.
- ii) **I ACKNOWLEDGE** that any misinterpretation of the information provided by this form shall constitute misconduct sufficient to warrant immediate termination of any employment I may have entered into with the Company.
- iii) **I FURTHER CERTIFY** that, unless otherwise stated, I have never (i) been convicted of any criminal or civil offence nor (ii) been dismissed from my employment for misconduct, and (iii) no member of my family or near relative has been convicted of a civil or criminal offence.
- iv) **I UNDERSTAND** that employment with the Company is subject to satisfactory security screening in accordance with BS7858 and in the course of the Company's Screening Process I may be required to obtain a Statutory Declaration on my own behalf and at my own expense in respect of the information furnished by me in completing this application.
- v) **I ACKNOWLEDGE** that the completion of this form in no way binds the Company to offer me employment and that no Contractual relations will exist between us until such time as I have signed a form of Contract or accepted in writing the terms of appointment.
- vi) **I UNDERSTAND** that any Contract hereafter signed by me or letter of appointment issued by Top Security and accepted by me shall be construed to mean that I am appointed on probation for a period not exceeding 6 months.
- vii) **I UNDERSTAND** that during such period of probation any Contract written or implied shall be terminable by me or by the Company by not less than one week's notice expiring at any time.

## RECRUITMENT POLICY

It is the Company's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, sex, marital status or disability.

**I HEREBY** authorise the Company to seek references from previous employers, schools/colleges, personal referees or Government Agencies, including Employment Benefit Offices etc to verify the information I have provided to support this application and release the Company and referees from any liability caused by giving and receiving information.

**I HEREBY** 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.

For data protection purposes, I understand that some of the information I have provided in this application will be held on computer and some, or all, will be held in manual records. I agree, to the Company processing my personal data, and where necessary, my sensitive personal data, subject to the provisions on current legislation.

SIGNATURE.....

DATE.....

PRINT NAME.....

### 48 HOUR WEEK

#### Agreement to Opt Out of Regulation 4(1) of the Working Time Regulations 1998 about Maximum Weekly Working Time.

1. I, (the employee) agree with TOP SECURITY of Unit 201, Mayford Centre, Mayford Green, Woking (the employer) that the limit in Regulation 4(1) of the Working Time Regulations shall not apply to me and that my average working time may therefore exceed 48 hours for each 7 day period (as defined and calculated in accordance with the Working Time Regulations 1998).
2. This agreement shall apply from the (dated) until further notice.
3. I agree that I will comply with any and all policies of the employer, from time to time in force, which relate to its maintenance of records of my hours of work.

This agreement can be terminated by me giving 3 months notice in writing to my employer.

We will endeavour to keep to 48 hours, however where this is not possible, we aim to make sure employees do not exceed 56 hours, unless absolutely unavoidable.

SIGNATURE..... PRINT NAME..... DATE.....

# TOP SECURITY LIMITED

THE MAYFORD CENTRE, MAYFORD GREEN, WOKING, SURREY GU22 0PP  
TELEPHONE : 01483 750378. FAX : 01483 720300

## STAFF APPLICATION FORM

Please print all details using **BLOCK** capitals

Last Name	First Name
Address	
Town	Post Code County
Telephone No	Badge No.
How long have you lived at this address? _____ (years/months) If less than three years please state two previous addresses	
Address	Address
Date of Birth	NI Number
Place of Birth - Town	Immigration Status ( if applicable )
Country	Enclose copy: Passport/ ID papers/ Work Permit (as applicable)
Marital Status   Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Number of children <input type="checkbox"/>	

Have you served in HM Forces or other Military Service?   YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES state which Arm of the Services	Length of Service From:                      To:
Rank                      Service No	Regt/Corps
Reason for leaving the Service	
Please enclose copy of Discharge Papers	
Do you drive? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, do you hold a current Driving Licence? YES <input type="checkbox"/> NO <input type="checkbox"/>	

## EMPLOYMENT HISTORY

State particulars of last 5 years employment commencing with your last appointment first.

All dates must be consecutive and an explanation given for any break in continuity.

Continue on separate sheet if necessary

Employers name and full address	Job title
	Reason for Leaving
Post Code	(Show both Month and Year)
Telephone no.	Dates from to

Employers name and full address	Job title
	Reason for Leaving
Post Code	(Show both Month and Year)
Telephone no.	Dates from to

Employers name and full address	Job title
	Reason for Leaving
Post Code	(Show both Month and Year)
Telephone no.	Dates from to

Employers name and full address	Job title
	Reason for Leaving
Post Code	(Show both Month and Year)
Telephone no.	Dates from to

Employers name and full address	Job title
	Reason for Leaving
Post Code	(Show both Month and Year)
Telephone no.	Dates from to

## EDUCATIONAL DETAILS

Name & Address of School or College	From Month/Year	To Month/Year
Qualification details	Date	

**REFEREES**

Supply the names of three referees (not relatives) who can vouch for your character

Name	Occupation
Address	
Post Code	Telephone No

Name	Occupation
Address	
Post Code	Telephone No

Name	Occupation
Address	
Post Code	Telephone No

**MEDICAL HISTORY**

Is your general health good? YES  NO  Is your hearing good? YES  NO

Is your eyesight good? YES  NO  Do you wear glasses? YES  NO

Do you suffer from any disability? YES  NO  If YES give details

Do you suffer from any medical condition? YES  NO  If YES give details

## DECLARATION

- 1 Have you at any time been convicted or found guilty of an offence by any Court in the United Kingdom or by a Court Martial ? YES  NO
- 2 Are you currently on probation or on a conditional discharge, or have been bound over after being charged with any offence ? YES  NO
- 3 Has any charge in respect of any offence been brought against you and not yet been disposed of ? YES  NO

If the answer to any of these questions is YES please give details on a separate sheet.

Answering yes to these questions does not necessarily bar you from appointment as every case is considered on its merit.

I declare the information given is to the best of my knowledge and belief true and complete.

NAME ( in block capitals) \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ Date : \_\_\_\_\_