



# Templewood Specialist Services Limited

## Application for Employment Private and Confidential

### STATEMENT TO PROSPECTIVE EMPLOYEES

To enable this company to offer a position of employment we have to carry out a comprehensive screening procedure. In order that your application for employment can be effectively actioned by our Vetting Office it is essential that you read the following statement and **ensure that all relevant sections** of the application form are completed and returned together with all relevant documentation to Templewood Specialist Services Limited, Park Farm Estate, Standlake Rd, Northmoor, Oxon OX29 5AZ. Telephone Number 01865 301892

Due to the nature of the work that is carried out by the Templewood Specialist Services Limited, it cannot be stressed enough that the omission of any information requested will severely hinder the possibility of us offering you a position in the company and will also delay the screening period.

1.Surname		2.Title	Mr/Mrs/Ms/Miss
3.Forenames		4.Marital Status	Single/Separated/ Divorced/Married
4.Present Address		5.Previous Address	
Home Tel No. Mobile Tel No.			
6.Date of Birth		7.Maiden Name	
8.Nationality		9.Passport No:	
10. N.I. No:			
12.Car	Yes/No	13.Driving Licence	Please supply Copy
14.Verification of Address	Please supply copy of a recent utility bill		



<b>16. Have you ever been convicted of a Criminal Offence?</b>	<b>Yes/No/Case Pending</b>
<b>17. Have you ever been subject to Bankruptcy Proceedings?</b>	<b>Yes/No/Case Pending</b>
<b>18. Do you have any ongoing medical condition which would require you taking periodic days off at short notice?</b>	<b>Please state.</b>
<b>19. Is your sight, hearing, and sense of smell normal?</b>	<b>Yes/No</b>
<b>20. Do you have any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer? (e.g. heart disease, epilepsy)</b>	<b>Yes/No Details:</b>
<b>21. Are you a Registered Disabled Person?</b>	<b>Yes/No RDP No: Disability:</b>
<b>22. Have you been absent from work for more than 1 week in the past twelve months and reasons for such absences.</b>	<b>Yes/No Reason:</b>
<b>23. Have you suffered from mental illness, nervous breakdown or severe depression?</b>	<b>Yes/No</b>
<b>24. Have you been in hospital for more than 1 week in the last 10 years?</b>	<b>Yes/No</b>
<b>25. Are you currently taking any prescribed medication?</b>	<b>Yes/No</b>
<b>26. Do you consent to a medical examination if required?</b>	<b>Yes/No</b>

## 26. Education & Training

<b>Start Date Month Year</b>	<b>Leave Date Month Year</b>	<b>Name of School or College and full address</b>	<b>Qualifications gained</b>



## 27. Referees

Please give details of 2 Personal Referees (Must Not be related in any way) one of which should be your previous employer who will not be contacted without your express consent.

<b>Name</b>		<b>Name</b>	
<b>Full Address</b>		<b>Full Address</b>	
<b>Length of Time Known</b>		<b>Length of time known</b>	

Please give details of 2 Friends or Relatives to be contacted in case of emergency.

<b>Name</b>		<b>Name</b>	
<b>Address</b>		<b>Address</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Tel No.</b>	<b>Home:</b> <b>Work:</b>	<b>Tel No.</b>	<b>Home:</b> <b>Work:</b>



## 29. Employment History

Please give details of your Employment History for the last 10 years or since you left full time education. If in full time secondary education during the last 10 years, please provide the full name and address of your school and the date of leaving.

Include details of National Service and any periods of self-employment where applicable.

For any periods of unemployment give details of Job Centre and any courses completed.

Full Name of Employer Full Address & Position held in company	Tel No.	Start Date		End Date		Reason for Leaving
		Month	Year	Month	Year	
Post Code: Position Held:						
Post Code: Position Held:						
Post Code: Position Held:						
Post Code: Position Held:						
Post Code: Position Held:						
Post Code: Position Held:						

Continue on a separate sheet of paper if necessary



### 30. Other Qualifications

Please give details of any special skills or training received, e.g. First Aid, Health & Safety, Security, SITO etc.

Course	Qualification or Certificate Gained

### 31. Doctor

Name	Full Address	Telephone No.

### Bank Details

Bank or Building Society Name	
Full Address	
Bank Sort Code	
Account No.	

National Insurance No: \_\_\_\_\_

### Uniform

### State size

SHIRT. Collar size Ladies size	
JACKET, chest size	
TROUSERS, waist / inside leg	



**32. Declaration:**

**I confirm that the information given in this Application is correct, and I understand that any false statements or omission may make me liable for immediate dismissal.**

**I authorise the Company to approach Government Agencies, Former Employers, and Personal Referees for verification of my employment record.**

**I agree to a Medical examination by a Company appointed Doctor, and give permission for the Company approaching my Doctor, if necessary, to verify my Medical History.**

**I agree to sign a Statutory Declaration, stating the dates of Previous Employment, if so requested by Company.**

<p><b>Signed:</b></p> <p><b>Print Name:</b></p>	<p><b>Date:</b></p>
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## SELF DECLARATION OF FITNESS

I \_\_\_\_\_ (Please print name)

Hereby declare that I know of no medical reason why I should be unable to carry out duties that I am employed for, for the Templewood Security Services Limited.

I confirm the following

1. I am able to smell smoke, fire and harmful gases
2. I am able to see clearly for a distance of 40 yards  
(With prescribed spectacles if necessary)
3. I am able to walk upstairs with a fire extinguisher if necessary
4. I have no physical disability

I further confirm that should some personal medical impediment be discovered or develop during my employment with the Templewood Security Services Limited I will notify the company immediately and be prepared to undergo a full examination to determine my future employment.

Thus declared on the \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witnessed by

Name: \_\_\_\_\_

Signature: \_\_\_\_\_



**CONSENT TO PROCESSING OF  
PERSONAL AND SENSITIVE PERSONAL DATA FOR THE PURPOSES OF  
THE DATA PROTECTION ACT 1998 ('the DPA 1998')**

I HEREBY CONSENT to and authorise the Templewood Security Services Limited ('the Company') and any third party nominated by the Company from time to time to perform a vetting service which for the avoidance of doubt includes The Security Watchdog ('the Vetting Company') to hold the information contained in the Application for Employment and any other information obtained and/or derived as a direct result of the Company and/or the Vetting Company obtaining references and/or confirming the accuracy of the information contained in the Application for Employment (and for the avoidance of doubt that will include details of National Insurance Contributions) during my employment with the Company.

This consent shall constitute 'consent' and 'explicit consent' for the purposes of the DPA 1998.

Signed..... Date.....

Print Name .....



## **VETTING WITH POLICE\LA W ENFORCEMENT AGENCIES**

To enable the company to ascertain your suitability for employment, prospective candidates are required to undergo a vetting process, with the Police\Law Enforcement Agencies. The process of carrying this out is outlined below.

- 1) Report to the nearest Police station and request for a Data protection/ Subject Access form. Please ensure that you go with proof of identification, preferably a current passport/ driver's licence and a household utility bill/ bank statement showing proof of address.
- 2) Complete the form and pay £10.00. The company will refund this to you, once the check has been successfully carried out. The police will issue you with a receipt, being proof of payment; a photocopy must be taken and forwarded to the company as proof of the process taken place. This will be placed on your personnel file.
- 3) The exercise takes approximately forty days to complete and the result will be sent to your home address. Please forward this to the company for authentication (your refund will then be paid to you).
- 4) Continued employment will depend on the results of the checks.

The company retains the rights to terminate any member of staff employment if it is unsatisfied with the results of the check.

Claire Goodrich  
Operations Manager