



APPLICATION FORM

Mercia Securities Ltd.
Unit C, 19 Bayton Road, Exhall, Coventry, CV7 9EL
☎: 024 7636 8186, Fax: 024 7636 0486,
Email: info@merciasecurities.co.uk



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, insert 'NO' or 'N/A'. Please attach a recent passport size photograph.

TITLE: Mr / Mrs / Miss / Ms (<i>circle</i>)		SURNAME:	
Surname at Birth: (if different from above)		FORENAMES:	
Address:		How long have you lived at your present address?	
Post Code:		Owner / Rented / with parents / lodging / other (<i>circle</i>)	
Tel No:		Mobile No:	
Previous Address: From: To:		Date of Birth:	
Post Code:		Place of Birth:	
		Nationality:	
		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>)	
National Insurance No:		Passport No:	
Marital Status: Single / Married / Separated / Divorced / Widow / Widower (<i>circle</i>)			
Person to contact in an emergency / next of Kin		Is Partner employed: YES / NO Full time / part time	
Name:		Next of Kin Relationship:	
Address:		Their telephone No. (work):	
		Their telephone No. (home):	
Post Code:			

SECONDARY EDUCATION RECORD

School attended:	From	To	Qualifications:
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FURTHER EDUCATION RECORD

College / University attended:	From	To	Qualifications:
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SERVICE RECORDServices: 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 that will require annual training or service? YES / NO

If YES give details

PERSONAL REFERENCESGive the names and address of two persons (not former employers or relatives) who have known you for **at least 10 years**, and with whom you have had contact with, within the last six months

Name: Name:

Address: Address:

Post Code: Post Code:

Tel No.: Tel No.:

How long known: How long known:

When was last contact made?**When was last contact made?****SELF-EMPLOYMENT REFERENCES**

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

TRADE ACCOUNTANT

Name: Name:

Address: Address:

Post Code: Post Code:

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 MM/YY	Office Use
Name: Address: Tel No.:	Position Held: Work No.: Reporting To: Salary / Wage Per Week: Reason for Leaving:	From To	
Name: Address: Tel No.:	Position Held: Work No.: Reporting To: Salary / Wage Per Week: Reason for Leaving:	From To	
Name: Address: Tel No.:	Position Held: Work No.: Reporting To: Salary / Wage Per Week: Reason for Leaving:	From To	
Name: Address: Tel No.:	Position Held: Work No.: Reporting To: Salary / Wage Per Week: Reason for Leaving:	From To	
Name: Address: Tel No.:	Position Held: Work No.: Reporting To: Salary / Wage Per Week: Reason for Leaving:	From To	
Name: Address: Tel No.:	Position Held: Work No.: Reporting To: Salary / Wage Per Week: Reason for Leaving:	From To	

MEDICAL QUESTIONNAIRE

The following information is retained in strictest confidence and will assist us in protecting, as far as is reasonably practicable, your health, safety and welfare.

Should any additional information be required from your medical practitioner, the law requires us to inform you of our intention and to obtain your written consent beforehand.

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 of 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

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

DECLARATION

Please read this carefully before signing this application

I the undersigned authorise Mercia Securities 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 understand that some of the information I have provided in this application will be held on a computer database and some or all will be held in manual records.

I agree that the Company reserves the right to require me to undergo a medical examination at the Company's expense.

I understand that to make a false statement to the Company or its representatives will give my employer the right to terminate my employment immediately and without notice, and may result in legal action being taken against me.

I also agree for the company and/or it 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 Mercia Securities Limited 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.

SIGNATURE:

PRINT NAME:

DATE:

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: