

Risks Contained Limited - Protecting People, Property, Reputations and Assets

Job Applied For: CP Corp/Eve Trainer Other Please State:

PERSONAL DETAILS – Please Attach Full CV To Fully Completed Application

Mr/Mrs/Miss/Ms:	Surname:	First Name:	Middle Name:
Any Former Names:		Known As:	No & Age of Dependent Children:
Address:			Post Code:
Telephone No:	Mobile No:	Email:	
If less than 3 years at this address, state your previous address(s)			
Address:		Post Code:	Dates:
Address:		Post Code:	Dates:
Emergency Contact Name:		Relationship:	
Home Tel No:		Work Tel No:	Mobile Tel No:
NI No:	D.O.B:	Place & Country of Birth:	
Nationality:	Date of Entry into EU/UK (if applicable):		Religion:
Work Permit/Visa No:		Expiry Date:	
Have you lived or worked outside the UK for more than 6 months in the last 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any distinguishing marks, scars, tattoos:			
Do you have:			
A current driving licence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Provisional <input type="checkbox"/> Full Do you have use of a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Endorsements (give details):			

EDUCATION & QUALIFICATIONS (Enter month and year ONLY in the date boxes) – please include certificates where applicable

	Date From:	Date To:

EMPLOYMENT RECORD

Your employment history for the last 10 years (start with most recent)

Important: Full address and contact telephone numbers are required. If you are still presently employed, please give notice period.

Employer/Education Details	Start Date	Finish Date	Company Name & Address	Reason for Leaving
Contact Person/Title:				
Your Job Title:				
			Tel No:	Notice Period:
Contact Person/Title:				
Your Job Title:				
			Tel No:	
Contact Person/Title:				
Your Job Title:				
			Tel No:	

Risks Contained Limited - Protecting People, Property, Reputations and Assets

Employer/Education Details	Start Date	Finish Date	Company Name & Address	Reason for Leaving
Contact Person/Title:				
Your Job Title:			Tel No:	

Employer/Education Details	Start Date	Finish Date	Company Name & Address	Reason for Leaving
Contact Person/Title:				
Your Job Title:			Tel No:	

Employer/Education Details	Start Date	Finish Date	Company Name & Address	Reason for Leaving
Contact Person/Title:				
Your Job Title:			Tel No:	

May we approach your current employer for a reference before your notice period ends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

• UNEMPLOYMENT RECORD

Your unemployment history for the last 10 years (start with most recent)

Important: Full address and contact telephone numbers are required.

Date Unemployment Commenced	Date Unemployment Ended	Registered With Job Centre	Job Centre Address
			Tel No:

Date Unemployment Commenced	Date Unemployment Ended	Registered With Job Centre	Job Centre Address
			Tel No:

Date Unemployment Commenced	Date Unemployment Ended	Registered With Job Centre	Job Centre Address
			Tel No:

Date Unemployment Commenced	Date Unemployment Ended	Registered With Job Centre	Job Centre Address
			Tel No:

Date Unemployment Commenced	Date Unemployment Ended	Registered With Job Centre	Job Centre Address
			Tel No:

Risks Contained Limited - Protecting People, Property, Reputations and Assets

• SELF-EMPLOYMENT REFEREES – If already in receipt please include in application

If you have been self-employed, please give the name, address and telephone number of 2 professional referees who can confirm this (e.g. Solicitor, Bank Manager, Accountant, supplying company or client etc.)

Referee One	Referee Two
Title: Forename: Surname:	Title: Forename: Surname:
Address:	Address:
Post Code:	Post Code:
Tel No: Occupation:	Tel No: Occupation:
In what capacity have you known this person?	In what capacity have you known this person?
How long have you known this person?	How long have you known this person?

• PERSONAL REFEREES – If already in receipt please include in application

Please give the name, address, telephone number and occupation of 2 persons, not related to you, who have known you for at least 2 years in a personal capacity whom we may approach for character references

Referee One	Referee Two
Title: Forename: Surname:	Title: Forename: Surname:
Address:	Address:
Post Code:	Post Code:
Tel No: Occupation:	Tel No: Occupation:
In what capacity have you known this person?	In what capacity have you known this person?
How long have you known this person?	How long have you known this person?

• PREVIOUS SECURITY QUALIFICATIONS – Please Include Copy of All Qualifications

Do you hold any of the following certificates: Please include photocopies of certifications?

NVQ/SVQ/Degree in Security or Safety	<input type="checkbox"/> Yes (Level)	<input type="checkbox"/> No
C&G Professional/Advanced	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In House Training Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No Date Completed:
Conflict Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No Date Completed:
First Aid (Level:)	<input type="checkbox"/> Yes	<input type="checkbox"/> No Expiry Date:
Fire Training (Level:)	<input type="checkbox"/> Yes	<input type="checkbox"/> No Expiry Date:

• LICENCE STATUS – Please Include Photocopy of all Licences held

Have you applied for an SIA License or renewal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unique Reference No & Type:
Do you hold any of the following:	Expiry Date	License No
SIA Close Protection Licence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SIA Door Supervisor Licence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other SIA Licence (Type:)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

• SERVICE RECORD

Please tick	<input type="checkbox"/> Royal Navy	<input type="checkbox"/> Army	<input type="checkbox"/> RAF	<input type="checkbox"/> Home Office Dept	<input type="checkbox"/> Territorial Reserve
Date From:	To:	Conduct Record:			

Risks Contained Limited - Protecting People, Property, Reputations and Assets

• MEDICAL DETAILS

Are you currently under any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give details:		
Are you fit to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, give details:		
Name & Address of your Doctor:		
		Post Code:
Date last examined by Doctor and reason:		
Are you in good health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving any treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give details:		
Details of major surgery with dates:		
Total number of days you were unable to work through illness or injury during the last 12 months:		
Reasons for absence:		
The following information is required in the event that you may wish to become authorised to drive a Company vehicle or drive a private vehicle on Company business.		
Have you ever been refused a driving licence on health grounds or been banned or prevented from driving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when, for how long, and for what reason:		

• REHABILITATION OF OFFENDERS ACT 1974

The following is the summary of the Rehabilitation of Offenders Act 1974. Please ensure that you read through this carefully and that you are aware of its meaning.

• WHAT IS THE ACT?

The Rehabilitation of Offenders Act 1974 was introduced to enable the criminal convictions to be "spent" or forgotten after a period of rehabilitation. After this period, with some exceptions, an offender will not normally be obliged to mention the conviction, when applying for the job, obtaining insurance, or when involved in other criminal legal proceedings.

• HOW LONG IS THE REHABILITATION PERIOD?

The period of rehabilitation will depend on the sentence given, not the actual time served in custody.

SENTENCE	PERSON 18 OR OVER WHEN SENTENCED	PERSON 17 OR UNDER WHEN SENTENCED
2 ½ years or over	Never	Never
Prison sentences (including suspended), detention in a young offender institution, youth custody (abolished in 1988) for a term exceeding 6 months but not exceeding 2 ½ years	10 years	5 years
Prison sentences (including suspended), detention in a young offender institution or youth custody (abolished in 1988) for a term less than 6 months.	7 years	3 ½ years
Borstal (Abolished in 1983)	7 years	7 years
Detention centres (abolished in 1988)	3 years	3 years
Fines (even if subsequently imprisoned for fine default), compensation, probation (for convictions on or after 3 February 1995), community service, combination, action plan, curfew, drug treatment and testing and reparation orders	5 years	2 ½ years
Order for detention in a detention centre	3 years	3 years
Absolute Discharge	6 years	6 years
Conditional discharge or bind over, probation (for convictions before 3 February 1995), supervision, care-orders	1 year or until the order expires (whichever is longer)	
Attendance centre orders	1 year after the order expires	
Hospital orders (with or without a restriction order)	5 years or 2 years after the order expires (whichever is longer)	
Referral order	Once the order expires	

• HOW DOES THIS AFFECT YOU?

If you have been awarded with any of the sentences shown (including suspended sentences) and the period of rehabilitation has been completed, your sentence is regarded as "spent" and needs to be declared. If it has not been "spent" then it must be included on your application form. Please now sign below to confirm you have read the Rehabilitation of Offenders Act 1974, summary above.

Signature:

Risks Contained Limited - Protecting People, Property, Reputations and Assets

Have you ever been cautioned or convicted of a criminal offence either in the UK or any other Country or are there any proceedings pending (subject to the Rehabilitation of Offenders Act 1974)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give details including dates:		
Have you ever been subject to bankruptcy proceedings or court judgements for debt or are there any proceedings pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give details:		

• WORKING TIME DIRECTIVE – 48 HOUR WEEK

The 48-hour week Working Time Directive has been in force since 1st October 1998. Under these regulations Risks Contained must obtain your written permission if you wish to work more than 48 hours per week. If you do wish to work more than 48 hours per week, you need to sign the agreement below. If you change your mind about this later, you will need to inform the Human Resources Department in writing, giving three months notice, so that your rosters may be amended. The Directive states that the security industry is not bound to comply with regulations relating to night workers working longer than eight hours in twenty four, rest periods of eleven hours per day or one day per week or a rest period every 6 hours worked, provided that you are allowed the same rest at a later time. If, however, you wish to work and be paid for rather than take rest breaks, you can do so, provided that there is work available and you have returned this signed agreement enclosed. If you have any queries or need further explanation, please do not hesitate to contact the Human Resources Department or speak to your Area Manager

- I do not wish to work more than 48 hours per week
- I am prepared to work more than 48 hours per week and therefore wish to “opt out” of the regulation.

Signature:	Print Name:	Date:
------------	-------------	-------

• DECLARATION OF CONSENT

I certify that the information I have provided in this application is correct to the best of my knowledge and belief. I fully understand that it is a criminal offence to make false statements on this application form under **Section 16 of the Theft Act 1968**. I also understand that any false statement may be sufficient cause for rejection of my application or, if employed, dismissal without notice. I further certify that I have completed the application form in my own handwriting and understand that my employment is subject to satisfactory references and screening in accordance with **BS 7858** or as it may be amended. I authorise the company and any third party nominated by the company to perform a vetting service and to hold the information contained in the Application for Employment. Such information will be subject to the Data Protection Act. I understand and agree that any offer of employment is conditional to the verification, to risks contained satisfaction, of the information provided on the Application Form. I confirm that the information I have provided on the Application Form is true and complete to the best of my knowledge. I understand that the check will involve verification of the details as specified below. I also understand that it might be a criminal offence to attempt to obtain employment by deception and that any misrepresentation, omission of a material fact or deception will be cause for immediate cancellation of consideration of employment, or dismissal if already employed. I undertake to cooperate with the vetting procedure in providing any additional information required to meet the criteria. I hereby authorise risks contained to verify information presented on my Application Form, which may include explicit or sensitive personal data for the purposes of the **Data Protection Act 1998** and the obtaining of documents and/or information covered by the **European Directive 95/46**. I authorise Risks Contained 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. I authorise risks contained to obtain reference checks of my employment, including current employment and to contact the Department of Works and Pensions to confirm periods of unemployment (if any). I understand that if an unsatisfactory reference is received from my current employer after I have accepted a role with risks contained, my employment may be terminated with immediate effect. I confirm that my consent is explicit, fully informed and freely given for the purposes of the Act.

Signature:	Print Name:	Date:
------------	-------------	-------

Please check carefully and ensure all 6 pages are completed, then return the Application Form with appropriate copied of ID, CV and Certificates to:
Risks Contained, Recruitment Department, Southampton Science Park, 2 Venture Way, Chilworth, Southampton, Hampshire
PLEASE INC: CV, COPY OF PASSPORT, SIA BADGE, UTILITY BILL, DRIVING LICENCE AND CERTIFICATES

Risks Contained Limited - Protecting People, Property, Reputations and Assets

• EQUAL OPPORTUNITIES POLICY

Risks Contained values diversity and has an equalities policy to ensure that all applicants are treated fairly, that they are appointed solely on their suitability for the post irrespective of race, gender, disability, sexuality or age. We are committed to ensuring equal access to employment and details from this form will allow us to identify any groups that are under-represented in our workforce. Your answers to these questions below will be collated electronically for this purpose.

Last Name:	First Name:
------------	-------------

Ethnic Origin: In accordance with the Commission for Racial Equality's Code of Practice, please tick the box that best describes your origins below. If you select other, please describe in the box provided.

White British <input type="checkbox"/> Irish <input type="checkbox"/> Other <input type="checkbox"/>	Mixed White & Black <input type="checkbox"/> White & Asian <input type="checkbox"/> Other <input type="checkbox"/>	Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other <input type="checkbox"/>
Black or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other <input type="checkbox"/>	Chinese or Other Chinese <input type="checkbox"/> Other <input type="checkbox"/>	Describe:

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what access arrangements, adjustments or adaptations would help you to do this job?	
If we ask you to come for interview, are there any access arrangements, adjustments or adaptations you would like us to provide?	

Tell us where you saw the job advertised:

Do you know anyone who would like an exciting job with us? If so, give us their names and addresses in the boxes provided below.

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Tel No:	Tel No:

OFFICE USE ONLY

Tick all appropriate boxes to confirm sight of original documents and confirm that signed and endorsed copies are taken for file.

Document	Signature of a person taking copy	Document	Signature of a person taking copy
<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Work Permit	
<input type="checkbox"/> Driving Licence		<input type="checkbox"/> Civilian Services	
<input type="checkbox"/> Passport		<input type="checkbox"/> Proof of Home Address	
<input type="checkbox"/> Armed Services		<input type="checkbox"/> Education and/or Training Certificates	

Starting rate of pay: £ Position: CP CO TRN CON MGR Office Other (specify)

Test	Date	Initials	UNIFORM	Size	ADMIN
SIGHT					2 nd Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No
COLOUR					Reject? <input type="checkbox"/> Yes <input type="checkbox"/> No
WRITING					Offer letter date / /
SMELL					Induction letter date / /

Interviewer: Signature: Date:

Risks Contained Limited - Protecting People, Property, Reputations and Assets

Confidentiality Agreement

These Terms are governed by the Law of England and Wales and are subject to the exclusive jurisdiction of the Courts in England and Wales.

In Accordance with Risks Contained Terms and Conditions of Self Employed or Employed Employment the below Terms Will Be Adhered To and Followed, Failure to Comply with the below Terms will result in disciplinary action and follow action via Court and Legal Process's.

General Terms and Conditions

1. No Team Member may approach directly or indirectly any current or prospective client of Risks Contained with the aim of introducing individual(s) or Companies, the team member shall not make an approach to any current or past client of risks contained for period of 4 years without written permission from Director of Risks Contained Ltd.
 2. No Team Member may discuss information in relation to Risks Contained, Company Training or current or prospective clients with those not authorised by Director(s) of Risks Contained.
 3. Whilst Representing Risks Contained All team members will Follow any reasonable direct or indirect instruction issued by member of management or Director of Risks Contained
 4. The Team member will comply in all respects with all statutes including, for the avoidance of doubt, the Health and Safety at Work Act etc, Company Policy's, by-laws, codes of practice and legal requirements to which the Risks Contained ordinarily subject.
 5. The Team Member will not disclose to third parties any information discussed or gained directly or indirectly as a result of discussions between the two parties relating to the past, present or future business plans of Risks Contained Ltd.
 6. The Team Member agrees not to pass on or distribute any such information or documentation to any third party unless agreed in writing by Steve Allen, Martin Farrow or Sam Berry.
- This agreement shall be governed by and consrued in accordance with the laws of England and Wales and shall be subject to exclusive jurisdiction of courts of England and Wales, By signing this it is acknowledged that you agree to bound to the terms outlined furthermore.
 - I the below person do agree to the above terms and conditions of employment not exhaustive. I understand that failure to comply with above will result in action taken against me and / or any associated company. I agree that this statement applies prior, during and after assignment or employment and is not time restricted or governed. I understand that this action is not limited and this action and confirmation is enforced and supported by contractual law.

• Team Member / Company

Print Name:

Signature:

Date:

Company (If Applicable):

Address:

• Director of Risks Contained

Print Name:

Signature:

Date:

Position:

• Independent Witness

Print Name:

Signature:

Date:

Company (If Applicable):

Address:

Risks Contained Limited, Southampton Science Park, 2 Venture Way, Southampton, Hampshire, S016 7NS

Application Checklist

Please Include Copies Of the Below Documents with Your Completed Application

1. British Valid Passport or European Passport
2. Provisional or Full Driving Licence and Counterpart (If Applicable)
3. 2 x Utility Bill (s) or Bank Statements within Dated last 3 Months (Different Suppliers)
4. Security Industry Authority Licences (Front & Back)
5. Industry & Education Certificates (If Applicable)
6. 2 x Passport Photographs
7. Up To Date Curriculum Vitae
8. Copy of Criminal Records Bureau Check Dated within last 12 months

Send To:

Risks Contained Limited
Human Resources Department
Southampton Science Park
2 Venture Road, Chilworth
Southampton
Hampshire
S016 7NP