



PO Box 7460, Kettering, Northants, NN16 6HN

www.bartonsecurity.com

PERSONAL INFORMATION SHEET

Would you please complete the following details.

PERSONAL DETAILS

we are an equal opportunities employer

Title Mr / Mrs / Miss / Ms / Other	TELEPHONE NUMBERS
SURNAME	HOME
FORENAME(s)	MOBILE
ADDRESS	DATE OF BIRTH
POSTCODE	AGE
SURNAME at birth if different	MARITAL STATUS Married / Single / Separated / Divorced / Widow / Widower

NATIONAL INSURANCE No.	COUNTRY OF BIRTH
NATIONALITY	DATE OF ENTRY TO UK <i>if applicable</i>
PROOF OF IDENTITY / AUTHORITY TO WORK IN THE UK WILL BE REQUIRED Please circle which of the following can be produced	
PASSPORT / BIRTH CERTIFICATE / IMMIGRATION PAPERS / VISA / WORK PERMIT Please state expiry date	

PERSONAL STATEMENT

Please tell us a little about yourself and why you are interested in a position with Barton Security

Are you looking for **FULL** or **PART-TIME** work?
When would you be able to start work if you were offered a position?
How much **NOTICE PERIOD** do you have to give your current employer?

TRANSPORT

Please give details of driving licence held
FULL CAR / MOTORBIKE / PROVISIONAL / INTERNATIONAL / NONE

Do you have full access to your own transport? **YES / NO**

Please state number of points, if any on your licence

CRIMINAL CONVICTIONS & OFFENCES EFFECTING LICENSING

Subject to the Rehabilitation of Offenders Act 1974, have you ever been:-
Fined / imprisoned / placed on probation / discharged on payment of costs / had any other made against
you by a criminal, civil or military court? (This excludes motoring offences) YES / NO

Are there any alleged offences outstanding against you? YES / NO

IF YOU HAVE ANSWERED YES TO EITHER ABOVE PLEASE GIVE DETAILS

EDUCATION HISTORY

Please give details of any schools, college or university attended within the last 10 years

School Name & Address	Date Attended	From / to

SERVICE RECORD

Please give details of any Military or Civilian Forces served in

ROYAL NAVY / ARMY / RAF / FIRE / POLICE / TA	Dates	from	/	to
UNIT or REGIMENT				
SERVICE NUMBER		Rank on leaving		
Conduct Assessment on leaving				

FINANCIAL HISTORY

Have you had any outstanding debts or attachments to earnings? YES / NO

Have you ever been declared bankrupt / insolvent? YES / NO

Are you the subject of any County Court proceedings? YES / NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE PLEASE GIVE DETAILS

HEALTH

Any employment offer may be subject to a further medical form being completed

Have you ever undergone any operations?	YES / NO
Have you ever undergone any medical treatment?	YES / NO
Are you currently taking any prescribed medication?	YES / NO
Have you ever been diagnosed with any medical conditions?	YES / NO
IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS THEN PLEASE SUPPLY FULL DETAILS	
Please state number of days absent from work due to illness, in the last 12 months	
Would you be prepared to undergo a medical if requested?	YES / NO

EQUAL OPPORTUNITIES

A voluntary section which is not used in assessing your application

My ethnic origin is (please circle)				
White	Mixed	Asian/Asian British	Black/Black British	Chinese or other ethnic group

CHARACTER REFERENCES

Please give names & addresses of 2 people who have known you for a minimum of 2 years out of the last 5 years (not relatives or persons who reside at the same address as yourself)

Name	Name
Address	Address
Tel No.	Tel No.
How long known	How long known

SELF EMPLOYMENT

Please include in employment history - If applicable please provide accountant or trade references

Name
Address
Tel No.

NEXT OF KIN DETAILS

Please provide contact in case of emergency

Name
Address
Tel No.

EMPLOYMENT HISTORY

A full 10 year employment or back to the age of 12 years is required

Please give full details of your current / previous employers, benefits office for unemployment claims & self employment			
Company Name, Address & Tel No.	Dates; Months / Years From To	Job Title & Hourly Pay	Reason for Leaving

Please continue on a separate sheet of paper if needed

SECURITY QUALIFICATIONS & LICENCE

Do you hold a SIA licence?		YES / NO	
If so, which sector	Security Guard / Door Supervisor / Vehicle Immobiliser / CP		
What is your licence number?	-----		
Licence expiry date	-----		
Please state your full list of training and qualifications			
Title (level 2 security guarding, etc)	Awarding Body (NOCN / BIAB, etc)	Certificate No.	Award Date

DECLARATION

Please read this carefully before signing the form

<p>On completing this form, I have read and accepted any conditions outlined within it.</p> <p>I understand that any appointment made will be subject to satisfactory references received by the company & I give permission for the company to approach previous employers, schools, colleges, character referees or Government & Credit Agencies to verify that the information I have given is correct.</p> <p>I understand that that any appointment will be subject to the Company screening procedure, in accordance with BS7858, and that this must be completed within 12 weeks from commencement of provisional employment. If this cannot be completed within the timescale I understand that my provisional employment will be terminated.</p> <p>I certify that, to the best of my knowledge, the information that I have given is true & correct & I understand that any false statements or omission may result in me being liable to dismissal without notice.</p> <p>I accept the information provided in the form will be held on a computer database or in manual files.</p> <p>I understand that if I wish to take a second job whilst working for Barton Security, I am required to contact the personnel department for authorisation.</p> <p>Print Name</p> <p>Signature</p> <p>Date</p>
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FOR OFFICE / INTERVIEWER USE ONLY

If less than 3 years at current address, please take previous address			Initials
Identification / Authority to work seen	Initials	Current criminal convictions	Initials
Medical history	Initials	Financial history	Initials
Employment history verified 10 years or back to the age of 12 years with NO gaps			Initials
Vacancy discussed Pay Rate & Frequency	RELIEF / SO / MPU SO	CORE POSITION / ASSIGNMENT	
Uniform Sizes			
Chest	Hi Viz	Collar	Waist
		Inside Leg	Shoes
Position Offered Start Date		Induction date Training Course dates	
Interviewer Notes (holidays booked / referred by, etc)		Date of Interview	
Interviewed by			
Recommended by			

5 year screening completed by	date
5 year screening authorised by	date
10 year screening completed by	date
10 year screening authorised by	date