

Welcome to VSG and thank you for your interest

PERSONAL INFORMATION SHEET



650 Pavilion Drive, Northampton Business Park NN4 7SL
Tel: 08456 440511 Fax: 01604 744080

SIA LICENCE DETAILS

Licence Type	Licence No.	Expiry Date
Security Guarding		
Door Supervisor		
CCTV		
NOCN 2 Certificate	To apply & 1 day admin	
NOCN 1 Certificate	To apply & CM + 1 day admin	
No qualifications	To apply & full BJT	

PERSONAL DETAILS - *We are an equal opportunities employer*

Title Mr / Mrs / Miss / Ms	SURNAME	TELEPHONE NUMBERS	
FORENAME		Home	
ADDRESS		Mobile	
		Email	
POSTCODE		MARITAL STATUS	
SURNAME (at birth if different)		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 <i>Please circle which of the following can be produced</i>	
PASSPORT / BIRTH CERTIFICATE / IMMIGRATION PAPERS / VISA / WORK PERMIT <i>Please state expiry date</i>	

Are you looking for **FULL** or **PART-TIME** work ?
And when would you be able to start work if you were offered a position ?

TRANSPORT

Please give details of driving licence held	FULL CAR / MOTORBIKE / PROVISIONAL / INTERNATIONAL / NONE
Do you have full access to your own transport Please state number of points, if any, on your licence	YES / NO

EDUCATION HISTORY - *Please give details of any school, college or university attended within last 5 years*

School Name & Address	Dates attended From / To	School Name & Address	Dates 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 No.
Rank on Leaving	Conduct Assessment on Leaving

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 or had any Order 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 OF THE ABOVE PLEASE GIVE DETAILS

FINANCIAL HISTORY

Have you any outstanding debts or attachments to earnings ?

YES / NO

Do you have a bankruptcy order or any voluntary arrangements?

YES / NO

Are you the subject of any County Court proceedings (CCJ's) ?

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 or medical treatment, or been prescribed any medication ?

YES / NO

Have you ever been diagnosed with any medical conditions ?

YES / NO

IF YOU HAVE ANSWERED YES TO EITHER 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

PERSONAL REFERENCES - please give names & addresses of 2 people you have known for at least 5 years (not relations or employers)

Name

Name

Address

Address

Phone No

Phone No

How long known

How long known

SELF EMPLOYMENT - please include in employment history (If applicable please provide accountant or trade reference)

NEXT OF KIN DETAILS PLEASE PROVIDE CONTACT IN CASE OF EMERGENCY

Name

Name

Address

Address

Phone No.

Phone No.

Relationship



CERTIFICATE NO. GRD/05282



EMPLOYMENT HISTORY - a full 5 year employment / back to school history is required

Please give full details of your current / previous Employers, Benefits Offices for unemployment claims & self employment

Company Name, Address & Phone No. or Email	Dates Months & Years		Job Title & Hourly Pay	Reason for Leaving
	From	To		

DECLARATION - please read this carefully before signing the form

On completing this form, I have read and accepted any conditions outlined within it. I understand that any appointment made will be subject to satisfactory references being received by the Company and I give permission for the Company to approach previous employers, schools, colleges, personal referees or Government Agencies to verify that the information I have given is correct.

I also authorise VSG to Credit Reference Check as required.

I certify that, to the best of my knowledge, the information that I have given is true and correct and I understand that any false statements or omission may result in me being liable to dismissal without notice. I accept the information provided in the form will be held on a computer database or in manual files.

I understand that if I wish to take a 2nd job whilst working for VSG, I am required to contact the Personnel Department for authorisation.

Print Name

Signature

Date

EQUAL OPPORTUNITIES - a voluntary section which is not used in assessing your application

Date of birth

Age

My ethnic origin is (please circle)

White

Mixed

Asian or Asian Black

Black or Black British

Chinese or other

British

White & Black Caribbean

Indian

Caribbean

Chinese

Irish

White & Black African

Pakistani

African

Other - Please state

Other - Please state

White & Asian

Bangladeshi

Other - Please state

Other - Please state

Other - Please state



PLEASE SEND YOUR COMPLETED APPLICATION FORM TO:

FAX: 0845 643 2136

EMAIL: recruitment@vsg.co.uk

ADDRESS: 650 PAVILION DRIVE
NORTHAMPTON BUSINESS PARK
NORTHAMPTON
NN4 7SL