



To assist us please ensure you answer each section, either by answering the question or ticking the appropriate box provided. Stealth Guard Security Solutions has a policy of employment on an equal opportunities basis to ensure no discrimination takes place in respect of age, nationality, sex, race, color, religion, ethnic origin, or marital status. The facts that you provide on this form will help us ensure that this policy is upheld.

<b>Application For Employment</b> (please complete this form in BLOCK CAPITALS using black ink)	
Position applied for: _____	
How did you hear about this vacancy? _____	
Title: _____	First Name: _____ Middle Name(s): _____ Surname: _____
Address: _____ _____	
_____ Postal Code: _____	
Home Telephone Number: _____ Mobile Telephone Number: _____	
Date Of Birth: _____ What languages can you speak/write: _____	
Social Security Number: _____	E-mail Address: _____
How long have you lived at your current address? _____ Years _____ Months	
Do you currently hold a valid Security License? (circle) YES / NO	
Security License Number: _____ Expiry Date: / /	
Do you hold a current driving license: YES/ NO (circle)	
Do you have your own transportation for travel to work: YES / NO (circle)	
Are you legally eligible for employment in the U.S?: YES / NO (circle)	
Have you applied to Stealth Guard before? YES / NO. <i>If yes please give details:</i> _____ (circle)	
_____	
_____	

## EMPLOYMENT RECORD

Stealth Guard Security Solutions screening process requires that we are able to verify your personal employment history for a period of five years or to the date of leaving school. Please give all details of your employment/educational history for the last five years, including your reasons for leaving e.g. redundancy, resigned, dismissed etc (these reasons will be verified) and details of periods of self-employment and military service. If you were unemployed at any time, please specify the time period. Start with your PRESENT/MOST RECENT EMPLOYER and work backwards ensuring there are no gaps.

Employers name, address, telephone number, and your job title	Dates <small>(including month and year)</small>	Reasons for leaving
1.  Your job title: Employee ID No: Tel No:	FROM: ...../...../.....  TO: ...../...../.....	
2.  Your job title: Employee ID No: Tel No:	FROM: ...../...../.....  TO: ...../...../.....	
3.  Your job title: Employee ID No: Tel No:	FROM: ...../...../.....  TO: ...../...../.....	
4.  Your job title: Employee ID No: Tel No:	FROM: ...../...../.....  TO: ...../...../.....	

**EDUCATION AND TRAINING (in the last five years)**

Secondary school name, address, & telephone number	Dates <i>(including month and year)</i>	Exams taken / Qualifications gained
1.  Tel No:	FROM: ...../...../.....  TO: ...../...../.....	
2.  Tel No:	FROM: ...../...../.....  TO: ...../...../.....	
3.  Tel No:	FROM: ...../...../.....  TO: ...../...../.....	
<b>OTHER TRAINING COURSES</b>	Dates <i>(including month and year)</i>	Exams taken / Qualifications gained
	...../...../.....  ...../...../.....  ...../...../.....  ...../...../.....	

**PERSONAL REFERENCES**

Please provide details of two references who have known you for at least two years and who can confirm that you have been employed/unemployed at the dates you have provided. These references cannot be blood related, related by marriage or by civil partnership, or live at the same address as you.

Name:.....

Name:.....

Address:.....

Address:.....

.....

.....

Occupation:.....

Occupation:.....

Tel No:.....

Tel No:.....

How long have you known this person:.....

How long have you known this person:.....

From:..... To:.....

From:..... To:.....

**PROFESSIONAL REFERENCES**

If you have been self-employed please provide details of your accountant, solicitor or tax office who can verify these dates.

Name:.....

Name:.....

Address:.....

Address:.....

.....

.....

Occupation:.....

Occupation:.....

Tel No:.....

Tel No:.....

How long have you known this person:.....

How long have you known this person:.....

From:..... To:.....

From:..... To:.....

**OFFENCES AND CONVICTIONS**

Have you ever been convicted of any civil or criminal offence? YES / NO (circle)

*If yes please give details:.....*

Are there any alleged offences or cautions outstanding against you? YES / NO (circle)

*If yes please give details:.....*

Have you ever been declared bankrupt? YES / NO (circle)

*If yes please give details:.....*

Do you have any outstanding court judgments? YES / NO (circle)

*If yes please give details:.....*

**DECLARATION**

**Personal Reference and Employment Verification**

I understand that the employment with Stealth Guard Security Solutions is subject to satisfactory references and security screening.

I undertake to cooperate with Ultimate Security in providing any additional information required to meet this criteria:

I authorize Stealth Guard Security Solutions and its nominated agent to approach previous employers, schools/colleges, character references or Government Agencies to verify that the information I have provided is correct.

I authorize Stealth Guard Security Solutions 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 understand that some of the information I have provided in this application will be held on a computer and some, or all will be held in manual records.

I consent to Stealth Guard Security Solutions's reasonable processing of any sensitive personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the company. I consent to the results of such examinations to be given to the company I hereby certify that, to the best of my knowledge, the details I have given in this application form are complete and correct.

I understand that any false statement or omission to Ultimate Security or its representatives may render me liable to dismissal without notice.

**SIGNATURE:**

**PRINT NAME:**

**DATE:**

<b>For Office Use Only</b>	<b><u>Form given to be entered on Database</u></b>		<b><u>Form Entered onto Database</u></b>	
	Sign :	Date:	Sign:	Date