

CONFIDENTIAL WHEN COMPLETED



Hantec Systems
Management & Software Consultants

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APPLICATION FOR EMPLOYMENT FORM

Applications will only be processed when **ALL** sections of this form have been completed.
EVERY question **MUST** be answered. If not applicable write **N/A**.

Please answer **ALL** questions in **CAPITALS**, using a **BLACK BALL POINT PEN**.

PART 1: PERSONAL DETAILS OF APPLICANT

National Insurance Number: _____
Surname (Mr/Mrs/Miss/Ms): _____
All Forenames: _____
Any Previous/Maiden Surname(s): _____
Nationality: _____
Date of Birth: _____
Telephone Number (including STD code): _____
Mobile Number: _____
E-mail address: _____
Home Address: _____

County: _____
Country: _____
Post Code: _____
How long at this address? _____

If you have not lived at the above address for five years or more, please complete the Previous Home Address section below.

Previous Home Address (less than 5 years): _____

County: _____
Country: _____
Post Code: _____
Name & Address of Next of Kin: _____

County: _____
Country: _____
Post Code: _____
Telephone Number (including STD code): _____

PART 2: BACKGROUND INFORMATION

Do you hold a full driving licence?

Give details of motoring offences:

Give details of any physical disabilities which could affect this application:

Give details of why you may NOT be physically capable of carrying out the duties of the job for which you are applying (i.e. phobia of heights etc.):

Give details of any cautions or convictions for criminal offences, which are not SPENT under the Rehabilitation of Offenders Act: 1974, including pending actions:

Give details of any bankruptcy proceedings and outstanding court judgements for debt:

Give details of any/all occasions when you have been dismissed by an employer:

PART 3: QUALIFICATIONS

Give details of all qualifications applicable to this application, including grade obtained:

Establishment	Course Title	Examination Date	Grade Obtained

PART 4: REFERENCES

Please give two references from persons of standing, who have known you for at least TWO years within the most recent FIVE years and to whom reference may be made. **Referees should NOT be relatives, or persons residing at the same address as the applicant.**

	1	2
Name:		
Time Known:		
Telephone Number including STD code:		
Mobile Telephone Number		
E-mail address:		
Relationship:		
Nationality:		
Home Address:		
County:		
Country:		
Post Code:		

PART 5: EDUCATION & EMPLOYMENT HISTORY

Please give details, however brief, of **ALL** periods of **EDUCATION, EMPLOYMENT, UN-EMPLOYMENT, SELF-EMPLOYMENT, WORKING ABROAD, EXTENDED PERIODS OF ILLNESS** and time spent in **HM FORCES**, covering the last **FIVE/TEN YEARS** as applicable (Please check with the company which is required.) of your history, or back to the age of **12** if less than five years. If **UN-EMPLOYED** (this includes **Housewife/Home-Maker**), show the area in which you were un-employed and the employment benefit office, if you were registered. If **SELF-EMPLOYED**, state the name of the business, the registered address and the name and address of **ANY/ALL ACCOUNTANTS** used. Start with the **EARLIEST** occurrence, i.e. school or first job etc, and ensure that you give **MONTH & YEAR** in the sections **FROM** and **TO**.

	1	2
Establishment:		
From:	/	/
To:	/	/
Contact Name:		
Address:		
County:		
Country:		
Post Code:		
Business Type:		
Position Held:		
Full/Part Time, Casual/Occasional:		
Telephone Number including STD code:		
Fax Number including STD code:		
E-mail address:		
Reason for Leaving:		

PART 5: EDUCATION & EMPLOYMENT HISTORY (continued)

	3
Establishment:	
From:	/
To:	/
Contact Name:	
Address:	
County:	
Country:	
Post Code:	
Business Type:	
Position Held:	
Full/Part Time, Casual/Occasional:	
Telephone Number including STD code:	
Fax Number including STD code:	
E-mail address:	
Reason for Leaving:	

	4
Establishment:	
From:	/
To:	/
Contact Name:	
Address:	
County:	
Country:	
Post Code:	
Business Type:	
Position Held:	
Full/Part Time, Casual/Occasional:	
Telephone Number including STD code:	
Fax Number including STD code:	
E-mail address:	
Reason for Leaving:	

	5
Establishment:	
From:	/
To:	/
Contact Name:	
Address:	
County:	
Country:	
Post Code:	
Business Type:	
Position Held:	
Full/Part Time, Casual/Occasional:	
Telephone Number including STD code:	
Fax Number including STD code:	
E-mail address:	
Reason for Leaving:	

	6
Establishment:	
From:	/
To:	/
Contact Name:	
Address:	
County:	
Country:	
Post Code:	
Business Type:	
Position Held:	
Full/Part Time, Casual/Occasional:	
Telephone Number including STD code:	
Fax Number including STD code:	
E-mail address:	
Reason for Leaving:	

PART 5: EDUCATION & EMPLOYMENT HISTORY (continued)

	7
Establishment:	
From:	/
To:	/
Contact Name:	
Address:	
County:	
Country:	
Post Code:	
Business Type:	
Position Held:	
Full/Part Time, Casual/Occasional:	
Telephone Number including STD code:	
Fax Number including STD code:	
E-mail address:	
Reason for Leaving:	

	8
Establishment:	
From:	/
To:	/
Contact Name:	
Address:	
County:	
Country:	
Post Code:	
Business Type:	
Position Held:	
Full/Part Time, Casual/Occasional:	
Telephone Number including STD code:	
Fax Number including STD code:	
E-mail address:	
Reason for Leaving:	

	9
Establishment:	
From:	/
To:	/
Contact Name:	
Address:	
County:	
Country:	
Post Code:	
Business Type:	
Position Held:	
Full/Part Time, Casual/Occasional:	
Telephone Number including STD code:	
Fax Number including STD code:	
E-mail address:	
Reason for Leaving:	

	10
Establishment:	
From:	/
To:	/
Contact Name:	
Address:	
County:	
Country:	
Post Code:	
Business Type:	
Position Held:	
Full/Part Time, Casual/Occasional:	
Telephone Number including STD code:	
Fax Number including STD code:	
E-mail address:	
Reason for Leaving:	

PART 6: DECLARATIONS

DECLARATION BY THE APPLICANT:

1. I understand that employment with the Company is subject to satisfactory references and security screening in accordance with BS 7858.
2. I undertake to cooperate with the Company in providing any additional information required to meet these criteria.
3. I understand that my present employer will be contacted upon offer of employment. I further understand that any offer of employment may be withdrawn if the security screening is not concluded satisfactory.
4. I authorize the Company and/or its nominated agent to approach previous employers, schools/colleges, character referees, DWP or Government Agencies to verify that the information I have provided is correct for reference purposes. I further acknowledge that Hantec Systems may use the information contained within this application, to conduct Security Screening to BS 7858:2006, on behalf of the Company to whom I am applying.
5. I authorize the Company or its nominated agent 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.
6. 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 understand that all information given will be held in the strictest confidence and that Hantec Systems are registered under the Data Protection Act 1998 - Registration Number Z5864976.
7. I consent to the Company's reasonable processing of any sensitive personal information obtained for the purpose of establishing my medical condition and future fitness to perform my duties.
8. I accept that I may be required to undergo a medical examination where requested by the Company, subject to the Access to Medical Records Act 1988. I consent to the results of such examinations to be given to the Company.
9. I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835, in confirmation of previous employment or unemployment.
10. 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 the Company or its representatives may render me liable to dismissal without notice.
11. I acknowledge that personal data will be used for the purposes of security screening and that any documents presented to establish my identity and proof of residence may be checked using an ultra violet scanner or other method to deter identity theft and fraud. I further acknowledge that if any of the original documents provided to establish identity appear to be forgeries will be reported to the relevant authority.

Signed: _____

Name (CAPITALS): _____

Date: _____

APPENDIX A (FOR OFFICE USE ONLY)

This section is for OFFICE USE only, to provide evidence that additional information has been obtained and to record Manager's notes relating to interviews and Provisional Employment.

Type	Date of Check	Satisfactory?	Copied to File	Initials
Driving Licence				
Birth Certificate				
Proof of Home Address				
Evidence of Name Change (if applicable)				
Valid Passport (if applicable)				
Marriage Certificate (if applicable)				
Qualification Certificate(s)				
Valid Work Permit/Visa (if applicable)				
Accession State Worker Registration Card (if applicable)				
Consumer Information Search Conducted				
Verification of SIA Licence (if applicable)				

Date Police Enquiry Sent: _____
 Date Police Reply Received _____
 Satisfactory? _____
 CRB Application Sent: (if applicable) _____
 CRB Application Received: _____

Interview Record

Conducted By: _____
 Date: _____
 Comments: _____

 Details of Known Forthcoming _____
 Absences. i.e. Holidays etc. _____

Authority To Offer Provisional Employment

Provisional Employment: **To be offered / Not to be offered**

Comments/Reasons for NOT offering Provisional Employment _____

Authorized By: _____
 Date: _____