

Please read the application fully and answer all questions marked with a \*

INCOMPLETE APPLICATIONS WILL BE REJECTED

Please complete the application from in Black or Blue ink and in CAPITAL letters. Please answer all questions fully and as clear as possible. If you need any assistance completing the application, please contact our office.

Please ensure that you send copies of all requested information on the last page.

Working hours*:	(full/part time)	
If part time how many hours*:		
Job Reference:		
Have you previously worked for us*:		
Family connections within Vicks Enforcement*:		
Are you willing to work weekends:	YES	NO
Where did you see the job advertised*:		

Your full name*:		
Name at birth*:		
D.O.B*:		
Contact number:		
Mobile*:		
Sex*:	MALE	FEMALE
Marital status:		
National insurance number*:		
Country of birth*:	(if not the UK)	
Are you allowed to work in the UK*:	YES	NO
Work permit number: <i>(if necessary)</i>		
Work permit expiry: <i>(if necessary)</i>		

ADDRESS INFORMATION	
Full home address*:	
Postal code:	
Please provide the last five years address history: <i>(if you have not lived at the above for 5 years or more)</i>	

Emergency contact name*:	
Emergency contact number*:	
Emergency contact address* (inc postal code)	
Relationship*:	

Do you have a full UK driving license*:	YES	NO
Do you have transport to and from work*:	YES	NO
Do you have any endorsements on your license*:	YES	NO
If yes please explain:		
Will you be using your own vehicle for company business*:	YES	NO
If the above answer was no please explain how you intend to carry out your employment:		

Have you carried out any training towards the job:	YES	NO
If yes, please give details:		

Do you hold a valid Certificate to act as an Enforcement Agent*:	YES	NO
Issuing court*:		Date of expiry*:
Do you have a valid security bond*:	YES	NO
Bond Provider*:		Date of expiry*:

Have you got a criminal record*:	YES	NO
Have you ever been cautioned*:	YES	NO
Have you ever been arrested*:	YES	NO
Have you any matters outstanding*:	YES	NO
Any civil matters outstanding*:	YES	NO
Do you have any unsatisfied CCJs*:	YES	NO

*If yes to any of the above, please give details:*

*(Please note we are entitled to ask about spent convictions as we are an exempt body under schedule 1 the rehabilitation of offender's act 1974 (exceptions) order 1975)*

Height:		
Weight:		
Are you in good health*:	YES	NO

HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING:		
Been treated for alcohol or drug abuse*:	YES	NO
Suffered from any nervous condition*:	YES	NO
Suffered from diabetes*:	YES	NO
Suffered from heart or blood pressure problems*:	YES	NO
Suffered from any joint or back pain*:	YES	NO
Been refused employment or dismissed for health reasons*:	YES	NO
Suffered from asthma or any other respiratory condition*:	YES	NO

Please explain if the answer is yes to any of the above:

DO YOU:		
Have any hearing problems*:	YES	NO
Have any color blindness*:	YES	NO
Have epilepsy, fits or blackouts*:	YES	NO
Use any drugs (medically or recreationally)*:	YES	NO
Please explain if the answer is yes to any of the above:		

Would you undergo a medical if required to do so*:	YES	NO
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Please provide the name and contact details for a personal reference\*:

Please provide the name and contact details for an employment reference\*:

Reference checks must be done in order for you to gain employment with our company.

**\*\*EMPLOYMENT HISTORY FOR THE PAST 3 YEARS\*\***

Your employment with our company is based on employment screening. We therefore ask for an employment history for the past 3 years as part of the screening process. Please include details below of all positions held during the last 3-year period or since leaving school. If you were unemployed or unregistered for any period of time, then please note down the job center or benefits office you attended if applicable. There must be no gaps in your history. Details shall be used to ensure you are screened to British Standard 7858:2006. If you would not like us to contact your current employer, then please state this to us clearly.

Employers full name, address and contact details	Job title	Dates to and from	Reason for leaving
		From: ___/___/___ To: ___/___/___	
		From: ___/___/___ To: ___/___/___	
		From: ___/___/___ To: ___/___/___	
		From: ___/___/___ To: ___/___/___	

APPLICATION FOR  
EMPLOYMENT



If you are currently employed how many days' notice must you give\*: \_\_\_\_\_

Education in the last 3 years:	Dates:
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If you do not have the relevant training for the position will you be prepared to undergo training with our company*:	YES	NO
How do you intend to pay for your training & certificate*:		
Are you currently in receipt of benefits*:	YES	NO



DECLARATION OF CONSENT

Please read this carefully before signing this application form

I understand that employment with Enforcement UK Limited trading as Vicks Enforcement is subject to satisfactory references and security screening in accordance with BS 7858. I undertake to cooperate with Vicks Enforcement in providing any additional information required to meet these criteria's. I authorise Enforcement UK Limited to approach previous employers, schools/colleges, character referees or Government agencies to verify that the information I have provided is correct. I authorise Enforcement UK Limited to make a consumer information search with a credit reference agency, who 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 Enforcement UK Limited 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 Enforcement UK Limited. Subject to the Access to Medical Records Act 1998, I consent to the results of such examinations to be given to Enforcement UK Limited. I understand and agree that if 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. 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 Enforcement UK Limited or its representative may render me liable to dismissal without further notice. I also understand that if an unsatisfactory reference is received from my current employer after I have accepted a position with Enforcement UK Limited, that Enforcement UK Limited may terminate my employment with immediate effect.

Sign\*: \_\_\_\_\_ Print Name\*: \_\_\_\_\_

Date\*: \_\_\_\_\_

*Office Use Only*

Bank Details:		P46-P45:	
Equal Opportunities form:		ID Verified & Copied:	
Employment contract signed:		Security bond:	
Codes of practice signed:		Training complete:	
Copy of certificate received:		References received:	
Job center letter issued:		Job center reference:	
Uniform issued:		Placed on system:	
Notes:			