

APPLICATION FORM

The information which you give on this form will be treated as strictly confidential.

GENERAL INFORMATION

Position applied for:		Date available to start:	
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PERSONAL AND SOCIAL DETAILS

Surname:		First name(s):	
Maiden name:		Marital status:	
Address:			
Date of birth:		Telephone (home):	
Place of birth:		Telephone (mobile):	
Email address:			
National Insurance no:		Do you own a car:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you hold a current driving license:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this a full clean license:	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECURITY SCREENING

If you are employed by ASGuk Systems Limited you will be security screened which involves confirming your work history, on a month to month basis, from leaving school to the present day. Please therefore complete this form and return this with your application form.

EMERGENCY CONTACT INFORMATION

Contact name and address in case of emergency:			
Telephone home:		Telephone work:	

FOR NON-BRITISH & NON EUROPEAN UNION NATIONALS

Date of entry into UK:		How long will you stay:	
Do you have a work permit:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, type and number:	

HEALTH DETAILS

Name and address of your doctor:			
Have you in the past three years had any illness or accident which has caused you to be off work/school/college for two weeks or more:			Yes <input type="checkbox"/> No <input type="checkbox"/>
If so what was the illness or accident:			
Have you within the past three years attended an out-patients clinic or had a course of treatment (tablets, injections or physiotherapy) lasting one month or more?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you now receiving any such treatment:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you any permanent disability:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you registered disabled:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is your registered number:		Expiry date:	
Are you a smoker:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been refused employment or dismissed on medical grounds:			Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you suffering or have you ever suffered from any of the following:

Fits, epilepsy or blackouts:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Depressive illness or nervous trouble:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Earache or ear infection:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Skin diseases or dermatitis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Asthma:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cholera, hepatitis etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Allergies:	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT HISTORY

Show last employment first and include training and military service. We need your employment record covering the time since you left school. For any period of unemployment please put dates and address of Department of Employment where you were registered.

Employers name and address:			
Date from:		Date to:	
Job title:		Reason for leaving:	
Responsibilities:			

Employers name and address:			
Date from:		Date to:	
Job title:		Reason for leaving:	
Responsibilities:			

Employers name and address:			
Date from:		Date to:	
Job title:		Reason for leaving:	
Responsibilities:			

OTHER INFORMATION

Are there any other qualifications you have gained or courses attended which you think we should know about?

Yes No

If yes, please give details:

Detail any security projects or other relevant experience below. If possible give brand names, applications and equipment used:

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EDUCATION (Secondary or above)

Name and address of establishment:			
Date from:		Date to:	
Qualifications attained:			

Name and address of establishment:			
Date from:		Date to:	
Qualifications attained:			

Name and address of establishment:			
Date from:		Date to:	
Qualifications attained:			

HOBBIES AND INTERESTS

Please give any details of your hobbies and interests:			
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REFERENCES

Delete information which is not applicable, no information will be sought from your current employer without your consent.

Reference name and address:			
Telephone number:		Email address:	
Type of reference:	School <input type="checkbox"/>	College <input type="checkbox"/>	Employer <input type="checkbox"/> Character <input type="checkbox"/>

Reference name and address:			
Telephone number:		Email address:	
Type of reference:	School <input type="checkbox"/>	College <input type="checkbox"/>	Employer <input type="checkbox"/> Character <input type="checkbox"/>

Reference name and address:			
Telephone number:		Email address:	
Type of reference:	School <input type="checkbox"/>	College <input type="checkbox"/>	Employer <input type="checkbox"/> Character <input type="checkbox"/>

DECLARATION

I understand that the completion of the Form does not guarantee employment. I certify that all the information given on this Form is true and accept that any misstatement or suppression of material may mean the cancellation of any appointment, which is also made subject to the receipt of satisfactory references.

Signature of applicant:		Date:	
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Please send your completed application and screening forms by email to admin@asguk.com or post to us at:
 Admin Department
 ASGuk Systems, Ermin House Bristol road, Gloucester G12 5DF