



Cobra Security Services Ltd  
The Old Police Office, Ramsay Road, Chopwell,  
Newcastle upon Tyne NE17 7AG

## Application for Employment

Please answer all of the questions or write No or N/A if a question does not apply to you. Please write clearly in block capitals if using black ink and also ensure that you read and sign the declaration contained within, and sign to verify. Please post the form back to us or save and email to enquiries@cobrassl.co.uk.

Surname	<input type="text"/>	Title (ie. Mr)	<input type="text"/>	Date of Birth	<input type="text"/>
Forenames	<input type="text"/>	NI No.:	<input type="text"/>	Previous Name	<input type="text"/>
Address and Postcode	<input type="text"/>		How long have you lived there ?	<input type="text"/>	
	<input type="text"/>		Previous Address (if less than 5yrs)	<input type="text"/>	
Telephone	<input type="text"/>	Mobile	<input type="text"/>	Email	<input type="text"/>

All employees are required to provide original documentary evidence to support their right to work in the UK, prior to commencing employment. Please tick the check boxes to agree with the statement.

- |  |  |
|--|--|
| <input type="checkbox"/> I originate from within the European Community          | <input type="checkbox"/> I do not originate from within the European Community |
| <input type="checkbox"/> There are no restrictions on my right to work in the UK | <input type="checkbox"/> There are restrictions on my right to work in the UK  |
| <input type="checkbox"/> I have the right to work in the UK                      | <input type="checkbox"/> I do not have the right to work in the UK             |
| <input type="checkbox"/> I do not require a permit to work in the UK             | <input type="checkbox"/> I do require a permit to work in the UK               |

Some of our sites operate on a 24hr, 7 day a week basis. Please indicate your availability to work. This is purely used as a guide.

- |  |                                  |  |                                   |                                       |                                   |                                 |
|--|----------------------------------|--|-----------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday        | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday       | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday       | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Day time only |                                  | <input type="checkbox"/> Night time only |                                   | <input type="checkbox"/> Mixed shifts |                                   |                                 |

Detail any current Holiday Commitments...

What is your Date of Availability to Start Employment (detail notice period) ?

**The following Section is subject to the Rehabilitation of Offenders Act**

Have you ever been convicted of any criminal offence? (Non motoring)

Have you ever been subject to any order made against you by a court or public authority ?

Have you any outstanding alleged offences or outstanding warrants pending against you ?

Are you subject to bankruptcy proceedings or any outstanding court judgements for debt ?

*If you have answered YES to any of the above, please supply additional information to support your application.*

Do you own a Motor Vehicle ?

Do you own a Motor Cycle ?

Do you hold a Full UK Driving License ?

How long have you held a Full License ?

What is your License Number ?

Date of License issue and expiry:

Please detail any motoring convictions or endorsements received in the last 5 years:

SIA License Number

License Sectors (ie. CCTV)

License Expiry Date

Are you First Aid Trained ?

Person to contact in an emergency

Name

Relationship

Address

Work number

Home number

Mobile number

Service record: ARMY / ROYAL NAVY / RAF / FIRE / POLICE Please specify below

Dates of service from to

Reason for leaving

Do you  
smoke? Some  
sites are no  
smoking sites.

## EMPLOYMENT HISTORY

Please record your total employment history including details of any self employment, unemployment, military service and part time work, giving full addresses and dates. If there are any periods of unemployment, please give details of the Unemployment Benefit Office to which you reported. Start with your present employment, going back 5 years.

If you are still employed, may we approach your present employer for a reference YES/ NO?

Employer Name, Address and Telephone Number	<input type="text"/>
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Email Address	<input type="text"/>
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Employment Dates	<input type="text"/>	to	<input type="text"/>
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Position Held	<input type="text"/>
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Reason for Leaving	<input type="text"/>
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Person you reported to:	<input type="text"/>
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Employer Name, Address and Telephone Number	<input type="text"/>
--	----------------------

Email Address	<input type="text"/>
---------------	----------------------

Employment Dates	<input type="text"/>	to	<input type="text"/>
------------------	----------------------	----	----------------------

Position Held	<input type="text"/>
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Reason for Leaving	<input type="text"/>
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Person you reported to:	<input type="text"/>
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Employer Name, Address and Telephone Number	<input type="text"/>
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Email Address	<input type="text"/>
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Employment Dates	<input type="text"/>	to	<input type="text"/>
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Position Held	<input type="text"/>
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Reason for Leaving	<input type="text"/>
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Person you reported to:	<input type="text"/>
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Employer Name, Address and Telephone Number	<input type="text"/>
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Email Address	<input type="text"/>
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Employment Dates	<input type="text"/>	to	<input type="text"/>
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Position Held	<input type="text"/>
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Reason for Leaving	<input type="text"/>
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Person you reported to:	<input type="text"/>
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Employer Name, Address and Telephone Number	<input type="text"/>
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Email Address	<input type="text"/>
---------------	----------------------

Employment Dates	<input type="text"/>	to	<input type="text"/>
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Position Held	<input type="text"/>
---------------	----------------------

Reason for Leaving	<input type="text"/>
--------------------	----------------------

Person you reported to:	<input type="text"/>
-------------------------	----------------------

Employer Name,  
Address and  
Telephone  
Number

Email Address

Employment Dates

to

Position Held

Reason for Leaving

Person you reported to:

Employer Name,  
Address and  
Telephone  
Number

Email Address

Employment Dates

to

Position Held

Reason for Leaving

Person you reported to:

*Please use additional sheets if required*

If you are currently, or have been previously self employed, please provide 2 trade references:

Name, Address &  
Telephone Number

Name, Address &  
Telephone Number

Additional Comments

### Equal Opportunities

We are an Equal Opportunities employer and as such do not discriminate on the grounds of gender, race, religion, age, marital status, sexual orientation or disability; and in order to comply with recommendations from the Commission for Racial Equality, and to help ensure that our own policy is upheld, please indicate your ethnic origin:

☐ British ☐ Western European ☐ Eastern European ☐ Caribbean ☐ African ☐ Oriental ☐ Asian

Other.....(please indicate)

In the event that you are invited for interview, you will be required to attend with the following 'original' documentation:

☐ Birth Certificate

☐ 2 Recent Utility Bills

☐ Passport

☐ SIA License

and if applicable:

☐ UK Driving License

☐ CCTV License

☐ First Aid Certificate

### Office Use

Date of Interview \_\_\_\_\_ Interviewing Manager \_\_\_\_\_ Status \_\_\_\_\_

Please type or write any additional or supporting information in the box below

## **Declaration**

I authorise Cobra Security Services Ltd to obtain references and confirm employment particulars as detailed within this application. I also understand that Cobra Security Services Ltd may engage the services of an approved supplier to facilitate the screening and vetting process and authorise those parties to the same.

I understand that any appointment made will be subject to satisfactory references being received. I authorise Cobra Security Services Ltd to perform 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 also certify that, to the best of my knowledge, the information provided is true, complete and accurate. I have never been convicted of any civil or criminal offences or dismissed from employment for any misconduct. I understand that any false statement or omission may render me liable to dismissal without notice.

Full Name in BLOCK CAPITALS

Sign here

Date

**Note: It is advisable to save a copy on your device before printing.**