



PLEASE RETURN THE COMPLETED FORM TO:

**Young Eagles Security  
(YES) Ltd**

27 Fred Wigg Tower

Montague Road

London E11 3EP

[www.youngeagles.co.uk](http://www.youngeagles.co.uk)

[es.co.uk](http://www.youngeagles.co.uk)

## APPLICATION FORM (YES-100)

CONFIDENTIAL (WHEN COMPLETE)

**FOR DATA PROTECTION PURPOSES, THIS APPLICATION FORM WILL BE SHREDDED AFTER ONE YEAR, IF YOUR APPLICATION WAS UNSUCCESSFUL**

CONFIDENTIAL (WHEN COMPLETE)

NOTES:

1. PLEASE USE BLACK INK AND CAPITAL LETTERS

2. PLEASE ANSWER ALL QUESTIONS

(USE N/A, NO OR NONE IF A QUESTION DOES NOT APPLY)

3. PLEASE READ ALL SECTIONS CAREFULLY AND SIGN WHERE APPLICABLE

(Now Please Turn Over)

### FOR OFFICE USE ONLY

NAME		ID	PHOTO
START DATE	SCREENING DATE	PROBATION DATE	
SIA LICENCE NO.		SIA EXPIRY DATE	
LICENCE TYPE		TRAINING NOTES	

### DOCUMENTS SEEN

PASSPORT

☐

PASSPORT/VISA TYPE EXP.

SIA LICENCE

☐

PROOF OF ADDRESS

☐

DRIVING LICENCE

☐

UK BIRTH CERTIFICATE

☐

### TUPE INFO

DATE OF TRANSFER

CONTINUOUS SERVICE

PREVIOUS COMPANY

SITE NAME

### PAPERWORK FORWARDED TO

INVITE SIGNATURE

ACCOUNTS

☐

SCREENING

☐

CONTROL

☐

DATE

### LEAVERS INFO

UNIFORM  
RETURNED  
Y/N

REASON FOR LEAVING

DEPARTMENTS INFORMED

OPERATIONS

☐

ACCOUNTS

☐

PERSONNEL

☐

LEAVING DATE

RE EMPLOY Y/N

SIGNED

SURNAME/FAMILY NAME		TITLE		HAVE YOU WORKED FOR VSS BEFORE IF YES FROM _____ TO _____         YES <input type="checkbox"/> NO <input type="checkbox"/>	
FORENAME(S)		MALE/FEMALE		HAVE YOU APPLIED TO VSS BEFORE IF YES, WHEN: _____         YES <input type="checkbox"/> NO <input type="checkbox"/>	
PREVIOUS SURNAME		DATE OF BIRTH		ARE YOU SEEKING SECURITY <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> RECEPTION <input type="checkbox"/> OTHER <input type="checkbox"/>	
ADDRESS     				HOW DID YOU HEAR ABOUT THIS POSITION?   IF THIS WAS A VSS EMPLOYEE PLEASE PROVIDE COMPLETE NAME _____	
POST CODE		NEAREST TRAIN STATION		DATE ANY HOLIDAYS BOOKED	
HOME TELEPHONE _____		NAME AND ADDRESS OF NEXT OF KIN (IN CASE OF EMERGENCY)			
MOBILE _____					
EMAIL _____					
NATIONAL INSURANCE No. _____		HOW RELATED: _____			
		HOME TEL: _____ WORK TEL: _____			
NATIONALITY		VISA TYPE _____ EXPIRY _____			
PLACE OF BIRTH (TOWN AND COUNTRY)		DATE OF ENTRY IN UK		PASSPORT No. _____	
DO YOU HAVE A DRIVING LICENCE: <input type="checkbox"/> FULL <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHICH CLASS: CAR <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/>					
DRIVING LICENCE No: _____ DETAILS OF CURRENT ENDORSEMENTS: _____					
WE REQUIRE A CONTINUOUS RECORD OF YOUR PREVIOUS ADDRESS FOR THE LAST 5 YEARS					
PREVIOUS ADDRESS 1:			PREVIOUS ADDRESS 2:		
FROM _____ TO _____			FROM _____ TO _____		
<b>DETAILS OF SIA LICENCE:</b> SIA LICENCE No. _____ SIA LICENCE TYPE _____ SIA LICENCE EXPIRY DATE _____					
PLEASE READ THIS SECTION CAREFULLY AND SIGN					
HAS A COUNTY COURT JUDGEMENT EVER BEEN AWARDED AGAINST YOU? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, GIVE DETAILS: _____ DATE: _____					
HAVE YOU EVER APPEARED BEFORE A COURT, CHARGED WITH A CRIMINAL, CIVIL OR MILITARY OFFENCE AND BEEN CONVICTED, OR CAUTIONED BY THE POLICE, FOR ANY OFFENCE WHICH IS CONSIDERED AN UPSPENT CONVICT NO <input type="checkbox"/> SIGNATURE: _____					
IF YES GIVE DETAILS AND DATES: _____ SIGNATURE: _____					
HAVE YOU ANY ALLEGED OFFENCES OUTSTANDING? YES <input type="checkbox"/> NO <input type="checkbox"/> SIGNATURE: _____					
IF YES GIVE DETAILS AND DATES: _____ SIGNATURE: _____					

**SERVICE RECORD**

N/A ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ POLICE SERVICE ☐ FIRE SERVICE ☐ TERRITORIAL ARMY ☐

ARE YOU LIABLE FOR RECALL Y E S ☐ NO ☐ ARE YOU A MEMBER OF ANY RESERVE INVOLVING TRAINING YES ☐ NO ☐

**CHARACTER REFERENCES**

PLEASE GIVE DETAILS OF 2 PEOPLE (OTHER THAN FAMILY AND NOT A FORMER EMPLOYER), WHO HAVE KNOWN YOU FOR A MINIMUM OF 3 YEARS. WE WILL APPROACH FOR REFERENCES AND IF NEED BE, TO ASSIST IN VERIFYING CERTAIN PERIODS OF YOUR EMPLOYMENT HISTORY.

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
TELEPHONE No. _____	TELEPHONE NO. _____
OCCUPATION: _____	OCCUPATION: _____
PERIOD KNOWN: _____	PERIOD KNOWN: _____

**EDUCATION AND QUALIFICATIONS** (STATE NAME AND ADDRESS OF ALL SCHOOLS/COLLEGES ATTENDED WITHIN LAST 5 YEARS)

DATES FROM/TO	SECONDARY SCHOOL/COLLEGE/UNIVERSITY INCLUDING FULL ADDRESS AND TELEPHONE No.	EXAMS TAKEN QUALIFICATION GAINED	OFFICE USE

**EMPLOYMENT - FIVE YEARS HISTORY** STARTING WITH TODAY'S DATE AND WORKING BACKWARDS

EMPLOYMENT DATES MONTH/YEAR	DETAILS OF EMPLOYMENT, SELF EMPLOYMENT, REGISTERED/UNREGISTERED/ UNREGISTERED UNEMPLOYMENT, MILITARY SERVICE, PART TIME WORK		OFFICE USE
FROM:	COMPANY NAME:	POSITION HELD	
TO:	ADDRESS:	WORKS No.	
TEL:		REPORTING TO:	
FAX:		LAST SALARY/WAGE:	
		REASON FOR LEAVING:	
	POSTCODE:		
FROM:	COMPANY NAME:		
TO:	ADDRESS:	POSITION HELD	
TEL:		WORKS No.	
FAX:		REPORTING TO:	
		LAST SALARY/WAGE:	
	POSTCODE:	REASON FOR LEAVING:	
FROM:	COMPANY NAME:		
TO:	ADDRESS:	POSITION HELD	
TEL:		WORKS No.	
FAX:		REPORTING TO:	
		LAST SALARY/WAGE:	
	POSTCODE:	REASON FOR LEAVING:	
<b>Bank Details</b>			
Name of Bank			
Bank Address			
Account Name			
Bank Sort Code			
Account Number			

**EMPLOYMENT - FIVE YEAR HISTORY (CONTINUED)**

EMPLOYMENT DATES MONTH/YEAR	DETAILS OF EMPLOYMENT, SELF EMPLOYMENT, REGISTERED/UNREGISTERED/ UNREGISTERED UNEMPLOYMENT, MILITARY SERVICE, PART TIME WORK, ETC.	OFFICE USE
FROM:		
TO:	ADDRESS:	WORKS No.
TEL:		REPORTING TO:
FAX:		LAST SALARY/ WAGE:
	POSTCODE:	REASON FOR LEAVING:

**PLEASE READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE STATEMENTS**

ARE YOU ABLE AND FIT TO WORK NIGHT SHIFTS	OFFICE USE ONLY
STATE: YES SIGNATURE: _____	REFERENCE DECLARATION SIGNED <input type="checkbox"/>
NO <input type="checkbox"/> SIGNATURE: _____	DATA PROTECTION STATEMENT SIGNED <input type="checkbox"/>
	EQUAL OPPORTUNITIES FORM SIGNED <input type="checkbox"/>
	BANK DETAILS FORM FILLED <input type="checkbox"/>

**STATEMENT TO BE SIGNED BY APPLICANT**

- 1 IF OFFERED EMPLOYMENT, IT WILL INITIALLY BE FOR A PROBATIONARY PERIOD OF 12 WEEKS
  - 2 DURING THE PROPATIONARY PERIOD, YOUR CONTRACT OF EMPLOYMENT MAY BE TERMINATED BY YOU (EXCEPT IN CASE OF GROSS MISCONDUCT), BY NOT LESS THAN 2 WEEKS NOTICE.
  - 3 CONTINUED EMPLOYMENT IS CONDITIONAL UPON SATISFACTORY SCREENING, TRAINING AND A MEDICAL EXAMINATION (IF REQUIRED) AND ADHERENCE TO THE TERMS AND CONDITIONS OF EMPLOYMENT.
  - 4 I HAVE READ AND UNDERSTOOD THE COMPANY'S EQUAL OPPORTUNITY POLICY
  - 5 CUSTOMER TELEPHONES ARE FOR BUSINESS USE ONLY. CRIMINAL PROCEEDINGS WILL BE INSTIGATED AGAINST ANY MEMBER OF STAFF WHO IS REASONABLY SUSPECTED OF THIS OFFENCE AND YOU WILL BE LIABLE FOR ANY COST INCURRED BY YOU.
- PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ UNDERSTOOD THE ABOVE 5 POINTS IN THIS STATEMENT.

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

**STATEMENT TO BE SIGNED BY APPLICANT**

I, \_\_\_\_\_  
(FULL NAME IN CAPITALS)

CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IS COMPLETE AND CORRECT AND I UNDERSTAND THAT PRESENTATION OF ANY FALSE INFORMATION OR DOCUMENTS IS GROUNDS FOR IMMEDIATE DISMISSAL AND RENDERS ME LIABLE TO PROSECUTION.

IN ORDER TO COMPLETE THE EMPLOYEE SCREENING TO THE BS7858 STANDARD I AUTHORISE THAT ORGANISATION TO APPROACH THE CREDIT REFERENCE BUREAU, ANY AGENCIES, FORMER EMPLOYERS AND PERSONAL REFERENCES TO VERIFY THE INFORMATION GIVEN AND WILL SUPPLY A STATUTORY DECLARATION IF REQUIRED.

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

**SENSE TEST****SMELL TEST:**BURNT COTTON USED: YES ☐ NO ☐BURNT PAPER USED: YES ☐ NO ☐**HEARING TEST:**LOUDER VOICE USED: YES ☐ NO ☐QUITER VOICE USED: YES ☐ NO ☐**VISION TEST:**SPECTACLE: YES ☐ NO ☐COLOUR BLINDNESS: YES ☐ NO ☐25 YARDS DISTANCE: YES ☐ NO ☐**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

CHECKED BY (SIGNATURE): \_\_\_\_\_

DATE \_\_\_\_\_

## EQUAL OPPORTUNITIES MONITORING FORM

Vigilant Security Services is committed to achieving equality of opportunity. To help us achieve this aim please complete this form.

### Personal Details

Title \_\_\_\_\_ Surname \_\_\_\_\_ First Name(s) \_\_\_\_\_  
 Post Applied for \_\_\_\_\_  
 Gender    Male ☐ Female ☐ Date of Birth \_\_\_\_\_ Marital / Partnership Status \_\_\_\_\_

### Ethnic Background

#### a) White

British ☐    English ☐    Scottish ☐    Welsh ☐    Irish ☐    Other White Background ☐  
 Please Specify: \_\_\_\_\_

#### b) Asian

Pakistani ☐    Bangladeshi ☐    Indian ☐    Chinese ☐    Any other Asian background ☐  
 Please Specify: \_\_\_\_\_

#### c) Black

Caribbean ☐    African ☐    Any other Black background ☐  
 Please Specify: \_\_\_\_\_

#### d) Mixed

White & Black Caribbean ☐    White & Asian ☐    White & Black African ☐    Any other Mixed Background ☐

### Disability

Do you have a physical and / or mental impairment within the criteria of the Disability Discrimination Act, which has a substantial long term adverse effect on your ability to carry out normal day to day activities?

Yes ☐    No ☐

If yes, please give details below along with any adaptations that you would require to

### English Language

Please describe your English language abilities by ticking the relevant boxes below:

	Understand	Speak	Read	Write
None				
Basic				
Competent				
Good				
Fluent				



## Medical Questionnaire

Vigilant Security Services requires medical questionnaire to be filled by application for final decision for his/her appointment. Vigilant Security Services use following medical documents to obtain information relevant to an applicant's health status for purposes of making an employment decision. This is a mandatory information if you wish to be considered for the position. Failure to submit to the examination or failure to make full and open disclosure of any current or past medical conditions, including incomplete, misleading or inaccurate information can lead to disqualification from Vigilant employment, or disciplinary or adverse action if employed.

Skin Allergies	Yes	No	<input type="checkbox"/>
Ear Trouble	Yes	No	<input type="checkbox"/>
Eye Trouble	Yes	No	<input type="checkbox"/>
Asthma or Hay Fever	Yes	No	<input type="checkbox"/>
Recurrent Sore Throat or Sinusitis	Yes	No	<input type="checkbox"/>
Tuberculosis, Bronchitis or Pneumonia	Yes	No	<input type="checkbox"/>
Shortness of Breath or Chest Trouble	Yes	No	<input type="checkbox"/>
Heart Disease or High Blood Pressure	Yes	No	<input type="checkbox"/>
Severe Headaches or Migraines	Yes	No	<input type="checkbox"/>
Fits, Blackouts or Epilepsy	Yes	No	<input type="checkbox"/>
Gastric, Duodenal Ulcers or prolonged Indigestion	Yes	No	<input type="checkbox"/>
Hepatitis or Jaundice	Yes	No	<input type="checkbox"/>
Typhoid Fever, Gastroenteritis or Diarrhea	Yes	No	<input type="checkbox"/>
Prolonged Back Pain or Disc Trouble	Yes	No	<input type="checkbox"/>
Arthritis or Rheumatism	Yes	No	<input type="checkbox"/>
Difficulties in Bending or Lifting	Yes	No	<input type="checkbox"/>
Kidney or Bladder Infection	Yes	No	<input type="checkbox"/>

Please comment on any other medical issue that you may want to include in this questionnaire apart from above listed:

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\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Date

### **AUTHORISATION AND COMPLIANCE**

*(Please read this carefully before signing this application form)*

#### **DECLARATIONS**

I certify that to the best of my knowledge, the information that I have given in my application for employment is true and complete and understand that any false statement or omission to the Company or its representatives may render lead to termination of employment without notice. 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. I authorize the Company or its agents to approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment/unemployment record. I consent to the Company's reasonable processing of any 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. Subject to the Access to Medical Reports Act 1988, I consent to the results of such examinations to be given to the Company and authorize the Company 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 further declare that any documents that I provide as proof of my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined under a UV scanner or similar device. I acknowledge that any falsified documents may be reported to the appropriate authority.

#### **DATA PROTECTION ACT 1998**

The Company will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers.

By returning this form to the Company you consent to our processing personal data about you where this is necessary, for example information about your credit status, ethnic origin or criminal offences. You also consent to the transfer of your information to your current and future potential employers where this is necessary (this may be to companies operating abroad if you apply for work outside of the United Kingdom).

Your information will be held on our computer database and/or in our paper filing systems. By signing below you agree to this process and confirm that you do not have a criminal record subject to the current Rehabilitation of Offenders Act and any amendments. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

#### **DISCLOSURE**

You are applying for a position of trust and in the event of being offered employment by the Company we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from employment. For more information ask a member of staff for a copy of the CRB Code of Practice/Disclosure Scotland and/or Company our policy statement regarding ex-offenders. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document you allow the Company to see a copy of the Disclosure. The Disclosure information is not retained i.e. it is disposed of within the timescales recommended in the CRB Code of Practice. By signing below you agree to this process.

#### **SCREENING**

Any offer of employment is subject to satisfactory screening, that the applicant consents to being screened and will provide information as required. That the information provided is correct, and the applicant acknowledges that any false statements or omissions could lead to termination of employment.

Applicant name: \_\_\_\_\_

NI number: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Date \_\_\_\_\_