

LAPA Services Limited

**Application for Employment
Private and Confidential**

STATEMENT TO PROSPECTIVE EMPLOYEES (PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION FORM)

To enable this company to offer a position of employment we have to carry out a comprehensive screening procedure. In order that your application for employment can be effectively actioned by our Vetting Office it is essential that you read the following statement and ensure that all relevant sections of the application form are completed and returned together with all relevant documentation to Wested Farm house, Eynsford road, Swanley, Kent BR8 8EJ contact number -01322 615954
PERSONAL REFERENCE AND EMPLOYMENT VERIFICATION

I understand that employment with the Company is subject to satisfactory references and security screening in accordance with BS 7858.

I undertake to cooperate with the Company in providing any additional information required to meet these criteria;

I authorise the Company and/or its nominated agent to approach previous employers, schools/colleges, character referees or Government Agencies to verify that the information I have provided is correct;

I authorise 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 agree to pay part of the cost of this credit reference check the sum to be advised to me in writing prior to the check taking place.

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 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. 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. 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 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.

SIGNATURE

PRINT NAME

DATE

1.Surname		2.Title	Mr/Mrs/Ms/Miss
3.Forenames		4.Marital Status	Single/Separated/ Divorced/Married
5.Present Address		6.Previous Address	
Home Tel No. Mobile Tel No.			
7.Date of Birth		8.Maiden Name	
9.Nationality		10.Passport No:	
11. N.I. No:			
12.Car	Yes/No	13.Driving Licence	Please supply Copy
14.Verification of Address	Please supply copy of a recent utility bill	S.I.A Licence No	Expiry Date
15. Have you ever been convicted of a Criminal Offence?			Yes/No/Case Pending
16. Have you ever been subject to Bankruptcy Proceedings?			Yes/No/Case Pending
17. Do you have any ongoing medical condition which would require you taking periodic days off at short notice?			Please state.
18. Is your sight, hearing, and sense of smell normal?			Yes/No
19. Do you have any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer? (e.g. heart disease, epilepsy)			Yes/No Details:
20. Are you a Registered Disabled Person?			Yes/No RDP No: Disability:
21. Have you been absent from work for more than 1 week in the past twelve months and reasons for such absences.			Yes/No Reason:
22. Have you suffered from mental illness, nervous breakdown or severe depression?			Yes/No
23. Have you been in hospital for more than 1 week in the last 10 years?			Yes/No
24. Are you currently taking any prescribed medication?			Yes/No
25. Do you consent to a medical examination if required?			Yes/No

26. Education & Training

Start Date Month Year	Leave Date Month Year	Name of School or College and full address	Qualifications gained

27. Referees

Please give details of 2 Personal Referees (Must not be related in any way, nor living at your address & should be known for longer than 2 years in the last five).

Name		Name	
Full Address And Post Code		Full Address And Post Code	
Contact Number		Contact Number	
Length of time known		Length of time known	

Please give details of 2 Friends or Relatives to be contacted in case of emergency.

Name		Name	
Address		Address	
Relationship		Relationship	
Tel No.	Home: Work:	Tel No.	Home: Work:

28. Employment History

Please give details of your Employment History for the last 5 years or since you left full time education. If in full time secondary education during the last 5 years, please provide the full name and address of your school and the date of leaving.

Include details of National Service and any periods of self-employment where applicable. For any periods of unemployment give details of Job Centre and any courses completed.

Full Name of Employer Full Address & Position held in company	Tel No.	Start Date		End Date		Reason for Leaving
		Month	Year	Month	Year	
Post Code: Position Held:						
Post Code: Position Held:						
Post Code: Position Held:						
Post Code: Position Held:						
Post Code: Position Held:						
Post Code: Position Held:						

Continue on a separate sheet of paper if necessary

29. Other Qualifications

Please give details of any special skills or training received, e.g. First Aid, Health & Safety, Security, Skills for Security etc.

Course	Qualification or Certificate Gained

30. Doctor

Name	Full Address	Telephone No.

31. Bank Details

Bank or Building Society Name	
Full Address	
Bank Sort Code	
Account No.	

SELF DECLARATION OF FITNESS

I _____ (Please print name)

Hereby declare that I know of no medical reason why I should be unable to carry out duties that I am employed for at LAPA Services Limited.

I confirm the following

1. I am able to smell smoke, fire and harmful gases
2. I am able to see clearly for a distance of 40 yards
(With prescribed spectacles if necessary)
3. I am able to walk upstairs with a fire extinguisher if necessary
4. I have no physical disability

I further confirm that should some personal medical impediment be discovered or develop during my employment with Lapa Services Limited I will notify the company immediately and be prepared to undergo a full examination to determine my future employment.

Thus declared on the _____ day of _____ in the year of _____

Name: _____

Signature: _____

**CONSENT TO PROCESSING OF
PERSONAL AND SENSITIVE PERSONAL DATA FOR THE PURPOSES OF
THE DATA PROTECTION ACT 1998 ('the DPA 1998')**

I HEREBY CONSENT to and authorise Lapa Services Limited ('the Company') and any third party nominated by the Company from time to time to perform a vetting service. To hold the information contained in the Application for Employment and any other information obtained and/or derived as a direct result of the Company and/or the Vetting Company obtaining references and/or confirming the accuracy of the information contained in the Application for Employment (and for the avoidance of doubt that will include details of National Insurance Contributions) during my employment with the Company.

This consent shall constitute 'consent' and 'explicit consent' for the purposes of the DPA 1998.

Signed..... Date.....

Print Name

This Agreement is made between

LAPA SERVICES ("the Company")
And

..... ("The Worker")

48 hour maximum average working week

The Working Time Regulations 1998 provide that the average working week, including overtime, shall not exceed 48 hours. The Company and the worker agree that this limit shall not apply to the worker. This Agreement will remain in force indefinitely. The worker, or the Company, may terminate this Agreement at any time by giving not less than three months' written notice to the other.

Signed: _____

Date: _____

Name: _____

For and on behalf of the Company

Signed: _____

Date: _____

Name: _____

Staff Member