



Screening Application form – SIA BS7858 2019 5 Years

Name	
Position applied for	
SIA Badge No.	

Security Screening /Vetting

- This 5-year Application form, when fully completed, ensures compliance with the British Standard 7858:2019 – Security Screening of Individuals employed in a security environment.
- Your potential employment within the security industry is dependent on successful security screening.
- Please answer all questions in **BLOCK CAPITALS** in your own handwriting using **black ink** •

If a question or section does not apply to you, insert NO or N/A

- All character references and previous employers will be contacted during this process, to assist in the application process, please inform your character references that you have included them in this application process.

Applicant's Checklist

Please check and ensure you have:

	Confirm
Completed all the sections accurately	[]
Provided all employment/education gap history for the past 5 years	[]
Provided all the addresses where you have lived in the past five years	[]
Signed the declaration and consent page	[]
Shown the HR Department the original ID and address verification documents	[]

PART A – PERSONAL INFORMATION

This 5-year application form, when fully completed, ensures compliance with BS7858: 2019 – Security Screening of Individuals Employed in a Security Environment. Please **answer ALL questions in BLOCK CAPITALS**. If a question or section does not apply to you, insert NO or N/A. If additional space is required, please attach a continuation sheet, or use the notes section. **Your security screening cannot begin if you fail to fully complete this application form.**

Title:	MR	MISS	MRS	MS	Other: _____
Surname:			Forenames:		
Surname at birth (if different from above):					

Are you now, or have ever been known by a different name?	Yes	No If 'yes' enter details below
Surname:	Forenames:	
Surname:	Forenames:	

Gender:	Male	Female	Other: _____ -	Date of birth: __ / __ / ____ (DD/MM/YYYY)
Place of birth:			Country of birth:	
Nationality:			National Insurance Number: _____	

Home Telephone Number:	Mobile Telephone Number:
Personal Email Address:	

Are you permitted to work in the UK?	Yes	No	VISA expiry date: __ / __ / ____ (If applicable)
State any restrictions (If Applicable):			

Next Of Kin Emergency Contact Details					
Title:	MR	MISS	MRS	MS	Other:
Surname:			Forenames:		
Relationship:			Address:		
Home Telephone Number:					
Mobile Telephone Number:					
Work Telephone Number:					

Please Note: Next of kin will only be contacted in cases of emergency.

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PART B – DRIVING LICENCE

Do you hold a valid driving licence?		Yes (Full Licence)	Yes (Provisional Licence)	No
Type of Licence:	Car	Motorcycle	Other: _____	N/A
Driving Licence Number: _____				
Have you ever been disqualified from driving?		Yes	No	Points on Licence: __ __
Detail Motoring convictions or endorsements received in the past five years:				

PART C – ADDRESS HISTORY (FIVE YEAR)

List the addresses you have lived at within the last **five years**, no matter how short the duration. Please include the postcode and the dates – Most recent first. If additional space is required, please attach a continuation sheet, or use the notes section.

Current Address:	Date From	Date To
	__/__/____ (MM/YYYY)	__/__/____ (MM/YYYY)
Postcode:		

Previous Address:	Date From	Date To
	__/__/____ (MM/YYYY)	__/__/____ (MM/YYYY)
Postcode:		

Previous Address:	Date From	Date To
	__/__/____ (MM/YYYY)	__/__/____ (MM/YYYY)
Postcode:		

PART D – CHARACTER REFERENCES

Details of at **least two people** who are willing to act as character referees (**Not former employers or family/relatives**) who have known you for at least 5 years. We **may** approach your character referees to assist us in verifying your career/work history.

Please ensure you include at least an email address OR postal address for each referee. Please inform each referee that we may be in contact. If additional space is required, please attach a continuation sheet, or use the notes section.

Character referee 1					
Title:	MR	MISS	MRS	MS	Other:
Surname:			Forenames:		
Relationship:			Address:		
Email:					
Mobile Telephone Number:					
Years known:					

Character referee 2					
Title:	MR	MISS	MRS	MS	Other:
Surname:			Forenames:		
Relationship:			Address:		
Email:					
Mobile Telephone Number:					
Years known:					

Character referee 3					
Title:	MR	MISS	MRS	MS	Other:
Surname:			Forenames:		
Relationship:			Address:		
Email:					
Mobile Telephone Number:					
Years known:					

PART E – EMPLOYMENT REFERENCES – Part 1

Employment verification will be fully investigated, ensuring you complete this section carefully. State all periods of employment and self-employment for the last 5 years, – Most recent first. If additional space is required, please attach a continuation sheet, or use the notes section.

- All **unemployment or GAPS** over three weeks must be explained in **PART F**
- If the period was for **educational purposes**, please complete **PART G**
- If employment is through an **agency**, please provide agency details.

Employer / Agency:					
Type of Job	Permanent	Temporary	Self-Employed	Fixed term	Voluntary/Charity
Position held:			HR Email:		
Reporting to:			Head Office Address:		
Reason For Leaving:					
Date From	Date To				
--/--- (MM/YYYY)	--/--- (MM/YYYY)				

Employer / Agency:					
Type of Job	Permanent	Temporary	Self-Employed	Fixed term	Voluntary/Charity
Position held:			HR Email:		
Reporting to:			Head Office Address:		
Reason For Leaving:					
Date From	Date To				
--/--- (MM/YYYY)	--/--- (MM/YYYY)				

Employer / Agency:					
Type of Job	Permanent	Temporary	Self-Employed	Fixed term	Voluntary/Charity
Position held:			HR Email:		
Reporting to:			Head Office Address:		
Reason For Leaving:					
Date From	Date To				
--/--- (MM/YYYY)	--/--- (MM/YYYY)				

PART E – EMPLOYMENT REFERENCES – Part 2

Employment verification will be fully investigated, ensuring you complete this section carefully. State all periods of employment and self-employment for the last 5 years, – Most recent first. If additional space is required, please attach a continuation sheet, or use the notes section.

- All **unemployment or GAPS** over three weeks must be explained in **PART F**
- If the period was for **educational purposes**, please complete **PART G**
- If employment is through an **agency**, please provide agency details.

Employer / Agency:					
Type of Job	Permanent	Temporary	Self-Employed	Fixed term	Voluntary/Charity
Position held:			HR Email:		
Reporting to:			Head Office Address:		
Reason For Leaving:					
Date From	Date To				
--/----- (MM/YYYY)	--/----- (MM/YYYY)				

Employer / Agency:					
Type of Job	Permanent	Temporary	Self-Employed	Fixed term	Voluntary/Charity
Position held:			HR Email:		
Reporting to:			Head Office Address:		
Reason For Leaving:					
Date From	Date To				
--/----- (MM/YYYY)	--/----- (MM/YYYY)				

Employer / Agency:					
Type of Job	Permanent	Temporary	Self-Employed	Fixed term	Voluntary/Charity
Position held:			HR Email:		
Reporting to:			Head Office Address:		
Reason For Leaving:					
Date From	Date To				
--/----- (MM/YYYY)	--/----- (MM/YYYY)				

PART F – EMPLOYMENT GAP HISTORY

State all employment gaps of more than 3 weeks for the last five years. For any period of unemployment, state if you were in receipt of benefits and the type of benefit claimed. **Ensure you complete this section carefully** – Most recent first. If additional space is required, please attach a continuation sheet, or use the notes section.

Note: You will be required to provide evidence of activity i.e. Bank Statements, Travel Tickets. If successful in the interview.

Unemployment may come under the following categories:

- Travelling • Career breaks • Relocating • Job Seekers

Unemployment Category:		
Benefits received:		Additional Information:
Date From	Date To	
--/----- (MM/YYYY)	--/----- (MM/YYYY)	

Unemployment Category:		
Benefits received:		Additional Information:
Date From	Date To	
--/----- (MM/YYYY)	--/----- (MM/YYYY)	

Unemployment Category:		
Benefits received:		Additional Information:
Date From	Date To	
--/----- (MM/YYYY)	--/----- (MM/YYYY)	

If additional space is required, please attach a continuation sheet, or use the notes section.

PART G – EDUCATION HISTORY

Ensure you complete this section carefully. State all periods of education for the last 5 years, – Most recent first. If additional space is required, please attach a continuation sheet, or use the notes section.

Place of study:			
Qualification/Awards achieved:		Email:	
		Address:	
Date From	Date To		
--/----- (MM/YYYY)	--/----- (MM/YYYY)		

Place of study:			
Qualification/Awards achieved:		Email:	
		Address:	
Date From	Date To		
--/----- (MM/YYYY)	--/----- (MM/YYYY)		

Place of study:			
Qualification/Awards achieved:		Email:	
		Address:	
Date From	Date To		
--/----- (MM/YYYY)	--/----- (MM/YYYY)		

If additional space is required, please attach a continuation sheet, or use the notes section.

PART H – OFFENCES, CAUTIONS AND CONVICTIONS

This section will be fully investigated before any offer can be made; ensure you complete this section carefully.

Rehabilitation of Offenders Act 1974

The provision of the above legislation allows for a person who has been convicted of a criminal offence involving a sentence of not more than 2 and a half years imprisonment and who have not re-offended for a specified period of time (related to the severity of the offence) to be treated as if the offence, conviction, or sentence had never occurred. This is known as a 'spent' conviction and will not need to be disclosed.

Do you have any prosecutions pending or have ever been convicted of a criminal offence which cannot, at present, be considered 'spent' as defined by the Rehabilitation of Offenders Act 1974?	Yes	No
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If the answer to this question is YES, please give details on a separate sheet of paper which when completed should be sealed in a plain envelope and marked 'Private & Confidential' and attached to the application form. Please note that any information disclosed is dealt with in the strictest confidence.

I confirm that I have declared all prosecutions pending and all convictions which cannot be considered 'spent', as defined by the Rehabilitation of Offenders Act 1974. I understand that if I were to be employed by the company and it was subsequently discovered that I failed to disclose any prosecutions pending, convictions or have been deliberately dishonest or evasive in my response to the questions on this form, I may falsify my position with the company, and this may lead to disciplinary action being taken and may constitute grounds for dismissal. This includes motoring offences.

Tick this box to confirm you have read and understood the above statement.

PART I – FINANCIAL

BS7858: 2019 requires that we conduct a consumer information check with a credit reference agency.

Have you ever been declared bankrupt or insolvent?	Yes	No
Are you the subject of any County Court Judgement (CCJ) or proceedings?	Yes	No
If the answer is YES to any of the above questions, please give details:		

NOTES - The following section can be used to insert additional information.

Strictly Private & Confidential

BS7858: 2019 – AUTHORISATION AND COMPLIANCE

DECLARATION

I certify that to the best of my knowledge, the information that I have provided in my application for employment is true and complete and understand that any false statement or omission to the company or its representatives may 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 declaration act 1835 in confirmation of previous employment or unemployment. I authorise the company or its agents to approach government agencies, former employers, education 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 conditions 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 and 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 further declare that any documents that I provide as proof of 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 1988

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 of your personal data where this is necessary, for example information about your credit status, ethnic origin, or criminal offences.

Your information will be held on our computer database and in our paper filing systems. By signing below, you agree to this process and confirm that you have provided genuine information regarding your criminal record subject to the current rehabilitation of offender's act and any amendments thereof.

DISCLOSURE

You are applying for a position of trust and in the event of being offered employment by the company, we may apply for an Enhanced disclosure if your role requires it. 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 will be retained for a timescale as recommended by the disclosure and barring service 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.

PRINT NAME

SIGNATURE DATE ___ / ___ / _____