**SECURE SERVICES (UK) LTD**

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| **Application Form** |

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| **Personal Details** | |
| **Name:** |  |
| **Address:** | **Postcode:** |
| **Home Contact No:** |  |
| **Mobile Contact No:** |  |
| **Email Address:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |
| **N.I. number:** |  |

Do you currently hold a full UK driving licence? **Yes** □ **No** □

Do you currently have your own transport? **Yes** □ **No** □

How did you hear about Secure Services (UK) Ltd? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Work Applied For** | |
| **Position:** |  |
| **Date available to start:** |  |
| **SIA Registered?** | **Yes** □ **No** □ |
| **SIA Badge No:** |  |
| **SIA Badge Expiry Date:** |  |

Please provide details of relevant experience in the field.

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| **Previous Work Details** | | | | |
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| **Employer:** | **Job Title:** | **Date Started:** | **Date Finished:** | **Reason for Leaving:** |
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Please provide details of any relevant qualifications/certificates currently held.

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| **Qualifications/Experience** | | | |
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| **Qualification/**  **Certificate:** | **Date obtained:** | **Where obtained:** | **Grade (if applicable):** |
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Please provide details of at least one former employer whom we may contact to obtain a reference for you.

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| **Employer Reference (1)** | |
| **Employer Name:** |  |
| **Contact Name:** |  |
| **Contact Job Title:** |  |
| **Contact No:** |  |
| **Contact Email Address:** |  |
| **Address:** | **Postcode:** |
| **Date started:** |  |
| **Date finished:** |  |
| **Can we contact them immediately?** | **Yes** □ **No** □ |

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| **Employer Reference (2)** | |
| **Employer Name:** |  |
| **Contact Name:** |  |
| **Contact Job Title:** |  |
| **Contact No:** |  |
| **Contact Email Address:** |  |
| **Address:** | **Postcode:** |
| **Date started:** |  |
| **Date finished:** |  |
| **Can we contact them immediately?** | **Yes** □ **No** □ |

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| **EQUAL OPPORTUNITIES** |

**Secure Services (UK) Ltd is an equal opportunities employer. All applicants will be treated in a fair and equal manner and in accordance with the law regardless of gender, race, religion, age, disability or sexual orientation. To ensure that we continue to meet statutory requirements, please complete the following section.**

1. How would you describe your ethnic origin?

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1. Do you consider yourself to have a disability? If so, please specify.

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1. How would you describe your gender?

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1. Please mark which age range you come under.

**□ 16 - 24 □ 25 - 34 □ 35 - 44**

**□ 45 - 54 □ 55 - 64 □ 65 +**

1. How would you describe your religion/faith if appropriate?

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1. How would you describe your sexual orientation?

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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_