

EMPLOYMENT SECURITY SCREENING QUESTIONNAIRE

4sl Group

TO BE COMPLETED AS DIRECTED BY THE RECRUITING MANAGER. PLEASE PROVIDE THE FOLLOWING INFORMATION ACCURATELY AND LEGIBLY AS FAILURE TO DO SO MAY DELAY YOUR APPLICATION.

Title:

Forename(s):

Surname:

Have you ever been known by any other names:

If yes, please confirm other names known by:

(02) Current Address:

Postcode: Since Date:

Please detail your residential history for the last 5 years. In particular if you have been living at your current address for less than 12 months, please telephone 01962 600 110 for an alternative criminal record disclosure application form.

Previous Address:

Postcode: From: To:

(03) Contact Details

Telephone Number: Mobile:

E-mail address:

(04) Date of Birth: Town of Birth:

National Insurance Number:

Mother's Maiden Name:

Position Applied For:

(05) Passport Number: Date of Issue:

Nationality of Passport:

Driving Licence Number:

(06) Please give details of **THREE** personal referees (Preferred length of time known 5 Years and they cannot be a relative)

(a) Name:

Address:

Postcode:

Telephone Number: E-mail address:

Relationship to you:

Length of Time Known (Min 2 years):

(b) Name:
 Address:

 Postcode:
 Telephone Number: E-mail address:
 Relationship to you:
 Length of Time Known (Min 2 years):

(c) Name:
 Address:

 Postcode:
 Telephone Number: E-mail address:
 Relationship to you:
 Length of Time Known (Min 2 years):

(07) **10 YEAR CAREER HISTORY TO BE VERIFIED - FROM START DATE WITH NEW/CURRENT EMPLOYER.**

All periods must be detailed – no unexplained gap periods.	
A contact telephone number must be provided for every employer and referee.	If unemployed & claiming benefit , provide name of Unemployment Benefit Office and contact number.
If you were a student , provide name of establishment, tutor and their contact number.	If self-employed , provide accountants name, address and contact number.

Are we authorised to take up references with your current employer? Yes No

If no, please confirm when permission will be given?

(a) Employer/ School:
 From (Date dd/mm/yyyy): To (Date dd/mm/yyyy):
 Address:

 Postcode:
 Telephone Number: Employed as:
 Supervisor/ Manager Name (For verbal referencing):
 Reason for Leaving:

(b) Employer/ School:
 From (Date dd/mm/yyyy): To (Date dd/mm/yyyy):
 Address:

 Postcode:
 Telephone Number: Employed as:
 Supervisor/ Manager Name (For verbal referencing):
 Reason for Leaving:

(c) Employer/ School:
From (Date dd/mm/yyyy): To (Date dd/mm/yyyy):
Address:

Postcode:
Telephone Number: Employed as:
Supervisor/ Manager Name (For verbal referencing):
Reason for Leaving:

(d) Employer/ School:
From (Date dd/mm/yyyy): To (Date dd/mm/yyyy):
Address:

Postcode:
Telephone Number: Employed as:
Supervisor/ Manager Name (For verbal referencing):
Reason for Leaving:

(e) Employer/ School:
From (Date dd/mm/yyyy): To (Date dd/mm/yyyy):
Address:

Postcode:
Telephone Number: Employed as:
Supervisor/ Manager Name (For verbal referencing):
Reason for Leaving:

(f) Employer/ School:
From (Date dd/mm/yyyy): To (Date dd/mm/yyyy):
Address:

Postcode:
Telephone Number: Employed as:
Supervisor/ Manager Name (For verbal referencing):
Reason for Leaving:

NB: Your National Insurance Contributions Records, if requested, may help us confirm your career history. If your records are requested from the Inland Revenue you will be notified and upon receipt of these records, please post them by recorded signed for delivery to:

**Security & Vetting Solutions Ltd,
Ridge House, Hawthorn Close,
Colden Common, Winchester,
Hampshire, SO21 1UX.**

(08) Do you have any **criminal convictions** not regarded as spent under the Rehabilitation of Offenders Act 1974/ N.I Order 1978? Yes No

If yes, please provide further details:

(09) Have you been declared **Bankrupt** or **Insolvent** or had any **County Court Judgements** or an **Individual Voluntary Arrangement** made against you? Yes No

If yes, please provide further details:

(10) Are you a **Director, Secretary or Officer** of another organisation? Yes No

If yes, please provide further details:

(11) Qualification- Provide detail of **highest** qualification attained.

Name of Educational Establishment:

Address:

Postcode:

Attended From (dd/mm/yyyy):

To (dd/mm/yyyy):

Telephone Number:

Department: Course Tutor:

Qualification(s) Attained: Date:

Subject(s):

Grade(s):

(12) Please confirm below if you have any professional credentials.

Name of Institute:

Address:

Postcode:

Grade/ Level:

From Date:

Name of Institute:

Address:

Postcode:

Grade/ Level:

From Date:

Additional Address History

Please provide a 5 year address history if not detailed above

iii) Previous Address:

Postcode: From: To:

iv) Previous Address:

Postcode: From: To:

v) Previous Address:

Postcode: From: To:

vi) Previous Address:

Postcode: From: To:

vii) Previous Address:

Postcode: From: To:

Security Screening Authority

I AUTHORISE THE EDUCATION ESTABLISHMENT TO RELEASE CONFIRMATION OF MY RECORDS TO THE ORGANISATION REQUESTING CONFIRMATION OF MY DETAILS. I CONFIRM ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME WILL BE PASSED TO A SECURITY CONTRACTOR WHO WILL VERIFY ITS ACCURACY BY (a) CONTACTING MY PREVIOUS EMPLOYER(S) AND/OR OTHER PEOPLE NAMED ABOVE; (b) CARRYING OUT A FINANCIAL/VOTERS ROLL CHECK AGAINST MY NAME AND ADDRESS; AND WHICH WILL INDICATE ON YOUR CREDIT RECORD THAT AN EMPLOYEE FINANCIAL PROBITY CHECK HAS BEEN COMPLETED. I CONSENT TO THIS PROCEDURE AND THE PROCESSING OF SUCH INFORMATION BY THE SECURITY CONTRACTOR AND ANY ASSOCIATED COMPANY FOR ALL PURPOSES SOLELY ASSOCIATED WITH PRE-EMPLOYMENT SCREENING. YOU ARE ADVISED THAT ANY AGE RELATED INFORMATION THAT YOU SUPPLY IS USED SOLELY FOR THE DIRECT PURPOSE OF THIS SCREENING APPLICATION. I UNDERSTAND THAT ALL DISCOVERED INFORMATION WILL BE SENT TO THE EMPLOYER REQUESTING THE SCREENING. I ACKNOWLEDGE THAT MISREPRESENTATION OR FAILURE TO DISCLOSE MATERIAL FACTS, DURING APPLICATION OR THROUGHOUT EMPLOYMENT MAY CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL AND/OR LEGAL ACTION AGAINST ME.

I confirm that I have read, understood and approve the above authority:

Yes No

Criminal Record Disclosure Authorisation

I UNDERSTAND THAT THE INFORMATION I HAVE SUPPLIED ON THIS FORM FOR DISCLOSURE SCOTLAND MAY BE PASSED TO OTHER GOVERNMENT ORGANISATIONS AND LAW ENFORCEMENT AGENCIES FOR THE PURPOSE OF CHECKING MY APPLICATION AND COMPLETING THE DETAILS REQUIRED FOR MY DISCLOSURE APPLICATION. I CONFIRM THAT I GIVE MY CONSENT FOR THIS TO BE DONE. YOU ARE ADVISED THAT ANY AGE RELATED INFORMATION THAT YOU SUPPLY IS USED SOLELY FOR THE DIRECT PURPOSE OF THIS SCREENING APPLICATION. I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE INFORMATION THAT I HAVE GIVEN IN CONNECTION WITH THIS APPLICATION IS FULL AND CORRECT IN EVERY RESPECT. I UNDERTAKE TO SUPPLY ADDITIONAL INFORMATION THAT MAY BE REQUIRED BY DISCLOSURE SCOTLAND TO VERIFY THE PARTICULARS GIVEN AND INFORM DISCLOSURE SCOTLAND OF ANY ALTERATIONS TO THESE PARTICULARS. I AUTHORISE THE RESULT OF MY DISCLOSURE TO BE SENT TO THE REQUESTING EMPLOYER. **WARNING:** IT IS A CRIMINAL OFFENCE TO MAKE AN UNTRUE STATEMENT TO HELP OBTAIN A DISCLOSURE.

I confirm that I have read and understood the above declaration:

Yes No

If you have any questions or queries please do not hesitate to contact us using the details provided below;

Security & Vetting Solutions Ltd

Ridge House, Hawthorn Close

Colden Common

Winchester

Hampshire

SO21 1UX

Tel: +44 1962 600 110

Fax: +44 1962 600 125

enquiries@security-vetting.co.uk

AUTHORISATION TO RELEASE RECORDS

EMPLOYMENT/OTHER REFERENCE REQUEST APPLICATION
(DATA PROTECTION ACT 1998)

Dear Sir/Madam,

I authorise you, my ex-employer / government agency / benefit office / referees / other, to send details to my employer / employer's agent, any information concerning myself under the Data Protection Act 1998.

Please would you be kind enough to supply the requested information on the attached reference request form.

I wish to have access to my National Insurance Contribution Records under the terms of the Data Protection Act 1998 and understand that any records will be sent to me at the address below, if they are requested by my employer or my employers' agent.

Forename(s):

Surname:

Full Address:

Postcode:

Date of Birth:

National Insurance Number:

Yours faithfully,

Applicant Signature:

Date:

To complete this application;

- 1) Save a copy for your record.
- 2) Print, sign and send this signed authorisation to us.
- 3) Submit this application using the button at the top right of Page 1.
- 4) Please note that we may contact you for further assistance.