

STEAM MILL BUSINESS CENTRE STEAM MILL STREET CHESTER CH3 5AN  
TEL: 01244 354700 FAX: 01244 354720  
E-MAIL: [info@anchorgroup.eu](mailto:info@anchorgroup.eu)  
WEB SITE: <http://www.anchorgroup.eu>

Dear Candidate,

**Re: Job Application Cleaning**

Please find attached an application form, please read the following information before completing the form.

We require the following information in order for us to process your application for employment, we need to check your employment for the last 5 years or back to school if that were less than 5 years ago.

Full details of previous employment, including contact names and addresses

Should there be any gaps in your employment through changing jobs or not being employed, please give details of the Benefits Office were you had been registered, or alternatively, names and addresses of unrelated professional people who can confirm your status at time in question.

If self-employed name and address of accountant

Two personal referees – We require contact details of two people who have know you for a period of time, who are unrelated and have not provided a works reference. Please seek permission before providing us with this information.

Criminal Offences – you will be required to state any criminal proceedings that have been taken against you. You can ignore parking fines. However any other offences including motoring offences must be stated. N.B. In line with the Rehabilitation of Offenders Act 1974 any convictions that are classed as spent convictions, do not have to be declared.

Upon receipt of your completed application form, we then shortlist applicants and arrange interview. If after this stage you are successful, and the company satisfied with the information provided a position within the company may be offered, subject to a 16- week probationary period.

Good Luck with your application.

## **APPLICATION FORM**

<b>Title</b>	
<b>Surname (or family name)</b>	
<b>First Names (in full)</b>	
<b>Surname at birth (if different)</b>	
<b>Contact Address</b>	
<b>Postcode</b>	
<b>Home Telephone Number (including Area Code)</b>	
<b>Work Telephone Number (including Area Code)</b>	
<b>Mobile Telephone Number</b>	
<b>E-mail Address</b>	
<b>National Insurance Number</b>	
<b>Position Applied for</b>	
<b>Location</b>	
<b>Where did you find out about the vacancy</b>	
<b>Have you been interviewed by the company previously? (please state which posts and when)</b>	
<b>Do you know anyone employed by the company? (if yes please give details)</b>	

Do you have a valid full UK driving license?	
Please list all current endorsements	
Do you own your own transport?	
Please specify if you are willing to work the following	<input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Days & Nights
What is your current notice period?	
Do you want full time or part time hours?	

<b>SECONDARY EDUCATION HISTORY</b> (you maybe asked to produce certificates obtained)			
<u>Name of School</u>	<u>From</u>	<u>To</u>	<u>Examinations Taken &amp; Grades</u>

<b>FURTHER EDUCATION HISTORY</b> (you maybe asked to produce certificates obtained)			
<u>Name of College/University</u>	<u>From</u>	<u>To</u>	<u>Examinations Taken &amp; Grades</u>

<b><u>Other Courses &amp; Qualifications</u></b> (you maybe asked to produce certificates obtained)

**EMPLOYMENT RECORD**

Please indicate your employment history, starting with your most recent, ensuring there are no gaps. Where there are gaps please state reason for this. If you were claiming benefits e.g. Jobseekers Allowance, please provide dates and name of benefits office.

<b><u>Employer Details</u></b>	<b><u>Position Held &amp; Main Duties</u></b>	<b><u>Reason for leaving</u></b>	<b><u>From Month/Year</u></b>	<b><u>To Month/Year</u></b>
<b><u>Name:</u></b>  <b><u>Address:</u></b>  <b><u>Tel No:</u></b>  <b><u>Contact Name:</u></b>  <b><u>Currently Salary</u></b>				
<b><u>Name:</u></b>  <b><u>Address:</u></b>  <b><u>Tel No:</u></b>  <b><u>Contact Name:</u></b>  <b><u>Currently Salary</u></b>				
<b><u>Name:</u></b>  <b><u>Address:</u></b>  <b><u>Tel No:</u></b>  <b><u>Contact Name:</u></b>  <b><u>Currently Salary</u></b>				

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Continue on a separate sheet if necessary

**PERSONAL CHARACTER REFERENCES**

Please give us details of two people (not relatives, a person residing at the same address or previous employers) we could approach for references after having obtained your permission. This person should have known you for a period of 5 years or more.

Name	
Occupation	
Address	
Telephone Number	
Work Telephone Number	
Mobile Telephone Number	
Relationship to you	
Period of time known	

Name	
Occupation	
Address	
Telephone Number	
Work Telephone Number	
Mobile Telephone Number	
Relationship to you	
Period of time known	

Name: \_\_\_\_\_

<u>HEALTH/MEDICAL HISTORY</u>		
How many days have you been absent from work through illness or injury in the last 12 months? Please give details.		
Do you have a health problem or disability which is relevant to your job application? If Yes please give details of your health problem or disability.		
Are you registered disabled?	Yes	No
Do you need any special facilities to help you attend an interview or perform the job? If yes please give details.	Yes	No
<u>CRIMINAL CONVICTIONS</u>		
Other than as a witness, have you ever appeared or are you due to appear before a criminal, civil or military court or have you ever received an official Police Caution, or been placed on Police Bail or are you subject to any on-going police enquiries? Have you ever been subject to bankruptcy proceedings? If so, please give details.		
<input type="checkbox"/> Not Applicable		
<b>Details</b>		
<u>UNIFORM SIZES</u>		
Waist Size: .....	Collar Size: .....	Shoe Size: .....
Inside Leg: 29 / 31 / 33 (Please Circle)	Chest Size: .....	S / M / L / XL / XXL / XXL (Please Circle)

Please give details of any holidays booked

Please give details of Next of Kin

Name

Relation

Address

Contact Number:

**DECLARATION**

I certify that I have personally completed this application form and give Anchor Group Services Limited permission to confirm the information I have provided. I understand to give false or misleading information to obtain employment provides grounds for dismissal if my application has been accepted.

If I am successful in my application I agree to the following: -

- I will abide by all the company rules and conditions.
- If deemed necessary I agree to a personal search including any vehicle whilst on duty or immediately afterwards.
- I will produce my driving license to the Company when required.
- I agree to be photographed or produce a photograph for ID purposes.
- I will attend all Company training courses
- I agree to such medical examinations as may be required during my employment

I

You should be aware that the screening process is likely to include the processing and storing of sensitive data (as defined in the Data Protection Act 1998). The Company takes the necessary steps to safeguard the confidentiality of the personal data obtained and processed through the screening process. The documents you provide to confirm proof of identity and residence may be checked using ultra violet scanner or other method to deter identity theft and fraud, any documents that appear to be forgeries will be reported to the relevant authorities.

I agree that by signing this form I consent to:

The company approaching any government agency, former employers, places of education and personal referees to verify the information given (please note that your present employer will not be approached until you give permission for us to do so).

Signature of Applicant .....

Print Name:.....

Date:...../...../.....

**HEALTH QUESTIONNAIRE**

Please circle answer relevant to yourself

Have you ever suffered from any occupational disease? (if so please give details)	Yes	No
Have you ever been dismissed/retired due to ill health? (if so please give details)	Yes	No
Have you ever had any of the following? Please circle		
Typhoid, dysentery, hepatitis, jaundice or severe diarrhoea?	Yes	No
Chronic eye trouble, eye injury or visual defect not corrected by glasses or contact lenses?	Yes	No
Painful/running ears or a hearing defect?	Yes	No
Hayfever, asthma, bronchitis, pneumonia or tuberculosis?	Yes	No
Heart or circulatory trouble, chest pain. Breathlessness palpitations or ankle swelling?	Yes	No
Raised Blood Pressure?	Yes	No
Bladder or kidney trouble?	Yes	No
Back or neck trouble?	Yes	No
Rheumatism or arthritis?	Yes	No
Blackouts, fainting attacks, epilepsy or dizzy spells?	Yes	No
Skin trouble or rashes?	Yes	No
Sensitivity or allergy to medication or other substances	Yes	No
Diabetes, thyroid or other gland trouble?	Yes	No
Nervous or mental trouble or 'nerves' (including debility, anxiety, depression, anorexia nervosa or phobias)?	Yes	No
Stomach trouble or indigestion for more than a few days, chronic or repeated bowel disturbances?	Yes	No

<u>Health Questionnaire Continued ...</u>		
Rupture (hernia)	Yes	No
Migraine or frequent headaches?	Yes	No
Have you ever been investigated or treated in hospital?	Yes	No
Have you ever had a chest X-ray? If so, when and with what result?	Yes	No
Any operations? (If yes please state details below)	Yes	No
Are you at present having any medical treatment including medicines, injections, pills, tablets or ointments?	Yes	No
Do you smoke? If so have many on average per day _____	Yes	No
Do you drink alcohol? If so on average how many units per week _____	Yes	No
Is there any other medical information about you, which you think could effect your employment that is not included in the above questions? (e.g. physical fitness)	Yes	No
<b><u>Declaration</u></b>		
<p>I declare to the best of my knowledge that the information contained in this health questionnaire is true and accurate. I understand that any false declaration may render me liable to dismissal. I give Anchor Security Services Ltd. Permission to verify the information contained in this health questionnaire. I understand that if required I may have to attend a medical examination to obtain further medical confirmation.</p>		
Applicant:		
Name (print) ..... Date: ...../...../.....		
Signature: .....		

**OFFICE USE ONLY**

Reviewed by:

Name (print) ..... Date: ...../...../.....

Signature: .....

**EQUAL OPPORTUNITIES**

Anchor Security Services Limited are committed to develop its Equal Opportunities Policy to ensure that all job applicants and employees are treated fairly, irrespective of sex, age, marital status, disability, racial or ethnic origin. This section of the application form will help us monitor the effects of our policy and will be used for no other purpose. Your information will be treated confidentially and will not affect your application in any way.

**Nationality**

- British or Mixed British
- English
- Scottish
- Welsh
  
- Irish
- Other
- Choose not to provide a nationality

**Ethnicity**

- White
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- Black Caribbean
- Black African
- Any other Black background
- Chinese
- Any other Ethnic Group
- Choose not to provide Ethnic Category

**Gender**

- Male
- Female

**Marital Status**

- Single
- Married
- Separated
- Divorced
- Widowed

**Applicants Age**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Months \_\_\_\_\_