



Horizon Security Services Limited  
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## APPLICATION FOR EMPLOYMENT

### STRICTLY CONFIDENTIAL

Position applied for: .....

Full-time       Part-time       Temporary       Nights only

Knowledge of vacancy from:

Newspaper:  Please state which Newspaper: .....

Job Centre:  Please state which Job Centre: .....

Horizon Employee:  Name of Employee who recommended you: .....

Ex- Employee:

Word of Mouth  Where did you hear of Horizon Security Services Ltd? .....

Horizon Website

Other:  Please state: .....

Please Tick As Appropriate	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
MARITAL STATUS:		SIA LICENSE NUMBER & EXPIRY DATE :		
	APPLICANT	PARTNER/ SPOUSE		
SURNAME				
AT BIRTH (IF DIFFERENT)				
FULL FORENAMES				
PLACE OF BIRTH				
DATE OF BIRTH				
NATIONALITY				
PREVIOUS NATIONALITY IF DIFFERENT				
NATIONAL INSURANCE NUMBER :				
NUMBER OF CHILDREN :				
PLEASE LIST PRESENT AND ALL PERMANENT ADDRESSES OVER THE LAST 5 YEARS				
PRESENT ADDRESS		OTHER ADDRESSES		
.....		.....		
.....		.....		
.....		.....		
SINCE (MMYYYY).....		SINCE (MMYYYY).....		
EMAIL:				
TELEPHONE NUMBER:		MOBILE NUMBER:		
PERMANENT ADDRESS OUTSIDE THE UK IN THE LAST 5 YEARS –(excluding vacations)				
FROM (MMYYYY)		TO (MMYYYY)		
PLEASE GIVE DETAILS OF NEXT OF KIN BELOW (if different from above)				
NAME		EMERGENCY CONTACT NUMBER (S)		
.....		.....		
.....		.....		
.....		.....		

EMPLOYMENT HISTORY (Please provide details for the previous **FIVE** years)

Please show all periods of employment; with full postal address (include any service with the armed forces). Periods of unemployment (either registered or not) must also be shown, together with the address of the relevant employment office. Please provide telephone/ fax numbers and email addresses if possible.

NAMES & ADDRESSES OF EMPLOYER	DATES FROM TO (MONTH/YEAR)		POSITION HELD	SALARY	REASON FOR LEAVING
TELEPHONE No. .... FAX No. .... EMAIL: .....					
TELEPHONE No. .... FAX No. .... EMAIL: .....					
TELEPHONE No. .... FAX No. .... EMAIL: .....					
TELEPHONE No. .... FAX No. .... EMAIL: .....					
TELEPHONE No. .... FAX No. .... EMAIL: .....					
TELEPHONE No. .... FAX No. .... EMAIL: .....					
TELEPHONE No. .... FAX No. .... EMAIL: .....					
TELEPHONE No. .... FAX No. .... EMAIL: .....					
TELEPHONE No. .... FAX No. .... EMAIL: .....					

Please complete the following by providing full details or answer NONE. A dash is not sufficient.

Have you been fined, sentenced to imprisonment, placed on probation, discharged on payment of costs or had any order made against you by a criminal, civil or military court, or public authority, or is any action pending? Motoring offences, except for parking fines should be detailed.

**Note:** For offences where the prescribed Rehabilitation Period has been completed, answer NONE.

NATURE OF OFFENCE	COURT	DATE	LIABILITY INCURRED
PLEASE GIVE DETAILS OF RELATIVES OR FRIENDS EMPLOYED BY HORIZON SECURITY SERVICES LTD			
PLEASE GIVE DETAILS IF YOU HAVE BEEN PREVIOUSLY EMPLOYED BY HORIZON SECURITY SERVICES LTD			
DO YOU HOLD A CURRENT DRIVING LICENCE			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO IS IT FREE OF ENDORSEMENTS			<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU A CAR OWNER			<input type="checkbox"/> YES <input type="checkbox"/> NO
EDUCATION & TRAINING – PLEASE PROVIDE DETAILS OF SECONDARY AND FURTHER EDUCATION			
NAME & ADDRESS	DATES	SUBJECTS	QUALIFICATIONS
SECURITY QUALIFICATIONS ACHIEVED			
<input type="checkbox"/> SITO	<input type="checkbox"/> CITY & GUILDS	<input type="checkbox"/> NVQ LEVEL 1	<input type="checkbox"/> NVQ LEVEL 2 <input type="checkbox"/> FIRST AID         EXPIRY DATE.....
MEDICAL HISTORY – Please give details of all in/out patient hospital treatment			
NAME & ADDRESS OF DOCTOR			
Dr.			
Address			

ARE YOU A REGISTERED DISABLED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HOW MANY DAYS SICK HAVE YOU HAD OFF WORK IN THE LAST TWO YEARS		
HAVE YOU SUFFERED FROM ANY ILLNESS CONNECTED WITH		
1) HEART OR HIGH BLOOD PRESSURE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) EARS, NOSE OR THROAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) DIABETES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) EPILEPSY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS YOUR SENSE OF SMELL NORMAL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS YOUR HEARING NORMAL IN BOTH EARS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS YOUR VISION NORMAL IN BOTH EYES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU COLOUR BLIND	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU TAKING DRUGS OR MEDICATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU IN GOOD HEALTH	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THERE ANY MEDICAL REASON THAT YOU KNOW OF WHICH WOULD PREVENT YOU FROM WORKING NIGHT SHIFTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF SO, ARE YOU PREPARED TO HAVE A FREE HEALTH ASSESSMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO

LEISURE INTERESTS

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PLEASE GIVE ANY FURTHER INFORMATION BELOW IN SUPPORT OF YOUR APPLICATION

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PLEASE PROVIDE DETAILS OF **TWO** PEOPLE WHO YOU HAVE KNOWN AT LEAST **5** YEARS AND CAN BE CONTACTED TO PROVIDE A PERSONAL REFERENCE (other than your employers).

Name .....

Name.....

Address.....  
.....  
.....  
.....

Address.....  
.....  
.....  
.....

Tel No. ....

Tel No. ....

DO YOU HAVE ANY HOLIDAYS BOOKED IN THE NEAR FUTURE. IF SO PLEASE GIVE DETAILS.

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.....  
.....

WHEN YOU WOULD YOU BE AVAILABLE TO START WORK

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER. TO ENABLE US TO MONITOR THIS EFFECTIVELY, PLEASE CAN YOU STATE YOUR ETHNIC ORIGIN

.....

DECLARATION

I hereby authorise Horizon Security Services Ltd to obtain information relevant to my employment record from previous Employers, Referees and Government Agencies. (Your present employer will not be approached without your further permission.)

I hereby certify that I have personally completed this application form and understand that, if I am employed, misleading statements on this form shall be considered cause for termination of my contract of employment. I understand that my signature on this form gives the company permission to make enquiries about me.

Signed.....

Date.....

