

# CENTRAL WATCH LIMITED

<b>APPLICATION FOR EMPLOYMENT WITH CENTRAL WATCH (STRICTLY CONFIDENTIAL)</b>	<b>VETTING FROM:</b> /        / <b>TO:</b> /        /
PLEASE AFFIX PHOTOGRAPH	APPLICATION FOR EMPLOYMENT AS: ..... HOW DID YOU GET TO KNOW ABOUT CENTRAL WATCH ADVERTISEMENT / FRIEND / JOB CENTER / OTHERS ..... WHICH CITY ARE YOU APPLYING FOR.....

Please answer all questions using BLOCK CAPITALS. If any entry is inapplicable insert "NO" or "N/A"  
**Please Tick (✓) appropriate boxes: A Complete 5 Year History Is Required by BS 7858**

SURNAME	FIRST NAME
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ADDRESS ..... .....POST CODE..... HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS. IF LESS THEN 5 YEARS PLEASE GIVE PREVIOUS ADDRESS. (YEARS..... MONTH.....)
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TELEPHONE:	MOBILE NO:
DO YOU HOLD AN E.U. or BRITISH DRIVING LICENCE?	YES    NO        HOW LONG.....

PREVIOUS ADDRESS (if relevant) ..... .....POST CODE..... HOW LONG DID YOU LIVE AT THIS ADDRESS .....
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DO YOU REQUIRE A WORK PERMIT	Yes/No
WORK PERMIT EXPIRY DATE	
ANY CONDITIONS ATTACHED	Yes/No

HEIGHT:		WEIGHT:		COLOUR OF EYES:	
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<b>NATIONAL INSURANCE NUMBER</b>							
<b>PLEASE INDICATE BY PLACING A TICK IN THE BOX ANY DAYS YOU ARE NOT ABLE TO WORK.</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>	<b>S</b>

<b>MARITAL STATUS:</b>	MARRIED	DIVORCED	SINGLE	NUMBER OF CHILDREN
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# CENTRAL WATCH LIMITED

## EMERGENCY CONTACT:

PARTNER EMPLOYED		THEIR TELEPHONE NUMBER	
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## PERSON OR NEXT OF KIN TO BE CONTACTED IN EMERGENCY:

<b>NAME:</b> .....	
<b>RELATIONSHIP:</b> PARENT / WIFE / PARTNER / OTHERS .....	
<b>ADDRESS:</b> .....	
..... <b>POST CODE</b> .....	
<b>THEIR HOME TEL. NO.</b> .....	<b>Mobile</b> .....

**HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OR A MILITARY OFFENCE (SUBJECT TO REHABILITATION OF OFFENDERS ACT)**

YES	NO	IF YES, GIVE DETAILS:
		.....
		.....

**HAVE YOU ANY ALLEGED OFFENCES OUTSTANDING?**

YES	NO	IF YES, GIVE DETAILS:
		.....
		.....

**HAVE YOU EVER BEEN CAUTIONED FOR A CRIMINAL OFFENCE.**

YES	NO	IF YES, GIVE DETAILS:
		.....
		.....

**ANY OUTSTANDING JUDGMENT OF DEBT.**

YES	NO	IF YES, GIVE DETAILS:
		.....
		.....

**HAVE YOU EVER BEEN DECLARED BANKRUPT/ INSOLVENT.**

YES	NO	IF YES, GIVE DETAILS:
		.....
		.....

**CENTRAL WATCH LIMITED**

**ARE YOU THE SUBJECT OF ANY COUNTY COURT PROCEEDING.**

<b>YES</b>	<b>NO</b>	<b>IF YES, GIVE DETAILS:</b> ..... .....
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**PERSONAL REFERENCES PLEASE GIVE DETAILS OF FOUR PEOPLE, (NOT FAMILY) WHO HAVE KNOWN YOU WELL FOR A MINIMUM OF FIVE (10) YEARS WHO WE MAY APPROACH FOR A REFERENCE: (MAY INCLUDE LAST OR CURRENT EMPLOYER) A LANDLINE AND MOBILE NUMBERS REQUIRED FOR YOUR REFEREES.**

<b>(1)NAME:</b>
<b>ADDRESS</b> ..... ..... ..... <b>POST CODE</b> .....
<b>RELATION TO YOU</b> .....
<b>LAND LINE TEL:</b> ..... <b>Mobile:</b> .....
<b>HOW LONG HAVE YOU KNOW THIS PERSON. FROM:</b> ..... <b>TO:</b> ..... <b>YEARS</b> .....

<b>(2) NAME:</b>
<b>ADDRESS</b> ..... ..... ..... <b>POST CODE</b> .....
<b>RELATION TO YOU</b> .....
<b>LAND LINE TEL:</b> ..... <b>Mobile:</b> .....
<b>HOW LONG HAVE YOU KNOW THIS PERSON . FROM:</b> ..... <b>TO:</b> ..... <b>YEARS</b> .....

<b>(3) NAME</b>
<b>ADDRESS</b> ..... ..... ..... <b>POST CODE</b> .....
<b>RELATION TO YOU</b> .....
<b>LAND LINE TEL:</b> ..... <b>Mobile:</b> .....
<b>HOW LONG HAVE YOU KNOW THIS PERSON. FROM</b> ..... <b>TO</b> ..... <b>YEARS</b> .....

# CENTRAL WATCH LIMITED

<b>(4) NAME:</b>
<b>ADDRESS</b> ..... ..... ..... <b>POST CODE</b> .....
<b>RELATION TO YOU</b> .....
<b>LAND LINE TEL:</b> ..... <b>Mobile:</b> .....
<b>HOW LONG HAVE YOU KNOW THIS PERSON. FROM:</b> ..... <b>TO:</b> ..... <b>YEARS</b> .....

## PERSONAL HISTORY (PART A)

**READ THIS SECTION VERY CAREFULLY IMPORTANT INFORMATION**  
**THE SECURITY SCREENING PROCESS REQUIRES THAT WE ARE ABLE TO VERIFY YOUR PERSONAL HISTORY FOR A PERIOD OF FIVE (5) YEARS OR TO DATE OF LEAVING FULL TIME EDUCATION. PLEASE GIVE DETAILS OF YOUR PERSONAL HISTORY, IDENTIFY IN THE SPACE PROVIDED ALL PERIODS OF EMPLOYMENT, SELF- EMPLOYMENT, REGISTERED OR UNREGISTERED UNEMPLOYMENT, AND MILITARY SERVICE. BE SURE TO GIVE FULL ADDRESSES INCLUDING, TELEPHONE NUMBERS AND DATES. IF YOU HAVE EVER BEEN DISMISSED BY AN EMPLOYER GIVE FULL DETAILS IN THE REASON FOR LEAVING SECTION. YOUR FORM WILL BE RETURNED IF NOT COMPLETED CORRECTLY. PERIODS OF EMPLOYMENT MUST BE RECORDED ON A MONTH/YEAR BY MONTH/YEAR BASIS ENSURING THAT NO GAPS IN EMPLOYMENT/UNEMPLOYMENT HISTORY REMAIN**

**1**

### EMPLOYMENT DETAILS

<b>COMPANY NAME:</b> .....
<b>CONTACT NAME:</b> ..... <b>THEIR POSITION</b> .....
<b>ADDRESS:</b> .....
<b>POST CODE:</b> ..... <b>TEL NO:</b> ..... <b>FAX NO:</b> .....
<b>EMPLOYED: FROM</b> ..... <b>TO</b> ..... <b>YEARS</b> .....
<b>YOUR POSITION:</b> ..... <b>REASON FOR LEAVING</b> .....

**2**

<b>COMPANY NAME:</b> .....
<b>CONTACT NAME:</b> ..... <b>THEIR POSITION</b> .....
<b>ADDRESS:</b> .....
<b>POST CODE:</b> ..... <b>TEL NO:</b> ..... <b>FAX NO:</b> .....
<b>EMPLOYED: FROM</b> ..... <b>TO</b> ..... <b>YEARS</b> .....
<b>YOUR POSITION:</b> ..... <b>REASON FOR LEAVING</b> .....

# CENTRAL WATCH LIMITED

3

COMPANY NAME:.....  
CONTACT NAME:.....THEIR POSITION.....  
ADDRESS:.....  
POST CODE:.....TEL NO:..... FAX NO:.....  
EMPLOYED: FROM.....TO..... YEARS.....  
YOUR POSITION:.....REASON FOR LEAVING.....

4

COMPANY NAME:.....  
CONTACT NAME:.....THEIR POSITION.....  
ADDRESS:.....  
POST CODE:.....TEL NO:..... FAX NO:.....  
EMPLOYED: FROM.....TO..... YEARS.....  
YOUR POSITION:.....REASON FOR LEAVING.....

## SECONDARY EDUCATION (if within the 5 five year's period)

NAME OF SCHOOL:.....  
CONTACT NAME:.....THEIR POSITION.....  
ADDRESS:.....  
POST CODE:.....TEL NO:..... FAX NO:.....  
ATTENDANCE: FROM.....TO..... YEARS.....  
EXAMINATION PASSED & GRADES:.....  
.....

## FURTHER EDUCATION

NAME OF COLLEGE:.....  
CONTACT NAME:.....THEIR POSITION.....  
ADDRESS:.....

# CENTRAL WATCH LIMITED

POST CODE:.....TEL NO:..... FAX NO:.....

ATTENDANCE: FROM.....TO..... YEARS.....

EXAMINATION PASSED & GRADES:.....

.....

## PERSONAL HISTORY (PART B)

IN THE CASE OF PERIODS OF SELF- EMPLOYMENT PLEASE GIVE NAMES AND ADDRESSES OF SOMEONE WHO CAN CONFIRM YOUR DETAILS (IE; BOOK KEEPER, ACCOUNTANT, SOLICITOR OR COMPANIES WITH WHOM YOU TRADED OR CARRIED OUT WORK).

**1**

COMPANY NAME:.....

CONTACT NAME:.....THEIR POSITION.....

ADDRESS:.....

.....

POST CODE:.....TEL NO:..... FAX NO:.....

KNOWN FROM.....TO..... YEARS.....

**2**

COMPANY NAME:.....

CONTACT NAME:.....THEIR POSITION.....

ADDRESS:.....

.....

POST CODE:.....TEL NO:..... FAX NO:.....

KNOWN FROM.....TO..... YEARS.....

### READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE STATEMENT

1. IF OFFERED EMPLOYMENT IT WILL BE PROVISIONAL UPON SUCCESSFUL SCREENING FOR A PERIOD OF 12 WEEKS.
2. DURING THE PROBATIONARY PERIOD YOUR CONTRACT OF EMPLOYMENT MAY BE TERMINABLE BY THE "COMPANY" BY NO LESS THAN 24 HOURS NOTICE IN WRITING.
3. CONTINUED EMPLOYMENT IS CONDITIONAL UPON SATISFACTORY VETTING, AND GENERAL PERFORMANCE.

# CENTRAL WATCH LIMITED

## **STATEMENT AND UNDERTAKING TO BE SIGNED BY APPLICANT**

**(For the purpose of this declaration the 'organisation' referred to throughout will be Central Watch limited)**

I .....Understand that employment with the organisation is subject to satisfactory references and security screening in accordance with BS 7858 and subject to the licensing requirements of the S.I.A., and that any or all personal data provided by me will be used for that purpose. I also understand that I will be required to produce documents confirming my identity and place of residence and that any or all such documents may be subject to ultra violet scanning or other method to verify its authenticity to deter identity theft and fraud. I understand that should any fraudulent activity be disclosed then I will be liable to prosecution.

I undertake to cooperate with the organisation in providing any additional information required to meet these criteria.

I authorise the organisation and/or its nominated agent to approach previous employers, schools/colleges, character references or Government Agencies to verify that the information I have provided is correct.

I authorise the organisation 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 understand that some of the information I have provided in this application will be held on a computer and some will be held in manual records.

I consent to the organisation's reasonable processing of any sensitive personal information obtained for the purpose of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the organisation. Subject to the Access to Medical Records Act 1988, I consent to the results of such examinations to be given to the organisation. I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835, in confirmation of previous employment or unemployment.

I hereby certify that, to the best of my knowledge and belief, the information that I have provided in this application form are complete and correct.

I hereby declare that the information I have provided is current and truthful and that any false statements on this Application Form shall be considered cause for dismissal.

I hereby certify that I have completed this Application Form myself and that I have read and understood and agree to abide by the above declaration.

May we approach your present employer for references immediately Yes [ ] No [ ]

(Note: your present employer will not be approached without your permission.)

APPLICANT PRINT NAME: .....

APPLICANTS SIGNATURE: .....DATE:.....

# CENTRAL WATCH LIMITED

## DECLARATION

I understand that my employment is subject to satisfactory vetting and references in accordance with BS 7858:2006.

I undertake to co-operate with Central Watch Ltd in providing additional information required to meet these criteria I authorize Central Watch Ltd and/or its nominated agent to approach previous employers, schools/colleges, character references or government agencies to verify that the information I have provided is correct.

I authorize Central Watch Ltd 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 understand that some of the information I have provided in this application will be held on computer and some or all will be held in manual records in accordance with the Data Protection Act 1998. I am aware that the Company is registered with the Information Commissioners Office for Data Protection purposes. I am aware of the following eight Data Protection Principles

1. Personal data shall be processed fairly and lawfully and in particular, shall not be processed unless
  - (a) At least one of the conditions in schedule 2 of the Act is met and
  - (b) In the case of sensitive personal data, at least one of the conditions in schedule 3 is also met.
2. Personal data shall be obtained for only one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
3. Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
4. Personal data shall be accurate and, where necessary, kept up to date.
5. Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.
6. Personal data shall be processed in accordance with the rights of data subjects under this Act.
7. Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.
8. Personal data shall not be transferred to a country or territory outside the European Economic area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

I consent to the Company's reasonable processing of any sensitive personal information obtained for the purposes required of establishing my medical condition 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. I understand and agree that if so required I will make a statutory declaration in accordance with the provisions of the Statutory Declarations Act 1835, in confirmation of previous employment or unemployment.

I hereby declare that the information I have provided is current and truthful and that any false statements on this Application Form shall be considered cause for dismissal.

I hereby certify that I have completed this Application Form myself and that I have read and understood and agree to abide by the above declaration.

Signature of applicant: ..... Date:

May we approach your present employer for references immediately **Yes [ ] No [ ]**(Note: your present employer will not be approached without your permission.)



# CENTRAL WATCH LIMITED

## WORKING TIME DIRECTIVE

This agreement is made between Central Watch Ltd  
And Employees Name:.....

The Working Time regulations 1998 provide that the average working week, including overtime shall not exceed 48 Hours.

I only agree to work the expected shift pattern of an average of 48 hours (forty eight hours) over a seven day shift pattern averaged over seventeen weeks. Any additional hours of work required to the above are to be considered as EXTRA working hours and are to be agreed by the employee. Other than the above, all my statutory rights as an employee remain in place. The company and the employee agree that this limit (48 hours) shall not apply to the employee. This agreement will remain in force indefinitely. The employee or the company may terminate this agreement at any time by giving not less than 1 month's written notice to the other.

Signed:.....Date .....Employee

**THANK YOU FOR TAKING THE TIME TO FILL IN THIS APPLICATION FORM.**

**IF YOU HAVE ANY QUERIES PLEASE DO NOT HESITATE TO CONTACT CENTRAL WATCH SECURITY SOUTH BANK HOUSE BLACK PRINCE ROAD LONDON SE1 7SJ  
PHONE  
0845 634 0161 FAX 0845 634 0160.**

**FOR OFFICE USE ONLY**

**I HAVE CHECKED THE DETAILS OF THIS APPLICATION FORM AND CONFIRM THAT ALL INFORMATION IS CORRECT.**

**PRINT NAME.....SIGN.....**

Other Information:.....  
.....  
.....  
.....  
.....