

Reference	GCS SF 2A
Version	4.2
Issue Date	01/10/2025
Approved	MD



Application Form

Golden Crown Security

Confidential:

Please answer all questions.
Write 'No' or 'N/A' if a question does not apply to you. Please write in **black** ink and ball point pen, and in **BLOCK CAPITALS**

Job Application for:

How did you hear about us?

Personal Details:

Surname: Mr / Mrs / Miss / Ms

Forenames

Present Address

Post Code:

How long have you lived at your present address?

Years

Months

Please circle below present state

House / Flat

Owner / Renting / Living with Parents / Lodging

Home Tel No:

Mobile Tel No:

Email Address:

If less than 3 years at your present address, state your previous address (es) including post codes & dates from & to

Address:

Date:

Address:

Date:

Transport / Vehicle:

Do you have a full, clean current UK driving licence?

Yes / No

Do you own a motor vehicle or motor cycle?

Yes / No

Security Sector Licensing: (Security Positions Only)

Security Guarding

Expiry Date

CCTV

Expiry Date

Door Supervisor

Expiry Date

CSCS Registration Number

Expiry Date

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Education and Qualifications: (State name and address of last School / College attended first)

Secondary School/College or University Attended	Dates from and To	Exams Taken, Qualifications Gained

National Insurance Number:	
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First Aid / Fire Fighting:	
Foreign Languages:	

Personal History:

Answer any questions below with Yes or No, if any answer is yes, please explain why:

	Yes	No	
Have you ever been dismissed from any previous employment?			
Have you ever been charged with any criminal offence in the last five years?			
Have you ever been bankrupted?			
Do you know anyone who works / worked with Golden Crown Security?			

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Employment History:

Starting with your last or present employer, give details of your employment history, with FULL postal Address,
for the last five years, or since you left full time education. Include periods of self-employment and military service. Please state any periods of unemployment that you did not register with the Department of Unemployment as “Not registered / unemployed” and give full details of what you were doing. If self-employed, you must give name, address and telephone number of your accountant. Please use additional paper if required.

May we approach your previous Employer/s

Yes / No

Company Name		Position Held		Dates (Month / Year)	
Address				From	To
Post Code		Reporting To			
Telephone No.		Basic Wage			
Reason for Leaving					

Company Name		Position Held		Dates (Month / Year)	
Address				From	To
Post Code		Reporting To			
Telephone No.		Basic Wage			
Reason for Leaving					

Company Name		Position Held		Dates (Month / Year)	
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Any Vetting Information

Please use the space below to tell us anything else you think we may need to know in regards to your Employment History, continue on back page if required

DECLARATION

I understand the information given in form is subjected to satisfactory references and security screening in accordance with British Standards 7858

I undertake to co-operate with the Company in providing any additional information required to meet these criteria.

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

I authorise the Company 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 or all will be held in manual records.

I hereby certify that, to the best of my knowledge, the details I have given in the application form are complete and correct.

I understand that any false statement or omission to the Company or its representatives may render me liable to dismissal without notice.

Print Name:		Date:	
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Signature:	
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