



Confidential:

Golden Crown Security

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

| | |
|----------------------------|--|
| Application for: | |
| How did you hear about us? | |

Personal Details

| | | | |
|-------------------------------|--|-----------|--|
| Surname: Mr / Mrs / Miss / Ms | | Forenames | |
| Maiden / Former Names | | | |

| | | | |
|-----------------|-----------|--|--|
| Present Address | | | |
| | Post Code | | |

| | | | | |
|---|--|-------|--|--------|
| How long have you lived at your present address? | | Years | | Months |
| a. House / Flat (Please circle present state) b. 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 and dates from and to.

| | | | |
|---------|--|-------|--|
| Address | | Dates | |
| Address | | Dates | |

Next of Kin Details

| | | | |
|--------------|--|--------------------------------|--|
| Name | | Relationship | |
| Address | | Their telephone number at work | |
| Home Tel No. | | Mobile Tel No. | |

Security Sector Licensing: (Security Positions Only)

If in possession of any of the following, please provide details of your SIA / CSCS Number(s) and Expiry Date:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Security Guarding | | | | | | | | | | | | | | | | | | Expiry Date | | | | | | | | | | | | | | | | |
| CCTV | | | | | | | | | | | | | | | | | | | Expiry Date | | | | | | | | | | | | | | | |
| Door Supervisor | | | | | | | | | | | | | | | | | | | Expiry Date | | | | | | | | | | | | | | | |
| CSCS Registration Number | | | | | | | | | | | | | | | | | | | Expiry Date | | | | | | | | | | | | | | | |

Education and Qualifications: (State name and address of last school / college attended).

| Secondary School / College or University Attended | Dates From, To | Exams Taken, Qualifications Gained |
|---|----------------|------------------------------------|
| | | |
| | | |
| | | |

| | |
|---|--|
| First Aid / Fire Fighting Certificates: | |
| Foreign Languages: | |

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 | | | |

Employment History: Continued

| | | | | | |
|--------------------|--|---------------|--|----------------------|----|
| 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) | |
| Address | | | | From | To |
| | | | | | |
| Post Code | | Reporting To | | | |
| Telephone No. | | Basic Wage | | | |
| Reason for Leaving | | | | | |

Personal References

Give the names and addresses of two people who must be of a status not less than householder, who have known you well for at least two years, within the last five years and who will give us a written reference. They should not be either relatives of yours, or related to each other.

| | | | |
|---------------|--|---------------|--|
| Name | | Name | |
| Address | | Address | |
| | | | |
| Post Code | | Post Code | |
| Telephone No. | | Telephone No. | |
| Occupation | | Occupation | |
| Length known | | Length known | |

