



IBA Recruitment Limited  
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## APPLICATION FOR EMPLOYMENT

Name of Applicant \_\_\_\_\_

Position Applying For \_\_\_\_\_

**Please attach the following documents:**

(The originals of the following documents MUST be seen, copies taken and endorsed)

1. Four passport sized photographs
2. Photocopy of passport
3. Recent copy of Bank Statement or Utility Bill
4. Photocopy of NI Card
5. Copies of academic certificates
6. Copy of full driving licence
7. References
8. Other

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|  |

## Personal Details

PLEASE COMPLETE IN BLOCK CAPITALS AND USE BLACK INK

All boxes must be completed – if the information is NOT APPLICABLE enter N/A

|                                   |  |
|-----------------------------------|--|
| Position Applied for:             |  |
|                                   | Mr/Mrs/Miss/Ms/Other - please specify [ delete not applicable] |
| Surname:                          |  |
| Maiden Name:                      |  |
| First name:                       |  |
| Date of Birth:                    |  |
| Age:                              |  |
| Place and Country Birth:          |  |
| Nationality:                      |  |
| National Insurance Number:        |  |
| If not born in UK, date of entry: |  |

## Address Details

|  |            |  |        |  |
|--|------------|--|--------|--|
| Full Current Address:  |            |  |        |  |
| How long at this address?                                      | Years      |  | Months |  |
| Previous UK Address (If less than 5 years at current address): |            |  |        |  |
| Permanent Address outside of UK in last 5 years:               | Post Code: |  |        |  |

## Contact Details

|                   |            |
|-------------------|------------|
| Telephone Number: | Post Code: |
| Mobile Number:    |            |

## Emergency Details

(Please provide details for Next of Kin)

|            | Post Code: |           |
|------------|------------|-----------|
|            | Contact 1  | Contact 2 |
| Name:      |            |           |
| Address:   |            |           |
| Telephone: |            |           |
| Mobile:    |            |           |

|  |                                      |     |  |    |  |
|--|--------------------------------------|-----|--|----|--|
| Is your current property:  | *Owned/Rented/Other (please Specify) | YES |  | NO |  |
| Do you require a work permit?  |                                      | YES |  | NO |  |
| Are you:   | *Married/Single/Divorced?            |     |  |    |  |
| Number of Children:  |                                      |     |  |    |  |
| Do you have a full UK driving licence?   |                                      | YES |  | NO |  |
| Do you have your own transport?  |                                      | YES |  | NO |  |
| Please give details of all driving convictions, including fixed penalty notices: |                                      |     |  |    |  |
|  |                                      |     |  |    |  |

Bank Details:

|                        |            |  |            |  |  |
|------------------------|------------|--|------------|--|--|
| Bank Name              |            |  |            |  |  |
| Address                |            |  |            |  |  |
| Account Holder's Name: | Post Code: |  | Post Code: |  |  |
| Account Number:        |            |  |            |  |  |
| Sort Code:             |            |  |            |  |  |

## Medical History

|  |     |  |    |             |
|--|-----|--|----|-------------|
| Do you suffer from any medical condition that could affect your ability to work?   | YES |  | NO |             |
| If YES Please Specify:   |     |  |    |             |
|  |     |  |    |             |
| Are you registered as Disabled   | YES |  | NO |             |
|  |     |  |    | RDP No.     |
|  |     |  |    | Disability: |
| <b>Do you have any disability or difficulty with any of the following?</b>         |     |  |    |             |
| Colour Vision:   | YES |  | NO |             |
| Hearing:   | YES |  | NO |             |
| Sight:   | YES |  | NO |             |
| Smell:   | YES |  | NO |             |
| Mobility: Post Code:   | YES |  | NO |             |
| Have you been off work for more than two weeks due to illness in the last 2 years? | YES |  | NO |             |
| Have you ever been medically discharged from any employment?                       | YES |  | NO |             |
| If YES Please specify:   |     |  |    |             |
|  |     |  |    |             |

## Doctor Details

|            |   |  |  |  |  |
|------------|---|--|--|--|--|
| Dr.        |   |  |  |  |  |
| Address:   | Please read and sign the following statement "I agree to undergo a medical examination and I authorise Iba Recruitment Ltd to contact my doctor should it be necessary. |  |  |  |  |
| Telephone: | Applicant's Signature: .....  |  |  |  |  |

## Referees:

You are required to provide two independent referees, who have known you personally for a minimum of five years. They will be required to provide written conformation, attesting to your character. It is not permitted for a member of your family to be a referee.

|                      | Referee 1 | Referee 2 |
|----------------------|-----------|-----------|
| Name:                |           |           |
| Address:             |           |           |
| Telephone:           |           |           |
| Mobile:              |           |           |
| Professional Status: |           |           |

## Qualifications:

Please give details of all qualifications

| Qualification | Date Received | Place of Education / Certification Body |
|---------------|---------------|---|
|               |               |   |
| Post Code:    |               |   |
|               |               |   |
|               |               |   |
|               |               |   |
|               |               |   |

## Training:

|  |             |              |     |    |
|--|-------------|--------------|-----|----|
| Have you received any security/catering/Food Hygiene related training? | Post Code:  | Post Code:   | YES | NO |
| If YES, do you have a certificate?                                     |             |              | YES | NO |
| If YES, Please state *Type and Number                                  | Cert. Type: | Number:      |     |    |
| Do you hold a SIA Licence?   |             |              | YES | NO |
| If YES, Please state *Type and Number                                  | Type:       | Number:      |     |    |
| Valid from and Expiry Date   | Valid From: | Expiry Date: |     |    |

\*Certificate Type e.g Door Supervision, Retail or Static

## If Applying for a Security Officer position

Briefly answer the following the questions:

|   |
|---|
| 1. What prompted you to apply for a security job?                                     |
| 2. What do you think your training needs are to become a successful Security Officer? |
| 3. What makes you an ideal candidate for the position?                                |

Powered by

WPS Office

# Employment / Education History

Please provide details for the past ten years starting with the most recent.

|   |     |    |
|---|-----|----|
| May we contact your present employer(s) for a reference at this time? | YES | NO |
|---|-----|----|

|                     |                |
|---------------------|----------------|
| <b>Employer 1</b>   |                |
| Name:               |                |
| Address:            |                |
| Telephone Number:   |                |
| Position Held:      |                |
| Salary:             |                |
| Date Started:       | Date Finished: |
| Reason for leaving: |                |

|                     |                |
|---------------------|----------------|
| <b>Employer 2</b>   |                |
| Name:               |                |
| Address:            |                |
| Telephone Number:   |                |
| Position Held:      |                |
| Salary:             |                |
| Date Started: :     | Date Finished: |
| Reason for leaving: |                |

|                     |                |
|---------------------|----------------|
| <b>Employer 3</b>   |                |
| Name:               |                |
| Address:            |                |
| Telephone Number:   |                |
| Position Held:      |                |
| Salary:             |                |
| Date Started: :     | Date Finished: |
| Reason for leaving: |                |

|                     |                |
|---------------------|----------------|
| <b>Employer 4</b>   |                |
| Name:               |                |
| Address:            |                |
| Telephone Number:   |                |
| Position Held:      |                |
| Salary:             |                |
| Date Started: :     | Date Finished: |
| Reason for leaving: |                |

|                     |                |
|---------------------|----------------|
| <b>Employer 5</b>   |                |
| Name:               |                |
| Address:            |                |
| Telephone Number:   |                |
| Position Held:      |                |
| Salary:             |                |
| Date Started: :     | Date Finished: |
| Reason for leaving: |                |

## Employment / Education History - Continued

| <b>Employer 6</b>   |                |
|---------------------|----------------|
| Name:               |                |
| Address:            |                |
| Telephone Number:   |                |
| Position Held:      |                |
| Salary:             |                |
| Date Started: :     | Date Finished: |
| Reason for leaving: |                |

| <b>Employer 7</b>   |                |
|---------------------|----------------|
| Name:               |                |
| Address:            |                |
| Telephone Number:   |                |
| Position Held:      |                |
| Salary:             |                |
| Date Started: :     | Date Finished: |
| Reason for leaving: |                |

| <b>Employer 8</b>   |                |
|---------------------|----------------|
| Name:               |                |
| Address:            |                |
| Telephone Number:   |                |
| Position Held:      |                |
| Salary:             |                |
| Date Started: :     | Date Finished: |
| Reason for leaving: |                |

| <b>Employer 9</b>   |                |
|---------------------|----------------|
| Name:               |                |
| Address:            |                |
| Telephone Number:   |                |
| Position Held:      |                |
| Salary:             |                |
| Date Started: :     | Date Finished: |
| Reason for leaving: |                |

| <b>Employer 10</b>  |                |
|---------------------|----------------|
| Name:               |                |
| Address:            |                |
| Telephone Number:   |                |
| Position Held:      |                |
| Salary:             |                |
| Date Started: :     | Date Finished: |
| Reason for leaving: |                |

|   |     |  |    |  |
|---|-----|--|----|--|
| Do you have any Criminal Convictions?   | YES |  | NO |  |
| Have any Civil Proceedings been brought for bankruptcy and / or outstanding court judgements for debt?: | YES |  | NO |  |
| If YES to either then give details [a copy of your CRO file may be required]:                           |     |  |    |  |
|   |     |  |    |  |

## Declaration

*The information I have given is true and correct to the best of my knowledge and belief. I understand that any false statement or omission will render myself liable to instant dismissal, without notice or payment in lieu. I also understand that, to dishonestly obtain a pecuniary advantage is a criminal offence under the Theft Act 1968 s.16.*

*I hereby authorise Iba Recruitment Limited, to obtain from any government agency, former employers and personal referees verbal and written confirmation of my work history and character.*

| Full Name <i>[please print]</i> | Signature | Date |
|---------------------------------|-----------|------|
|                                 |           |      |

| FOR OFFICE USE ONLY         |          |
|-----------------------------|----------|
| Interview Date:             |          |
| Interviewed By [print name] |          |
| Signature:                  |          |
| Position:                   |          |
| Position Offered            | YES / NO |
| Hourly Rate / Salary:       |          |
| Starting Date:              |          |

