

GLICO UK LIMITED

Business Office/ Correspondence:

Unit A26, Hasting-wood Trading Estate Harbet Road, Edmonton London N18 3HT, United Kingdom,

STRICTLY CONFIDENTIAL

Attached documents:	Signed application form	<input type="checkbox"/> (tick when complete)
	Proof of ID	<input type="checkbox"/>
	Proof of address	<input type="checkbox"/>
	Right to work	<input type="checkbox"/>

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK

Title Mr/Mrs/Ms/Other First Name:.....

Surname:.....

Maiden/Former name (list all previous first names and surnames):.....

Current address:.....

..... Post code:.....

Please state ALL previous addresses where you have lived for the past six years, continue on a separate sheet if necessary:

..... Post code :.....

..... Post code :.....

..... Post code :.....

Position applied for:.....

Home Tel Work Tel:

Mobile:..... E-mail:..... Date of birth:.....

Nationality: Marital status:.....

National Insurance No:.....

Do you hold a current full/provisional* driving licence? Yes No (*Delete as appropriate)

State any driving conviction in the past five years

Do you hold a current SIA licence? Yes No

SIA licence number Expiry date

Are you subject to Immigration Control? Yes No

If yes, do you have an unrestricted entitlement to take up employment in the UK? Yes No

Have you, ever been fined, cautioned, sentenced to imprisonment or placed on probation for a criminal act (subject to the Rehabilitation of Offenders Act)? Yes No

Are there any alleged offences outstanding against you? Yes No If yes to either question, give details

Have you, ever been made bankrupt or have any Court Judgements against you, whether satisfied or not, within the last 6 years? Yes No

Has any order been made against you by a Civil or Military Court or Public Authority? Yes No

If yes give details

EMPLOYMENT RECORD

Starting with your last or present employer, give details of your employment history for the last 5 years, including details of full time education if it falls within that period. Include periods of self-employment and military service. For any periods of unemployment give the address of the DWP Office to which you reported or the name of a person (not a relative) who can confirm your whereabouts.

IF YOU DO NOT WISH US TO CONTACT YOUR CURRENT EMPLOYER PLEASE TICK HERE []

Name and full address of current employer or name of Job Centre/DWP Office	Details	Unemployment/employment dates
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Name: Position held: Month/Year

Address: Reporting to: From: /

Tel: Reason for leaving: To: /

Fax:

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Tel: Reason for leaving: To: /

Fax:

PERSONAL REFERENCE

Give the name and address of at least one person, who has known you well for at least two years, is still in contact with you and who will provide a written reference. This person should have known you for at least two years and not be a previous employer, relative or resident at the same address as yourself.

Name.....
Address.....
.....
.....
Post Code

Name.....
Address.....
.....
.....
Post Code

Tel No.....
Occupation.....
How long known

Tel No.....
Occupation.....
How long known

MEDICAL INFORMATION

Please complete this section fully. Any incomplete details can hinder the progress of your application.

Question	YES	NO	Details
Do you suffer from or have history of any muscular or skeletal injuries (inc back pain)?			
Are you Colour blind in any or both eyes? If so please give details.			PASS FAIL
Have you or any member of your family had any history of heart problems?			
Have you or any member of your family had any history of Chest, Respiratory, Asthma type problems?			
Are you allergic to anything?			
Are you prone to fitting, seizure, faints etc?			
Have you ever suffered from a nervous breakdown, panic attacks, mental illness?			
Do you suffer from high blood pressure?			
Have you any hearing difficulties?			
Have you any sense of smell or eye sight difficulties?			PASS FAIL
Are you under any medication? If so please give details.			
Please list any special needs that you require that will enable you to carry out your duties satisfactorily.			

DECLARATIONS

I certify that to the best of my knowledge, the information that I have given in my application for employment is true and complete and understand that any false statement or omission to the Company or its representatives may render lead to termination of employment without notice. 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 authorize the Company or its agents to approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment/unemployment record. I consent to the Company's reasonable processing of any personal information obtained for the purposes 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 Reports Act 1988, I consent to the results of such examinations to be given to the Company and authorize 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 further declare that any documents that I provide as proof of my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined under a UV scanner or similar device. I acknowledge that any falsified documents may be reported to the appropriate authority.

DATA PROTECTION ACT 1998

The Company will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers. By returning this form to the Company you consent to our processing personal data about you where this is necessary, for example information about your credit status, ethnic origin or criminal offences. You also consent to the transfer of your information to your current and future potential employers where this is necessary (this may be to companies operating abroad if you apply for work outside of the United Kingdom). Your information will be held on our computer database and/or in our paper filing systems. By signing below you agree to this process and confirm that you do not have a criminal record subject to the current Rehabilitation of Offenders Act and any amendments. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

DISCLOSURE

You are applying for a position of trust and in the event of being offered employment by the Company we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from employment. For more information ask a member of staff for a copy of the CRB Code of Practice/Disclosure Scotland and/or Company our policy statement regarding ex-offenders. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document you allow the Company to see a copy of the Disclosure. The Disclosure information is not retained i.e. it is disposed of within the timescales recommended in the CRB Code of Practice. By signing below you agree to this process.

SCREENING

Any offer of employment is subject to satisfactory screening, that the applicant consents to being screened and will provide information as required. That the information provided is correct, and the applicant acknowledges that any false statements or omissions could lead to termination of employment.

Applicant name: NI number:

Applicant signature: Date:
