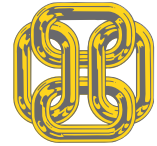


PERSONNEL HISTORY RECORD



GUARDS

Guards Limited
The Smithy
Main Street
Harborough Magna
Rugby, Warwickshire
CV23 0HS
Tel: 01788 832326
07785 224323 (24 hours)

www.guards.org.uk

Full Name:

Date completed:

FOR HEAD OFFICE USE ONLY

Name of interviewer Date

Signature

Employment offered Yes No Commencement date

Position offered

Starting salary

Assignment

Location

Date references sent

Bank Details

Name and address of bank

Sort code / / Account Number

Account holder

Training

Date and type of training courses

Uniform

Hat size Collar size

Chest size Waist

Inside leg

PLEASE SUPPLY 4 PASSPORT PHOTOGRAPHS WHEN RETURNING THIS FORM



PERSONAL DETAILS

Surname	<input type="text"/>	Maiden name	<input type="text"/>
Forenames (in full)	<input type="text"/>		
Address	<input type="text"/>	National Insurance No	<input type="text"/>
		Telephone No	<input type="text"/>
Post code	<input type="text"/>	Email	<input type="text"/>
Are you: Home owner	<input type="checkbox"/>	Tenant	<input type="checkbox"/>
		Living with parents	<input type="checkbox"/>
		Other	<input type="text"/>
Date of birth	<input type="text"/>	Place of birth	<input type="text"/>
Nationality at present	<input type="text"/>	Nationality at birth	<input type="text"/>
Marital status	<input type="text"/>	Date of marriage	<input type="text"/>
Ages/sex of children	<input type="text"/>		
Next of kin: Name	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>	Tel No	<input type="text"/>

MEDICAL HISTORY

Height	<input type="text"/>	ft	<input type="text"/>	ins	Weight	<input type="text"/>	st	<input type="text"/>	lbs
What is your present state of health?	<input type="text"/>								
Have you any physical disability?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
Have you ever suffered from any of the following conditions:					Heart problems	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
					Asthmatic conditions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
					Any form of Epilepsy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you require to take any form of medication?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
If the answer is yes to any of the above please give further details:									
<input type="text"/>									
Are you willing to undertake a medical examination if required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					

EDUCATIONAL HISTORY

Name and address of secondary education schools

Age on leaving full time education

Qualifications gained

Additional qualifications (further education/training etc)

Do you speak any foreign languages? Yes No If yes, which?

Have you ever served in HM Forces or Police Force? Yes No If yes, which? Give details below:

EMPLOYMENT HISTORY

Please supply the following information for your entire work history, or for the last 10 years, whichever is the greater. All periods of unemployment should also be shown. Please detail most recent or current employment first. Please use a separate sheet of paper if necessary.

Present Employer's name and address	Position held	Date commenced	Duties
Previous Employer's name and address	Position held	Date commenced Date finished	Reason for leaving
Previous Employer's name and address	Position held	Date commenced Date finished	Reason for leaving
Previous Employer's name and address	Position held	Date commenced Date finished	Reason for leaving
Previous Employer's name and address	Position held	Date commenced Date finished	Reason for leaving

ADDITIONAL INFORMATION

Do you hold a full driving licence? Yes No Do you have any motoring convictions? Yes No

If yes, please give brief details:

SIA License No: Category: Expiry date:

Do you have any criminal convictions recorded against you in this or any other country? Please give details.

Other than normal domestic financial commitments, are you free from debt? Yes No

LEISURE AND INTERESTS

What newspapers do you read?

How do you spend your leisure time?

Please give details of any clubs, institutes or societies of which you are a member.

Reasons for applying for this position.

PERSONAL REFEREES

Please supply the name and address of two persons who are able to provide a character reference. Each person must have known you for at least five years. The referees should not be a relative or a past or present employer and should be a person of some standing, i.e., Solicitor, Bank Manager, Doctor, Police Officer.

Name and address	Telephone No	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and address	Telephone No	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

I hereby declare that, to the best of my knowledge, the answers to the above questions are truthful and, on making application for employment with **Guards Limited**, am aware that if I obtain a position with the company and it is later discovered that any information I have given to obtain such employment is false, I shall render myself liable to instant dismissal and/or criminal proceedings. I hereby authorise that should I leave without giving one weeks notice then one weeks pay in lieu of notice will be deducted from my final pay.

Signed

Name Date