

Due to the nature of the work that LandSheriffs carries out it is necessary to security screened all applicants prior to any job or contract offers. This is in compliance with British Standards (BS7858).

Use the following list to verify that you have completed and included ALL the necessary information.

1. Application form fully completed USING BLACK BALLPOINT PEN ONLY.
2. Employment history, with NO gaps, must include any periods of unemployment and cover the last five years. Include names, telephone numbers and addresses of all previous employers. We will contact ALL previous employers, ensure details are correct.
3. Name, address, number of a personal reference you have known for the last five years.
4. Full size copies of the following
 - a. Passport
 - b. SIA Badge(s)
 - c. Driving License (both parts, in full)
 - d. Work Permit (If applicable)
 - e. Utility Bill (e.g. Gas, Electric, Mobile Phone) no more than 3 months old.
 - f. Colour, passport size photograph**Originals of ALL these documents will need to be presented should you be offered an interview**
5. Any Further documents or details you think might be of interest (e.g. C.V.)

Please return the Application Form in an A5 sized (minimum) envelope marked 'CONFIDENTIAL' to

Vetting and Screening Officer
LandSheriffs Ltd
Latton Bush Centre
Southern Way
Harlow,
Essex, CM18 7BL

Should you require any further information or assistance, call the office **0845 257 4567**.

Yours sincerely



Alisha LeMay
Vetting and Screening Officer

Application Form Guide

Introduction

It is the policy of LandSheriffs to obtain a continuous career/employment history for the last 5 years prior to your employment. Security screening will then be carried out in compliance to British Standard BS 7858:2006 for AT LEAST the last continuous 5 year period. Any gaps of more than 28 days will need to be accounted for. We will need to verify your character for AT LEAST two years within the last five years.

It is imperative that you provide accurate and complete details of previous employers, periods of self employment, unemployment, in full time education, living abroad and anytime spent in prison. You will also need to sign the following Personal Reference and Verification Authority sections.

NAMES AND ADDRESSES Please ensure that all names and addresses are accurate. Provide Post Codes, Telephone & Fax numbers including area codes and email addresses. Provide the full & accurate name of the company, organisation or school to which you refer. Ensure that surnames are spelt correctly and all information is clearly written & legible.

CHARACTER REFERENCES Should be two people that have known you, on month by month basis, for AT LEAST five years. Neither referee should be related to you or be someone whom resides at the same address. Please state their relationship with you, how long you have known them on a continuous basis or for which specific periods (e.g. you may have lost touch with them for a couple of years). Ask referees permission before putting them on the application form.

PREVIOUS EMPLOYERS State who your immediate superior was, or the person to whom you were responsible. State your job title at the time of leaving and your reason for leaving. Ensure all dates are recorded in full (as day, month and year) for starting and leaving employment with a company. A character reference may be requested from your immediate superior from your most recent period of employment.

NO LONGER TRADING Previous employers who are no longer trading can present a problem, provide as much detail as you can about the company for our vetting controller. If you are still in touch with someone from the company or you know their current contact details please submit these details as an Additional Character Reference.

PERIODS OF SELF EMPLOYMENT Include details of your professional advisers (Accountants, Solicitors, and Bankers) during that period. Additionally, provide a letter instructing them to release details of your history to LandSheriffs.

PERIODS OF UNEMPLOYMENT Include details of the Job Centre Plus Office you were claiming benefit or signing on at. Additionally the Letter of Authority will serve as an instruction to release details of your claims to LandSheriffs.

PERIODS OF FULL TIME EDUCATION Include accurate dates and titles of courses. Provide the month and year of the start and finish of any course(s).

PERIODS SPENT ABROAD Include copies of Visa Stamp, Passport Stamp, Hotel/Rent Bills, Wage Slip(s) (if working abroad) and Credit Card Statements, etc. to verify information for this period.

PERIODS SPENT IN PRISON Include exact dates on a month to month basis. Accurate addresses of prisons are important including any prison reference number. If you have a certificate of discharge or similar, please submit a copy with your application form.

Please complete in black ink using block capitals. All sections must be completed in full and sections that are not applicable marked N/A. If anything is not clear please contact LandSheriffs as any incorrect or misinformation will jeopardise your chances of employment.



Employment Application Form

Application for the post of

Personal

First Name

Middle/Other initials

Surname

Address

.....
.....

Time at current Address Day(s)..... Month(s)..... Year(s).....

Please provide previous address(s) if less than five years at present address

.....
.....

Date of Birth Age

National Insurance Number

--	--	--	--	--	--	--	--	--	--

SIA Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date

Do you need a work permit to work in the UK? YES NO (delete applicable) Expiry date (if yes)

Contact Details

Home No.

Mobile No.

Work No.

Can we contact you at work? YES NO (delete applicable)

Email address



Character References

Please give the full Names and Addresses of two people that have known you, on month by month basis, for AT LEAST two years out of the most recent five. Neither referee should be related to you or be someone with whom you are in a long-term romantic relationship or living with.

REF 1

Name

Address

Relationship to you

Telephone No.

Email address

May we contact the referee before interview? YES NO (delete applicable)

REF 2

Name

Address

Relationship to you

Telephone No.

Email address

May we contact the referee before interview? YES NO (delete applicable)



Career and Employment History

Please provide us with a FULL career, employment and/or educational history for the last 10 years. All applicants will be screened for the last 5 years, or since leaving school if within that time. Any, and all breaks in employment need to be noted on this form, please continue on a separate sheet if necessary.

The existence of a gap in your employment record does not automatically preclude you from employment, so provide as much information as possible. Your present employer will not be contacted until a position has been offered and accepted by you. However, any offer will be subject to the receipt of satisfactory references from your present employer.

We reserve the right to contact all past employers and character referees.

Current or most Recent Employment

Company Name _____

Address _____

Reference Contact Name _____

Telephone No. (inc. ext) _____

Email address _____

Date Started _____

Until _____

Notice Required _____

Job Title _____

Basic Salary per Annum _____

Brief Description of Duties _____

Reason for Leaving _____



Other Employment/Career History

Starting with most Recent

Company Name	.....
Address	.....
Reference Contact Name	.....
Telephone No. (inc. ext)	.....
Email address	.....
Date Started	.....
Until	.....
Job Title	.....
Brief Description of Duties	.....
Reason for Leaving	.....
Company Name	.....
Address	.....
Reference Contact Name	.....
Telephone No. (inc. ext)	.....
Email address	.....
Date Started	.....
Until	.....
Job Title	.....
Brief Description of Duties	.....
Reason for Leaving	.....



Other Employment/Career History

Starting with most Recent

Company Name

Address

Reference Contact Name

Telephone No. (inc. ext)

Email address

Date Started

Until

Job Title

Brief Description of Duties

Reason for Leaving

Company Name

Address

Reference Contact Name

Telephone No. (inc. ext)

Email address

Date Started

Until

Job Title

Brief Description of Duties

Reason for Leaving

Continue on separate sheet if required



Education History

Starting with most Recent

Facility's Name

Date Started

Until

Brief details of Course/
Qualifications Undertaken

Grade Achieved

Facility's Name

Date Started

Until

Brief details of Course/
Qualifications Undertaken

Grade Achieved

Study Currently being Undertaken

Facility's Name

Date Started

Until

Brief details of Course/
Qualifications Undertaken

Grade (if known)

Continue on separate sheet if required



Professional or other Qualifications

Professional or other Qualifications, Apprenticeships or Memberships of Professional Organisations.

01 _____

02 _____

03 _____

Other Relevant Training Received

01 _____

02 _____

03 _____

Experience/Relevant skills

Having read the Job Description and Person Specification, state how your Experience and Achievements would make you a suitable candidate for the post. Address each criterion detailed on the Person Specification and provides examples of how you meet these. Continue on separate sheet if required.

Other Interests

Please give details of other interests including involvement in voluntary organisations which you consider relevant. Continue on separate sheet if required.



Driving & Travel

Do you have a valid driving licence? YES NO (delete applicable)

Do you have access to a vehicle? YES NO (delete applicable)

Do you have access to public transport? YES NO (delete applicable)

Misc.

Do you have any relationship (e.g. family, friends) with anyone currently working for LandSheriffs? YES NO (delete applicable)

If you are invited to attend for interview or take up employment what period of notice do you require?

If you require special arrangements please give details below

.....
.....
.....

How did you find out about this vacancy? Please give the name of the Newspaper/Journal/Website

.....

Employee Rights under the Access to Medical Reports Act 1988

1. You can ask to see the medical report before the company receives it. This request for access can be made either:
 - a) To the company when you grant us permission to obtain it (in which case we will tell the doctor of your request and let you know when we apply for the report).
 - b) Direct to the doctor at a later date, but before the report is supplied to the company.

2. If you ask to see the report:
 - a) You must contact the doctor to arrange access within 21 days of the company applying for the report, otherwise the doctor can give the report to us without showing it to you and without your consent. (Under 1(b) above you must contact the doctor within 21 days of notifying that you wish to see the report).
 - b) Having seen the report, you can ask the doctor (in writing) to amend anything which you think is incorrect or misleading. If the doctor does not agree, a statement of your views will be attached to the report at your request.
 - c) Provided you have seen it, the report will not be given to us unless you give the doctor your consent.

3. You will not be entitled to see any part of the report which:
 - a) the doctor believes could seriously harm your physical or mental health, or that of others.
 - b) Indicates the doctor's intentions in respect of you.
 - c) Reveals information about another person, or the identity of someone who has given the doctor information about you (unless that person consents or is a health professional involved in your care).

4. The doctor will tell you why access to the whole or part of the report is refused. Your rights of amendment will apply only to the disclosed part of the report. The doctor will only give the report to the LandSheriffs with your consent.

5. You do not have to give the company permission to obtain a medical report.
However, the inability to obtain up-to-date medical information may affect decisions made about your employment with the company.

6. You may ask to see any medical report relating to you which the doctor has provided for employment purposes in the last six months (if prepared on or after 1.1.89). Such a request should be made to your LandSheriffs Line Manager.



All Information will be Treated as STRICTLY CONFIDENTIAL

Disability or health problems do not preclude full consideration for the job and applications from all ability groups are welcomed.

Has your employment ever been terminated on the grounds of ill health? YES NO (delete applicable) If YES please give details below

.....

How many Days Sickness Absence have you had in the last 12 months and on how many Occasions? Days Occasions

Medical History

Height

Weight

How many Units of Alcohol do you Consume Weekly?

Do you Smoke? YES NO (delete applicable) If YES how many per day

Are you currently taking Prescription Medication? YES NO (delete applicable) If YES please give details below

.....

Are you currently under the Care of a Doctor or other Medical Professional? YES NO (delete applicable) If YES please give details below

.....



Are you Currently or have you Suffered from any of the Following?

If you answer YES to any please give details including dates

	YES	NO	(tick applicable)	If YES please give details below
Heart Trouble/Disease	<input type="checkbox"/>	<input type="checkbox"/>	
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Lung Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Stomach/Bowel trouble	<input type="checkbox"/>	<input type="checkbox"/>	
Jaundice/Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	
Joint Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Headaches/Migraines	<input type="checkbox"/>	<input type="checkbox"/>	
Severe Stress Reaction	<input type="checkbox"/>	<input type="checkbox"/>	
Hernia or Rupture	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney/Bladder Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Back/Neck Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures/Blackouts/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Depression/Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing/Sight problems	<input type="checkbox"/>	<input type="checkbox"/>	
Skin Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Surgical Operations	<input type="checkbox"/>	<input type="checkbox"/>	
Serious Accident	<input type="checkbox"/>	<input type="checkbox"/>	

Continue on following page if required



Medical Report Consent Form

I hereby consent to LandSheriffs requesting a Medical Report from

GP Name

GP Address

.....

.....

Telephone

I have been informed of my rights under the Access to Medical Reports Act 1988.

*I wish/do not wish to see the report. (*Delete as applicable)

Signed

Date

Date of Birth

Home Address

.....

.....



Recruitment Monitoring – Confidential

Equal Opportunities

We are committed to Equal Opportunities in employment. As part of this policy, all applicants for employment are requested to complete this section for the purposes of monitoring the policy, it will be separated from your application. The information it contains will not be used in deciding whether or not to offer you an interview or employment. As an Equal Opportunities Employer we aim to ensure that no job applicant or employee receives less favorable treatment on the grounds of age, sex, gender, race, colour, marital status, religion, ethnic origin, nationality or sexual orientation.

Disability

Do you consider yourself
 to have a disability? YES NO (delete applicable)

Gender MALE FEMALE (delete applicable)

Ethnicity
 I would describe my race
 or ethnic origin as, please
 tick appropriate box

White	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Chinese other	<input type="checkbox"/>
White other	<input type="checkbox"/>		
		Mixed	<input type="checkbox"/>
Black	<input type="checkbox"/>	White/ Black Asian	<input type="checkbox"/>
Black British	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Black African	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>		
Black other	<input type="checkbox"/>	Other please state	<input type="checkbox"/>
		
Asian	<input type="checkbox"/>		
Bangladeshi	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>		
Indian	<input type="checkbox"/>		
Asian other	<input type="checkbox"/>		

Rehabilitation Act 1974

Have you ever been Fined, Sentenced to Imprisonment, placed on Probation, Discharged on Payment of Cost, or had any other order made against you by a Criminal, Civil or Military Court, or Public Authority, or is any Action Pending? This is to include details of any Bankruptcy Proceedings or Court Judgements for Debt.

YES NO (delete applicable)
 If yes, please give details and date(s) below

Declarations and Consent

1. I declare that I filled out this form myself.
2. I declare that the information given on this is to the best of my knowledge correct and complete and can be treated as part of any subsequent contract of employment. I understand that any of the above particulars may be subject to check and that any false, inaccurate or incomplete information could result in dismissal, disciplinary action or withdrawal of any offer of employment.
3. I understand that documents I have provided as proof of identity or proof of residence may be checked using ultra violet scanner or other methods to deter identity theft and fraud. Any original documents that appear forged will be reported to the relevant authorities.
4. I understand that my Security Screening will be carried out in compliance with the Data Protection Act 1998.
5. I consent to Land Sheriffs holding the data in the equal opportunities section of this form in their database and manual file.
6. I understand that the LandSheriffs may process, by means of a computer database or otherwise, any information which I provide to it, for the purpose of employment with them.
7. I understand that the European Working Directive Regulations stipulate that a limit of 48 hours (including overtime) in a seven-day period (with an averaging period of seventeen (17) weeks), was imposed by the UK Government from October 1st 1998. As this limit can be disregarded by Employer/ Employee agreement, I would like to opt out of the European Working Directive Regulations regarding the limit on working hours per week. I agree to work more than 48 hours in a seven-day period, should I wish. I understand that I have the right to change my mind on the opt-out at any time by providing a minimum of seven days notice in writing.
8. I authorise LandSheriffs Ltd. to approach former employers, schools, colleges, character references, the Police, and any government agencies for the purpose of verifying the information that I have supplied in this Application For Employment. I am prepared to sign a Statutory Declaration if required to do so.

Signature Date

Please return the Application Form in an A5 sized (minimum) envelope marked 'CONFIDENTIAL' to

Vetting and Screening Officer
LandSheriffs Ltd
Latton Bush Centre
Southern Way
Harlow,
Essex, CM18 7BL