Application Form



All information contained in this form is strictly Private and Confidential and is held for Chase Alliance Sec Ltd Records only

Middleton Hall Farm Brentwood Road
West Horndon
Essex, CM13 3LX
Tel 0208 432 6287

Email: Info@chasealliance.com Website: www.chasealliance.com



To assist us please ensure you answer each section, either by answering the question or ticking the appropriate box provided. Chase Alliance has a policy of employment on an equal opportunities basis to ensure no discrimination takes place in respect of age, nationality, sex, race, color, religion, ethnic origin, or marital status.

The facts that you provide on this form will help us ensure that this policy is upheld.

**Please note that failure to attach a passport photograph will result in your application being rejected

Application for Employment (please complete this form in BLOCK CAPITALS using black ink)			
Position applied for:		,	
How did you hear about this vac	ancy?		
Title:First Name:	Middle Name(s):	Surname:	
Address:		Postcode:	
Bank Account Details			
Name of Bank:	Account Number:	Sort Code:	
Home Telephone Number:	Mobile Telephone Number:		
Date of Birth:	Place of Birth:		
National Insurance Number:	E-mail Add	dress:	
How long have you lived at your			
Do you currently hold an SIA lice	ense? (if so please state the fol	llowing:)	
SIA license Number:		Expiry Date:	
What sector are you licensed for	?		
Do you hold a current driving lice	ense Yes or No:		
Do you have your own transport	for travel to work:		
Do you require a work permit to	take up employment in the UK,	Yes or No:	
Have you applied to Chase Allia	nce before Yes or No:		
If yes please give details:			
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EMPLOYMENT RECORD

The BS7858 screening process requires that we are able to verify your personal employment history for a period of five years or to the date of leaving school. Please give all details of your employment/educational history for the last five years, including your reasons for leaving e.g. redundancy, resigned, dismissed etc. (these reasons will be verified) and details of periods of self-employment and military service. For any period of unemployment, give the address of the benefit office to which you reported and the dates. If you were unemployed or unregistered, please supply details of what you were doing. Start with your PRESENT/MOST RECENT EMPLOYER and work backwards ensuring there are no gaps.

Employers name, address, telephone number, and your job title	Dates (including month and year)	Reasons for leaving
(1) Employers Name:		
Address:	FROM:	
Tel No:		
Your Job Title:	то:	
Payroll No:		
(2) Employers Name:		
Address:	FROM:	
Tel No:		
Your Job Title:	то:	
Payroll No:		
(3) Employers Name:		
Address:	FROM:	
Tel No:		
Your Job Title:	TO:	
Payroll No:		
(4) Employers Name:		
Address:	FROM:	
Tel No:		
Your Job Title:	TO:	
Payroll No:		

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EDUCATION AND TRAINING (in the last five years)				
Secondary school name, address, & telephone number	Dates (including month and year)	Exams taken / Qualifications gained		
(1) Name:	FROM:			
Address:				
Tel No:	то:			
(2) Name:	FROM:			
Address:				
Tel No:	то:			
(3) Name:	FROM:			
Address:				
Tel No:	TO:			
OTHER TRAINING COURSES	Dates (including month and year)	Exams taken / Qualifications gained		
1):	Date:	1):		
2):	Date:	2):		
3):	Date:	3):		
4):	Date:	4):		

PERSONAL REFERENCES

Please provide details of two referees who have known you for at least two years and who can confirm that you have been employed/unemployed at the dates you have provided. These referees cannot be blood related, related by marriage or by civil partnership, or live at the same address as you.

Name: Address: Occupation:	Name:			
Tel No:	Tel No:			
How long have you known this person:	How long have you known this person:			
From:To:	From:To:			
PROFESSIONAL REFERENCES If you have been self-employed please provide details of your accountant, solicitor or tax office who can verify these dates.				
Name:	Name:			
Address:				
	Address:			
Occupation:	Address: Occupation:			
Occupation:	Occupation:			

OFFENCES AND CONVICTIONS					
Have you e	ver been	convicted of any civil or criminal offen	ce? Yes / No		
If yes please g	ive details:				
Are there a	ny allege	d offences or cautions outstanding ag	ainst you? Y	es/No	
If yes please g	įive details:				
Have you e	ver been	declared bankrupt? Yes/No			
If yes please g	ive details:				
Do you hav	e any out	standing court judgments? Yes/No			
If yes please g	ive details:				
		where there is a conviction to which the provision pent conviction is, in itself a criminal offence.	ons of the Rehab	oilitation of Offenders Act 1974 apply.	
		DECLARAT	<u>ION</u>		
		Personal Reference and Emplo	oyment Verifica	<u>tion</u>	
I understand the with BS 7858.	nat the emp	loyment with Chase Alliance is subject to satisf	factory reference	es and security screening in accordance	
I undertake to	cooperate v	with Chase Alliance in providing any additional	information requ	uired to meet this criteria:	
		e and its nominated agent to approach previous verify that the information I have provided is co		nools/colleges, character referees or	
		e to make a consumer information search with a at information with other credit reference agenc		e agency which will keep a record of that	
I understand the		the information I have provided in this applicat	ion will be held	on a computer and some, or all will be hel	ld
my medical co where request to be given to	endition and led by the c the compar	ce's reasonable processing of any sensitive per future fitness to perform my duties. I accept th ompany. Subject to the Access to Medical Rec ny. I understand and agree that if required I will of Declarations Act 1835 in conformation of prev	at I may be requ ords Act 1988, I make a statutor	ired to undergo a medical examination consent to the results of such examinatio y declaration in accordance with the	•
I hereby certify	/ that, to the	e best of my knowledge, the details I have given	n in this applicat	ion form are complete and correct.	
I understand the without notice.	-	e statement or omission to the Chase Alliance	or its representa	tives may render me liable to dismissal	
SIGNITURE:					
PRINT NAME	:				
DATE:					
For Office Use Only	Fo	rm given to be entered on Database	<u>!</u>	Form Entered onto Database	
,	Sign :	Date:	Sign:	Date	