|  |
| --- |
| **Information Check Sheet** |
| **Title** |   |
| **Current Name** |   |
| **Have you been known by any other name?**  | Yes/No If Yes please state name(s) |
| **Address** |   |
| **Postcode** |   |
| **Current Address history** |  From: To:  |
| **Previous** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: To:  |
| **Previous** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: To:  |
| **Previous** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: To:  |
| **Date of Birth** |   |
| **Town of Birth** |   |
| **Mobile** |   |
| **Email Address** |   |
| **NI Number** |   |
| **Start Date** |   |
| **Job Title** |  |
| **Emergency Contact** | **Name:** |
| **Relationship:** |
| **Number:** |
| **SIA Sector** | **Door Supervision/Manned Guarding/CCTV/Close Protection** |
| **SIA Badge Number** |  |
| **SIA Expiry Date** |  |
| **Driving Licence Number** |   |
| **Issue Date: Expiry Date**  |
| **Passport Number** |   |
| **Issue Date: Expiry Date**  |
|  |  |
| **5 YEAR EMPLOYMENT HISTORY** |
| **Name of Employer** |   |
| **Address**  |   |
| **Start Date** |   |
| **End Date** |   |
| **Contact number** |  **Name** |
| **Name of Employer** |   |
| **Address**  |   |
| **Start Date** |   |
| **End Date** |   |
| **Contact number** |  **Name** |
| **Name of Employer** |   |
| **Address**  |   |
| **Start Date** |   |
| **End Date** |   |
| **Contact number** |  **Name** |
| **Name of Employer** |   |
| **Address**  |   |
| **Start Date** |   |
| **End Date** |   |
| **Contact number** |  **Name** |
| **Name of Employer** |   |
| **Address**  |   |
| **Start Date** |   |
| **End Date** |   |
| **Contact number** |  **Name** |
| **Name of Employer** |   |
| **Address**  |   |
| **Start Date** |   |
| **End Date** |   |
| **Contact number** |  **Name** |
| **EDUCATION** |
| **From** |   |
| **To**  |   |
| **Name & Address of University /College** |   |
|   |   |
|   |   |
|   |   |
| **MILITARY OR OTHER NATIONAL SERVICE/FIRE/POLICE** |
| **Arm of Services** | **RN RAF ARMY**  |
| **Date of Enlistment** |  |
| **Date of Discharge** |  |
| **Regiment/Corps** |  |
| **Rank** |  |
| **Service No** |  |
| **Conduct of Discharge** |  |
| **UNEMPLOYMENT** |
| **Type of Claim** | Universal Credit/JSA/ETC |
| Start date End Date |
| Start date End Date |
| Start date End Date |
| **SELF EMPLOYMENT**  |
| **In the case of self-employment, please give trade references or names and addresses of two people who can confirm the details. EG Solicitor or Accountant** |
| **1. Name** |   |
| **Address**  |   |
| **Occupation** |   |
| **2. Name** |   |
| **Address**  |   |
| **Occupation** |   |
| **GENERAL** |
| **Do you have any pre-booked holidays** | **Please provide details of dates**  |
| From: To:  |
| **Are you currently enrolled into a pension scheme** | Please provide details of provider(s) |
| **Any Criminal Offences** | Please provide details: |
| Please provide dates: |