|  |  |
| --- | --- |
| **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: |