



Application form

Thank you for your interest in employment with G4S Secure Solutions (Isle of Man) Limited. This form is part of the initial stages in the recruitment procedure and enables us to process your application without delay.

Due to the nature of G4S's business some searching questions must be asked to ensure that all the applicants meet our minimum selection criteria. All information provided by you will be treated in the strictest confidence but will be subject to verification if your application proceeds beyond this stage. G4S will process the information provided in accordance with the Data Protection Act 2002. We are committed to our Equal Opportunities Policy which ensures that all applicants are given equal treatment throughout the recruitment process. Should you require any assistance in completing this application form please do not hesitate to contact the Human Resources Department on 01624 649000. PLEASE RETURN COMPLETED FORM TO G4S SECURE SOLUTIONS (ISLE OF MAN) LTD, ISLE OF MAN BUSINESS PARK, BALLACOTTIER, BRADDAN, ISLE OF MAN, IM2 2SE.

PLEASE COMPLETE THIS FORM IN YOUR OWN HANDWRITING IN BLUE OR BLACK INK

INCOMPLETE APPLICATION FORMS WILL BE RETURNED

POSITION APPLIED FOR

PERSONAL DETAILS

Title Surname

First Name(s) in full

Previous surnames including Maiden names Date of Birth

National Insurance Number Nationality

Current Home Address

If less than 5 years at current address state your previous address (es).

From	To	Address (Include postcode if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Telephone (including STD code) Daytime telephone you may be contacted on (including STD code)

Mobile Email Address

Do you require a Work Permit/Visa to work in the Isle of Man? Yes No

Have you been a resident in the Isle of Man for at least 5 years? Yes No

Date when you became resident in the Isle of Man

Do you have a full Driving Licence? Yes No

Have you ever been refused a driving licence on health grounds or been banned or prevented from driving? Yes No

Do you have any relatives employed within the G4S group of companies? Yes No

If yes, please give details of the relationship and the employing company

WORKING HOURS / AVAILABILITY

Are there any factors which may affect your availability to work at the times specified in the current recruitment information? This may include working nights, weekends and bank holidays.

Yes No If yes, please give details

EMPLOYMENT HISTORY

To comply with the BS7858:2012 screening rules we require your full employment history including schooling if you left less than 5 years ago. References will be taken up on your previous 5 years employment. Please give, in date order, details of your employment history. Please start with your most recent or current employer. Include all details of any part-time work, vacation work, self-employment, unemployment or periods spent claiming benefit. Please give addresses of any benefit agencies where you have been registered for unemployment or sickness benefit. Please ensure there are no gaps between periods of employment / unemployment. Use additional sheets, if necessary.

From DD/MM/YYYY	Name and full address of most recent employer	Position held	FOR OFFICE USE ONLY VERBAL REFERENCE OBTAINED
To DD/MM/YYYY	Postcode Tel Email / Fax Notice Period	Reason for leaving / Notice period if still employed	
			Name and Date

Permission given to contact current employer prior to offer being made. Yes No

From DD/MM/YYYY	Name and full address of employer	Position held	Name and Date
To DD/MM/YYYY	Postcode Tel Email / Fax	Reason for leaving	

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To DD/MM/YYYY	Postcode Tel Email / Fax	Reason for leaving	

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To DD/MM/YYYY	Postcode Tel Email / Fax	Reason for leaving	

From DD/MM/YYYY	Name and full address of employer	Position held	Name and Date
To DD/MM/YYYY	Postcode Tel Email / Fax	Reason for leaving	

EMPLOYMENT HISTORY (CONTINUED)

Have you ever been dismissed from employment?

Yes No

If yes please give details

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Once an offer of employment is made and satisfactory references received, I confirm I am happy for you to contact my existing employer

Yes **GENERAL EDUCATION**

Please give details of full/part-time education beginning with secondary school

School/College/University attended Please give full postal address	From DD/MM/YYYY	To DD/MM/YYYY	Qualifications – worked for and results achieved

Other skills or professional qualifications e.g. languages, computing, security qualifications & current SIA licences.

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SERVICE RECORD

Please give details of all periods of service in HM or Overseas Forces (Regular or Reserve), full time Civil Defence, or as a Special Constable etc, that have been undertaken within the last 10 years.

Description of Service
(e.g. RN, Army, RAF, Police)
Service Dates
From

To

Rank

Character / Conduct
(Ratings / ORS only)

SCREENING INFORMATION

You should read the note on the next page in respect of the Rehabilitation of Offenders Act before completing this section

Prosecutions and Court Proceedings

Have you ever been convicted or found guilty of an offence by any court or court martial? Yes No

Have you ever been charged with an offence and been cautioned, put on probation, bound over to keep the peace or been given a conditional or absolute discharge? Yes No

Have you ever been subject to military detention? Yes No

Have you ever been convicted of any driving or traffic offences including points or endorsements on your licence? Yes No

Have you ever been declared bankrupt or had any court judgements awarded against you? Yes No

Has any member of your family, or your partner or a near relative ever been convicted of any civil or criminal offences? Yes No

Outstanding Prosecutions

Do you have any criminal prosecutions pending? Yes No

Are you the subject of any bankruptcy proceedings? Yes No

Are you currently involved in any proceedings in which a claim is being made against you, other than divorce or family proceedings? Yes No

If the answer to any of the questions is Yes, please give full details of the date, nature of the offence and sentence or order of the Court.

How Does this affect you?

If you have been awarded with any of the sentences shown (including suspended sentences) and the period of rehabilitation has been completed, your sentence is regarded as "spent" and need not be declared. If it has not been "spent" then it must be included on your Application form.

Please sign the declaration below to confirm you have read the Rehabilitation of Offenders Act 2001, summary on next page.

Signature

ADDITIONAL INFORMATION

Please use the space below to provide more information regarding your skills, experience and any achievements relevant to the post for which you have applied. This may include experience gained not only from work, but also from family or home responsibilities, leisure activities, voluntary work or education and training.

SCREENING INFORMATION

Rehabilitation of Offenders Act 2001.

The Rehabilitation of Offenders Act 2001, which came into force on 21 June 2001, allows certain convicted persons who have not been reconvicted after certain lengths of time, to consider their convictions "spent". The following paragraphs briefly summarise this legislation as it relates to applications for posts within the Isle of Man Government. However, they should not be taken as an exhaustive explanation of the position and an applicant who received a sentence or was made subject to an order which is not included below should refer to the full text of the Act.

The Act enables applicants for posts (which are not exempt by virtue of the Rehabilitation of Offenders Act 2011 (Exceptions) Order 2001 (as amended), to refrain from disclosing details of convictions unless,

- It involved a custodial sentence for a term exceeding 30 months or for "Life", or
- It was a sentence of detention during Her Majesty's Pleasure, in relation to certain young offenders.

Otherwise, candidates may consider as spent, after the following periods of time, the following convictions:

Nature of Conviction	Rehabilitation Period
A sentence of custody for a term not exceeding 6 months	7 Years
A sentence of custody for a term exceeding 6 months but not exceeding 12 months	8 Years
A sentence of custody for a term exceeding 12 months but not exceeding 18 months	9 Years
A sentence of custody for a term exceeding 18 months but not exceeding 30 months	10 Years
A fine or any other sentence subject to rehabilitation under the Act, not being a sentence to which any of paragraphs 8 to 13 apply	5 Years
<p>Paragraphs 8 to 13 include:</p> <p>A Conditional discharge, or</p> <p>A Probation Order, Curfew Order, Attendance Centre Order or Reparation Order, or</p> <p>A Bindover by a Court</p>	<p>1 Year from:</p> <p>(a) the date of conviction, or</p> <p>(b) a period beginning with that date and ending when the sentence ceases or ceased to have effect (whichever is the longer)</p>
An absolute Discharge	6 Months
Where the conviction imposed any disqualification, disability, prohibition or other time limited penalty	From the date of the conviction to the date it ceases to have effect

REFERENCES

All applicants must provide three Personal References. In addition, two Business References will be required for those applicants who have been self-employed. Employment is subject to the receipt of references that are acceptable to the Company.

PERSONAL REFERENCES – Please give the names and addresses of three persons who are not your doctor, dentist, solicitor, minister of religion, former employers, serving police officers or bank officials (unless known to you in a personal capacity), relatives or G4S employees, each of whom has known you well for at least 5 years and who would be prepared to give a personal reference.

Name: Occupation:
 Home Address: Tel:
 Email:
 Length of time known

Name: Occupation:
 Home Address: Tel:
 Email:
 Length of time known

Name: Occupation:
 Home Address: Tel:
 Email:
 Length of time known

BUSINESS REFERENCES – If you have ever been self-employed please provide the details of two referees who can vouch for you. This should include an accountant or solicitor acting on your behalf during the course of business where possible.

Name:	Name:
Occupation:	Occupation:
Home Address:	Home Address:
.....
Tel:	Tel:
Email:	Email:

EMERGENCY CONTACTS

Please give details of emergency and next of kin contacts

	Name	Relationship	Tel. No (day)	Tel. No (night)
Emergency Contact				
Next of Kin				

DEPENDANTS DETAILS

Name	Address	Relationship	Date of Birth

MEDICAL DETAILS

Do you have any pre-existing or on-going medical condition?

Yes

No If yes, please give details below

Are you currently taking any medication?

Yes

No If yes, please give details below

Having reviewed the job description are there any medical conditions or restrictions on you which might prevent you from undertaking the duties required in the role?

Yes

No If no, please give details below

Please give total number of days you were unable to work through illness or injury during the past 12 months.

Reason(s) for absence

Do you consider yourself to have a disability?

Yes

No

If yes, what is the nature of your disability?

DECLARATION

1. I declare that the information given on this form is, to the best of my knowledge, true, accurate and complete. I understand that any false statement/omission may be sufficient cause for rejection or, if employed by the Company, for dismissal.
2. I hereby authorise the Company to seek reference information based on the details provided by me, except that you should not contact my current employer until you have been given permission to do so.
3. Throughout your employment we may need to share your data within the G4S group for the purposes of the collation of Management Information to support the running of the business.
4. I understand that my employment is subject to satisfactory screening by G4S.
5. I understand that in the course of the Company's screening processes I may be required to obtain a Statutory Declaration at my own expense in respect of the information provided by me in this application.
6. I acknowledge that the completion of this form in no way binds the Company to offer me employment and that no contractual relations will exist between us until such time as I have signed a form of Contract or accepted in writing the terms of an offer letter.
7. I hereby AUTHORISE the Company to seek, from my doctors, any medical information which may be required by them prior to or during the course of my employment.
8. I further CONSENT to the Company doctor conducting an independent medical examination, either prior to or during my employment (if so required by the company) and agree that the results thereof be forwarded to the company.

I understand that the check will involve verification of the details as specified below;

- Passport / ID and relevant visas – right to work in the Isle of Man
- Residency check
- County Court Judgments / Bankruptcy checks
- Employment check
- Criminality check

I understand that any Contract hereafter issued by G4S and signed by me shall be construed to mean that I am appointed on a probationary period for a minimum of 3 months. I understand that during such period of probation any Contract written or implied shall be terminable by me or the Company by not less than the notice period set out in my Terms and Conditions of Employment.

I confirm that my consent is explicit fully informed and freely given for the purpose of the Data Protection Act 2002.

Printed Name

Signed

Date

EQUAL OPPORTUNITIES POLICY

The following questions are necessary to assist the Company in monitoring its Equal Opportunities Policy. The information provided will not be used in the employment decision.

GENDER	MARITAL STATUS	I WOULD DESCRIBE MY ETHNIC ORIGIN AS		
<input type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> White	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Living with Partner	<input type="checkbox"/> Separated	<input type="checkbox"/> Black African	<input type="checkbox"/> Oriental
	<input type="checkbox"/> Civil Partnership		<input type="checkbox"/> Black Other (please specify)	<input type="checkbox"/> Other (please specify)
			<input type="checkbox"/> Indian	

Thank you for completing this application form for employment at G4S Secure Solutions (Isle of Man) Limited.