

APPLICATION FORM

Please staple a current photograph here.

Applications will not be processed without this.

To meet our obligations under the Data Protection Legislation all candidates accept that by signing their application form, all or part of the information may be used and processed for recruitment and personnel administration and for equality monitoring. Such use will be subjects to the provisions of the Data Protection Act 1998.

| 1. Personal Information | | | | | | |
|--|--|---------------------------------------|--|--|--|--|
| Forename : | Surname : | | | | | |
| Maiden Name : | Please Tick : Single Married Separated | | | | | |
| Home Address : | | | | | | |
| | | | Post Code : | | | |
| Home Telephone: | | Mobile Phone 1: | | | | |
| Email : | | Mobile Phone 2 : | | | | |
| Date of Birth : | Nationality: | Nationality: Passport number : | | | | |
| Work Visa (if applicable): | | Date of Entry to UK (if applicable) : | | | | |
| National Insurance No: _ | Car / Bike Licence No : | | | | | |
| Bank : | Accou | ınt Name : | | | | |
| Account No : | _ Sort Code : | | | | | |
| 2. Personal Statistics | | | | | | |
| Height: | Weight : | Ethnicity : | | | | |
| Dress Size : | Shoe Size : | Complexion | : | | | |
| Hair Style : | Hair Co | olour : | Eye Colour : | | | |
| Male - Collar Size : | Chest Size : | Waist Size : | Leg Size : | | | |
| Female - Bust Size : | Hip Size : | Waist Size : | | | | |
| Body Type: Large | Heavy Muscular | Muscular Athle | tic Slim General | | | |
| 3. Next Of Kin (To be conta | acted in an emergency) | | | | | |
| Name : | Relationship : | | | | | |
| Address : | | | | | | |
| Doctors Name : | | Telephone : | <u></u> | | | |
| 4. Position applied for: Ple | ase Tick: Close Protection | | Valet Parking | | | |
| | Chauffeur | Door Security | Romeo / Vixen | | | |
| Please detail any work whie; bare chest, crop top, h | | o or if applicable any Rom | eo & Vixen attire you are not willing to wea | | | |
| | | | | | | |
| Days/Hours of availability: | | | | | | |
| | | | Thu am/pm : | | | |
| Fri am/pm : | Sat am/pm : | Sun am/pm : | _ | | | |



5. S.I.A Licence and Information

As you are aware it is a legal requirement that individuals working within a Security capacity must hold a valid Security Industry Authority (SIA) Licence applicable to their job role to enable them to work. _____ Category : _____ Expiry date : ___ Licence number 1: __ Licence number 2 : _____ Category : ____ Expiry date : _____ If you have not received the S.I.A licence and have applied for it please advise the date it was sent off: Do you hold a first aid certificate: ______ If so please give details: _____ 6. Details of Education within the last 10 years DATES SCHOOLS / COLLEGES / GRADUATE EDUCATION / OTHER 7. Criminal Offences Have you ever been convicted of a criminal or civil offence (including driving offences): ______ If yes please specify: 8. Employment Status / History Employed F/T & P/T Employed F/T Are you currently: Employed P/T Unemployed Student Self Employed Please submit on your CV in date order details of every period of employment or unemployment you have had for a minimum of the last 10 years including any time served in the Military. Please list in order of most recent position in. 9. Limited Company / Self Employment If you have a Limited Company and/or are Self Employed please give details. Limited Company No: and / or Unique Tax Ref : _____ Please supply two references or past clients that can vouch for any period of self employment or business with you. Company : ______ Name : _____ _____ Contact number:

____Contact number: ____



10. Medical History

| Have you been treated by a doctor or at a hospital within the last 12 months? Yes / No |
|---|
| If yes, say when and where the treatment took place, the nature of the treatment and the illness or injury treated : |
| Have you undergone an operation within the last five years? Yes / No |
| If yes, say when and where the operation took place and the nature of the operation; |
| Do you suffer from any long term illness or medical condition? Yes / No If yes, give full detail; |
| Do you have any mis-alignments in your legs, knees or feet, any other structural irregularities of your bones that make you injury prone? Yes / No If yes provide full details; |
| Do you suffer from Epilepsy: Yes / No Diabetes: Yes / No |
| List all medication currently taken with reasons if any; |
| Do you have any pre-existing injury, medical or physical history or problems that could adversely affect your work? Yes / No If yes, give full details; |
| Have you suffered any injury whatsoever in the last 5 years which may effect your performance? Yes / No If yes, give full details; |
| Do you require assistance with senses whilst at work? i.e. glasses / contact lenses, hearing aids etc. |
| Is there anything in your medical history, to your knowledge, which could adversely affect your performance whilst at work? If so, please list details below; |
| 11. How did you hear about The Red Carpet Group? |
| Internet (please state website): |
| Friend/s: |
| Advertising (please state where advertised): |
| 12. Interests, Hobbies and Sports - please tell us about these |
| |
| |



12. Documentation

Should you proceed to the interview stage of the application process, you will be required to bring with you the following documents:

- Original copy of Passport
- Proof of work visa, student visa etc. (If non EU passport)
- National Insurance card
- Two recent (within the last 3 months) passport photographs of yourself
- Proof of address (utility bill, letter from bank etc.)
- Driving Licence
- All relevant training certificates
- SIA Licence
- Resume with 10 year work history
- Ex-military personnel must have proof of service including discharge papers
- Health / Fitness related certificates, competition certificates etc
- Limited Company / Self Employment details

Declaration

- i) I CERTIFY that the information given is correct and complete to the best of my knowledge and belief.
- ii) I ACKNOWLEDGE that any false statement or omission may render me liable to immediate dismissal from any work I may enter into with the company.
- iii) 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 completing this application. I authorise The Red Carpet Group to make a consumer information search with a credit reference agency should they require one and seek any reference information needed.
- iv) I ACKNOWLEDGE that the completion of this form in no way binds The Red Carpet Group to offer me work and that no contractual relations will exist between us from this application, I also understand that The Red Carpet Group is under no obligation to assign me with any shifts and I am under no obligation to accept any shifts that may be offered.

Equal Opportunities

The Red Carpet Group is committed to practicing the principle of Equal Opportunities, and endeavors to remain totally fair and unbiased in all aspects of the recruitment process. Unless specifically advertised all applications that are received are sent in at the choice of the applicants, The Red Carpet Group will try to acknowledge all applications but it may not be able to reply at times due to the volume received can be based solely upon the suitability of the applicant.

| Print Name: | | | |
|-------------|--|-------|--|
| | | | |
| | | | |
| a | | | |
| Signed : | | Date: | |