



MAC SECURITY LIMITED



Office 1
Convoy Enterprise Centre
Convoy
Co. Donegal, Ireland

Employment Application Form:

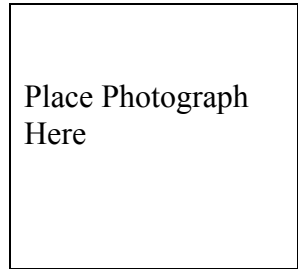
E-mail: shopalert@eircom.net
Telephone: (074) 9147991
Cell phone: (087) 2234637

Name: _____ PPS NO: _____

Address: _____

Phone No _____ Date of Birth: _____

Place of Birth: _____ Nationality: _____



The applicant details and signed forms of authority are required in order to comply with the PSA Act 2004, IS999:2004 and to progress your application. You are required to provide details of your employment history Going back 10 years (month to month) or from the date of leaving full time education.

Personal Documents: Prior to employment, you are required to provide a **passport size photograph** and the originals of the following documentation; copies shall be taken and held on file.

- **Birth certificate or passport (if name change marriage cert/deed poll).**
- **Driving Licence(if applicable)**
- **Proof of address(utility bill no more than 3 months old)**
- **Work permit(if applicable)**
- **PSA Licence / application for Licence**

Form of Authority: You are required to provide assistance in obtaining a continuous record of written evidence confirming that there is nothing in your background which would reflect adversely upon your suitability for this potential employment. A signed statement (attached annex a) authorizing an approach to former employees, state institutions, personal referees, etc is also required.

Education (if you have left school less than 10 years, verification of date of leaving is required.)

Schools Attended	Education details and certificates awarded	Dates attended.	
		From	To

Employment Details: (10 years month to month or from school leaving, complete form of authority for each employer Attached. NB: You are required to provide reasons as to why, contact, or you do not wish contact be made, with one or More of your previous employers, these periods are required to be verified. In such situations you are required to provide details of a personal referee who will be contacted in lieu of your previous employer, this is subject to the company being satisfied as to the Credibility of the personal referee.

Company name and address	Job Description	From		To		Reason for leaving/reason why contact can not be made with employer. Provide details of personal referee, see above.
		yr	mth	yr	mth	

Periods of unemployment:

Please provide details of unemployment and sign the form of authority for the department of social welfare:

From		To	
Year	Month	Year	Month

Periods of Residence abroad (supporting documentation required, ie; passport & embassy correspondence/referee)

From		To		Details of residence abroad
Year	Month	Year	Month	

Periods of self employment:

Please provide details of self employment and sign and provide the necessary signatures in the statutory Declaration attached.

From		To		Company details
Year	Month	Year	Month	

Character reference details

(Please provide details of at least 2 character references that have personal knowledge,

Of you confirming that there is nothing known about you that would reflect adversely upon your suitability for this potential Employment. Please sign the form of authority attached.

Name	Address	Telephone No

Please provide details of any conviction for any offence, including motoring offences and pending actions.

Details of convictions or pending actions:

Work permit details (if applicable)

Work permit Number	Expiry date:

Medical History:

Persons employed for security duties, shall not be less than 18, persons beyond 65 years of age shall be required to undergo an annual medical examination to ensure fitness for their duties, to which they may be assigned. In addition and subject to satisfactory screening, all applicants for employment on operational duties, shall be offered employment only when they complete a medical questionnaire, relating to their medical history and present general health.

Please provide details of your medical History and whether you are on any medication:

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HAVE YOU EVER SUFFERED FROM	ANSWER Yes or No	FOR "Yes" ANSWERS GIVE EXPLANATION (INCLUDING DATES AND RESULTS)
Epilepsy, Fits, Convulsions, Mental or Nervous Breakdown or any other Nervous Disease?		
Any disease of the Heart, High Blood Pressure, Dropsy, Shortness of Breath, Varicose Veins?		
Any disease of the Lungs including Tuberculosis, Pleurisy, Pneumonia, Bronchitis?		
Any disease of the Stomach, Intestines, Gall Bladder or other Abdominal or Pelvic Organ?		
Any disease of the Kidneys or Bladder including Stones, Pyelitis, Cystitis? Any disease		
Any disease to the Eyes, Ears, Mastoid Sinuses, Tonsils, Teeth, Skin, Glands?		
Rheumatism, Arthritis, Neuritis, or any disease of Bones, Joints or Muscles?		
Asthma, Hay Fever, Anaemia, Low Blood Pressure?		
A back injury? Any other injury or deformity? A hernia or rupture? A surgical operation?		
Any disease other than those listed?		
Have you ever been confined to a Hospital or Sanatorium?		
Have you ever received industrial injuries compensation?		
Indicate what, if any, drugs you take?		
Have you any physical or nervous condition which you think should be considered?		
ARE YOU A SMOKER?		IF YES AVERAGE PER DAY:

Name of Next of Kin: _____ Telephone No: _____

Relationship: _____

Address: _____

Bank Details

Account Name: _____ Bank/Branch: _____

Sort Code: _____ Account Number: _____

The applicant details and signed forms of authority are required in order to comply with the PSA Act 2004 and IS999:2004 and to progress your application. In this regard, you are required to acknowledge that any misrepresentation or failure to disclose material facts may constitute grounds for dismissal and or prosecution.

Applicant: Name: _____ **Signature:** _____ **Date:** _____

Office use only:

Interviewer Name:		Date of Interview:
Comments on interview and ability of applicant to carry out duties;		
Employment offered:	Date offered:	Comments:

(Office only: indicate below that documents are signed by the company as originals seen, copied and attached to file)

Birth certificate or passport/marriage/deed poll cert.	Driving Licence(if applicable)	Proof of address (utility bill)	Work permit (if applicable)	PSA Licence (when implemented)

(Office only: indicate that the following applicable screening documents per annex a IS999 are attached to the applicant/employee file).

Statutory declaration (for self employed)	Oral enquiry form (previous employer)	Oral enquiry form (not previous employer i.e. referee)	Written request form re, information given orally	Screening progress sheet attached
Yes/no:	Yes/no	Yes/no:	Yes/no:	Yes/no:
Applicant, form of authority	Social welfare form	Verification of work permits details.	Are personal referee's statements concerning gaps in screening history obtained?	
Yes/no:	Yes/no:	Yes/no:	Yes/no	

Letter of Authority

PLEASE READ THE DECLARATION BELOW VERY CAREFULLY BEFORE SIGNING

DECLARATION:

- I hereby certify that, to the best of my knowledge, the details I have given in this application are complete and correct
- I understand and agree that if offered employment with [insert company name] (the Company) this is subject to satisfactory references and screening in accordance with our clients requirements/industry standards, to include but not be restricted to; IS999, RBS/Ulster Bank's PES Level's 2, 3 & 4, etc)
- I undertake to cooperate with the Company in providing any additional information required to meet our clients/industry standard screening criteria
- I authorise the Company and/or its nominated agent to approach previous employers, schools/colleges, character referees or Government Agencies to verify that the information I have provided is correct.
- I authorise the Company to conduct a consumer information search with a credit reference agency, which will keep a record of that search and may share that information with other credit reference agencies.
- I confirm I have given permission for the Company to verify the ID documents presented by me using a reputable document authenticity database that complies with the requirements of the Joint Money Laundering Steering Group (e.g. URU database that can be accessed via the web). I understand that any original identity documents that appear to be forgeries will be reported to the relevant authority.
- I understand that some information I have provided in this application will be held on a computer and some or all will be held in manual records
- I consent to the Company's reasonable processing of any sensitive personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the Company. Subject to the Access to Medical Records Act 1988, or Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, and I consent to the results of such examinations to be given to the Company.
- I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835, in confirmation of previous employment or unemployment.
- If requested, I agree to apply for either a Basic, Standard or Enhanced Disclosure from the Criminal Record Bureau, Disclosure Scotland, Access NI or Garda Síochána, and if appropriate give my consent for a basic Disclosure to be applied for online. I understand that having a criminal record does not necessarily bar a person from employment (For more information please ask one of our helpful screening staff or your recruiting Manager for a copy of the CRB/Disclosure Scotland Code of Practice and/or our policy statement regarding ex-offenders). I understand Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document below I agree to show a copy of my Disclosure to my employer upon request and I understand the Disclosure information is not retained and is disposed of within the timescales recommended in the CRB/Disclosure Scotland/Access NI Code of Practice.
- I understand that any false statement or omission to the Company or its representatives may render me liable to dismissal without notice.
- In accordance with the Data Protection Act I understand that all information pertaining to the Screening process is subject to audit by our client and/or their agents and as such I hereby give my consent for the Company to share my personal data with said clients' authorised officers for audit purposes only.

Signed:

Print Name:

Date: