



GCS ALARMS LTD.
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Clacton on Sea
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Tel: 01255 220316 Fax: 01255 479122



Certificate No. 100224

DESIGN & INSTALL SPECIALISTS Email: contactus@gcsalarms.co.uk Website: www.gcsalarms.co.uk

APPLICATION FOR EMPLOYMENT

Surname	<input type="text"/>	Age	<input type="text"/>
Forenames	<input type="text"/>	Nationality	<input type="text"/>
Address	<input type="text"/>	Place of Birth	<input type="text"/>
		Marital Status	<input type="text"/>
		Next of Kin	<input type="text"/>
Telephone Number	<input type="text"/>		
Driving License No.	<input type="text"/>	Dependants	<input type="text"/>
Position Applied For	<input type="text"/>		
Current Salary	<input type="text"/> £ <input type="text"/> p/a	Was Vehicle Supplied?	<input type="text"/> Yes / No

EMPLOYMENT HISTORY

Present Employer	<input type="text"/>		
Address	<input type="text"/>		
Nature of Business	<input type="text"/>		
Position & Duties	<input type="text"/>		
	Salary (as stated on P45)	<input type="text"/>	
Date Started	<input type="text"/>	Date Left	<input type="text"/>
Reason for Leaving	<input type="text"/>		

EMPLOYMENT HISTORY (Continued/...)

Previous Employer

Address

Nature of Business

Position & Duties

Salary (as stated on P45)

Date Started

Date Left

Reason for Leaving

Previous Employer

Address

Nature of Business

Position & Duties

Salary (as stated on P45)

Date Started

Date Left

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Nature of Business

Position & Duties

Salary (as stated on P45)

Date Started

Date Left

Reason for Leaving

Previous Employer

Address

Nature of Business

Position & Duties

Salary (as stated on P45)

Date Started

Date Left

Reason for Leaving

Note: The Company reserves the right to take up references with Previous Employers / Schools / Colleges etc. We will obviously act with the appropriate discretion.

EDUCATION

FURTHER EDUCATION

College / University

Address

Subjects Taken

Achievements

Date of Graduation

Date Started

Date Left

Class of Degree

SCHOOL

Last School

Address

Exams & Grades

Achievements

Date Started

Date Left

Other Information

OTHER TRAINING (Give Details)

PERSONAL REFERENCES

Please give the names and addresses of two independent referees (other than Family) who have known you for at least two years, and would be willing to give you a character reference.

FIRST REFEREE

Name

Address

Post Code

Telephone No.

SECOND REFEREE

Name

Address

Post Code

Telephone No.

SOCIAL ACTIVITIES & OTHER INTERESTS

Any other information you wish to give in support of your application

IMPORTANT

It is important you understand that Security Screening forms part of your Application of Employment. It is possible that employment may be refused on the grounds of “an Inadequate Security Record”. G.C.S. Alarms Ltd are under No Obligation to disclose the reasons for declining your application if unsuccessful.

It is important to note that it is a requirement that there shall be NO GAPS in your School / or Career Record exceeding One Month that cannot be substantiated.

In order to confirm your name and address the documents shown below should be produced at your initial interview, and they must be the originals (Photocopies are not acceptable).

BIRTH CERTIFICATE, along with a UTILITY BILL or BANK STATEMENT or DRIVING LICENCE or PASSPORT.

PHYSICAL REQUIREMENTS

You are required to be free from the following disabilities if applying for the position of:
Installation Engineer – Service / Maintenance Engineer

- i) You should be capable of handling Ascending / Descending and working from a ladder up to a height of 9 metres.
- ii) You should have sufficient physical strength to carry out your duties in a safe & responsible manner i.e. Handling Ladders / Power Tools etc.

Do you suffer from any of the following disorders? Please answer (yes or no)

a) Colour Blindness	<input type="checkbox"/>	The Company reserves the right to conduct tests in order to confirm these statements
b) Dyslexia	<input type="checkbox"/>	Enter any further information here
c) Vertigo	<input type="checkbox"/>	
d) Claustrophobia	<input type="checkbox"/>	

- e) Do you suffer front any form of Alcoholism ?
- f) Do you use recreational Drugs ?
- g) Are you currently on any Medication ? if yes give details below

Do you have a clean driving licence?

If NO, what are the points for?

Note: it is imperative you detail below (if applicable) any **CRIMINAL OFFENCES** committed within the last 10 years together with the appropriate dates.

Have you committed any Criminal Offences in the last 10 years?

If YES, give details and dates below:

DECLARATION

I declare that all the information within this application form is true and accurate to the best of my knowledge and understand that any misrepresentation or falsifying of the above information constitutes grounds for refusal of employment and/or immediate dismissal.

Applicants Signature _____ **Print** _____

Date _____