



Infinitus Security & Training Ltd
25 Old Coach Rd
Playing Place
Truro
TR3 6ES

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info@infinitus1st.uk
www.infinitus1st.uk

Dear Applicant,

Infinitus Security & Training Ltd was formed in April of 2016 when the still existing Infinitus Security Ltd divided to form two separate companies. We have been supplying continuous business to some clients since 2005.

We provide guarding, door supervision, mobile patrols, alarm response, key holding, reception duties and security training services to a varied range of clients. These include the MoD, A&P, TCFC, Falmouth and Penryn Town Councils and BIDs and various pubs and clubs as well as the many festivals that appear around Cornwall each year.

We are a progressive company, aiming to provide the highest of quality in services and set the benchmark in standards of professionalism. We are well known for our gentle and effective approach, with friendly staff being the bedrock of our business.

Our training services range from national qualifications for security officers and event stewarding staff to in-house upskilling programmes which keep our staff working at their best.

We actively recruit new staff to cover the dynamic needs of our clients and we have a range of roles which may suit you and to which you may be suited. Many of our staff have enjoyed a rich and satisfying array of assignments over the years and our level of staff retention demonstrates we have created a family who enjoy working together.

We hope that you find this information useful and wish you the best in your application with Infinitus.

Yours sincerely

Kim Phillips
Managing Director

07586 030 106
kim@infinitus1st.uk

APPLICATION FOR EMPLOYMENT

Surname	
First Name(s)	
Current Address	
Postcode	
Tel No/Mob No	
Email Address	
Gender	
Date of Birth	
National Insurance Number	

Do you hold a full UK car licence?	
Do you have any motoring offences? (Please list)	
Licence Number	
Do you have your own transport?	
Passport Number	
Do you need a Work Permit to work within the UK	YES
	NO

SIA LICENCE DETAILS

Date of Expiry		Licence Number:	
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ADDRESS DETAILS

Please list below all the address's that you have lived at for the last 5 years.

Start with the Most Recent address after your current address listed above (Continue on a separate sheet of paper if necessary).

Month/Year Moved in	Month/Year moved out	Full Address and Postcode

EDUCATION

Academic qualifications: list all qualifications gained in school/college/university

Month & Year	Awarding Body	Qualification

Training: list all training courses attended and certificates/qualifications obtained

Month & Year	Awarding Body/Provider	Qualification

FINANCIAL HISTORY

List any Bankruptcy Orders, County Court Judgements, Debt Management Plans or IVA'S (including any pending)

Date(s)	Court(s)	Details

CRIMINAL RECORD

State any Criminal convictions (subject to Rehabilitation of Offenders Act 1974) **If none please state NONE.** Do not leave this box blank

EMPLOYMENT HISTORY

Start with current or most recent job first (continue on a separate sheet of paper if necessary). We must have minimum complete 5 years' history (or to school leaving age) please include details of any periods of unemployment, sickness or self-employment (this is compulsory and will affect offer employment if incomplete)

Please circle or highlight the chart below to show that a full five years have been covered

2016	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2015	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2014	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2013	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2012	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2011	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Start month/year	Finish month/year	Name & address of employer	Job title	Reason for leaving

REFERENCES

<p>We require 2 Work references: They must be persons not related to you or that live at the same address as you. Ideally these references will cover the last 5 years of your employment.</p>	
<p>Name:</p> <p>Email:</p> <p>Telephone:</p> <p>Address:</p> <p>Start date:</p> <p>Finish date:</p>	<p>Name:</p> <p>Email:</p> <p>Telephone:</p> <p>Address:</p> <p>Start date:</p> <p>Finish date:</p>

<p>We require 2 Personal character references: They must be persons not related to you or that live at the same address and you must have known them for over 5 years. (these persons cannot be a previous employer or current employer)</p>	
<p>Name:</p> <p>Email:</p> <p>Telephone:</p> <p>Address:</p> <p>How long has this person known you:</p> <p>Relationship:</p>	<p>Name:</p> <p>Email:</p> <p>Telephone:</p> <p>Address:</p> <p>How long has this person known you:</p> <p>Relationship:</p>

GENERAL INFORMATION

Bank Account Details (This can be provided upon commencement of employment if preferred)			
Account Name	Sort Code	Account No	Branch
Name and Address of Contact in cases of Emergency			
Name	Address	Phone Number	
Please give details of any days/hours/shifts you cannot work			
Please give details of any holidays already pre booked			
General Uniform: To allow us to order you a uniform please supply the following measurements			
Collar size (inches)/Female shirt size:	Jacket size (please circle):	Shoe/Boot size:	
	S M L XL XXL XXXL		

EQUAL OPPORTUNITY MONITORING

Statement of Policy

Breaches of this policy will lead to disciplinary proceedings and, if appropriate, disciplinary action.

The aim of the policy is to ensure no job applicant, employee or worker is discriminated against either directly or indirectly on the grounds of race, colour, ethnic or national origin, religious belief, political opinion or affiliation, gender, marital status, sexual orientation, gender reassignment, age or disability.

We will maintain a neutral working environment in which no employee or worker feels under threat or intimidated.

We are committed to an ongoing programme of action to make this policy fully effective. To ensure that the policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information, circle applicable:

A1 Indian	A2 Pakistani	A3 Bangladeshi	A9 Any other Asian ethnic Background
B1 Caribbean	B2 African	B9 Any other Black ethnic background	
M1 White & Black Caribbean	M2 White & Black African	M3 White & Asian	M9 Any other Mixed ethnic background
O1 Chinese	O9 Any other ethnic group		
W1 British	W2 Irish	W9 Any other White ethnic background	
NS Not Stated			

HEALTH

<p>Are you currently attending a doctor's surgery or a hospital? If 'yes' please provide details:</p>	
<p>Are you currently taking any medication or having any other treatment from a doctor, hospital or another medical practitioner? If 'yes' please provide details:</p>	
<p>Have you ever suffered from any of the following:</p>	
Depression, anxiety, stress-related illness or other mental health	YES <input type="checkbox"/> NO <input type="checkbox"/>
Blackouts, fits, epilepsy or faints	YES <input type="checkbox"/> NO <input type="checkbox"/>
Heart Problems	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diabetes	YES <input type="checkbox"/> NO <input type="checkbox"/>
Breathing difficulties such as asthma	YES <input type="checkbox"/> NO <input type="checkbox"/>
Back, neck or other problems with arms, legs and joints	YES <input type="checkbox"/> NO <input type="checkbox"/>
Alcohol and drug dependency or misuse	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p>If yes to any of the above, please provide details:</p>	
<p>Do you suffer from any medical conditions which significantly affect your:</p>	
Sight?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Hearing?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Walking?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Ability to climb stairs?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Ability to bend?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Ability to lift?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Stamina?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p>Have you been in contact with a significant infectious disease, for example, hepatitis or tuberculosis? If 'yes' please add the date and details:</p>	

What is your current weight and height?

Weight: _____

Height: _____

How many cigarettes do you smoke a day?

0 Fewer than 10 10 - 20 More than 20

Do you drink alcohol?

If yes, how many units per week do you drink?

If you are currently in employment, how many days sick leave have you taken in the past year?

DECLARATION BY APPLICANT

I agree not to divulge any information however acquired relating to the Company, its Business or its Customers to any other Person, Company or Organisation without written consent from the Company either during or after employment is determined.

I have detailed my previous 5 years' employment history and consent to the company contacting such persons including character references as necessary to verify those details.

I understand my present employer will be contacted after any provisional offer of a job is accepted by the Managing Director.

I understand that any offer of employment maybe subject to the satisfactory 5-year screening process, and a credit reference check. Any offer of employment is subject to satisfactory screening, that I consent to being screened and will provide information as required. That the information provided is correct.

I understand that if any information I have provided on this form is subsequently found to be false or misleading I will be liable to disciplinary procedures that could result in dismissal without notice and may be reported to the relevant authorities.

I understand that should my SIA Licence be revoked at any time I cannot be employed as a Security Officer.

I acknowledge that if I commence employment with your company and if I am registered as unemployed, I will immediately inform the relevant authorities of my revised employment status.

I agree to provide documentation to confirm my identity and proof of residence. I understand these documents may be checked and should they appear to be forgeries the relevant authorities will be notified.

I declare that to the best of my knowledge, all of the information that I have given in this application form is correct.

SIGNATURE OF APPLICANT.....

NAME.....DATE.....