

## APPLICATION FORM ICTS GENERAL SECURITY

ALL Sections must be completed in **TYPE** or **BLOCK CAPITALS** in black pen.

PLEASE RETURN TO THE EMAIL OR POSTAL ADDRESS SPECIFIED IN VACANCY JOB NOTICE.

Please ensure you attach copies of **ALL** the additional information requested, as incomplete applications will be rejected.

<b>Job title of vacancy you are applying for</b>	
<b>Location of vacancy you are applying for</b>	

Surname		First Names	
Maiden Name		Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Address			
Post Code		Tel No	
		Mobile No	
Nationality		Place of Birth ( inc. country )	
National Insurance No.		Email Address	
It is a requirement within our Aviation/General Security division that operational employees hold/obtain an airside pass, a Counter Terrorist Check and/or SIA licensing. In order to meet these requirements, you must be over 18. Please tick this box to confirm that you are over 18. <i>(Operational Employees Only)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you hold a current / valid passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Passport No.	
		Passport Nationality	
Do you require a Work Permit for the UK	<input type="checkbox"/> Yes <input type="checkbox"/> No          If yes attach a copy when returning this application		
<ul style="list-style-type: none"> <li>If your nationality is <b>NON-EEC</b> please attach a copy of your <b>Authority To Work In The UK</b> when returning this application.</li> <li>If you come from an <b>ACCESSION STATE</b> and have been in the UK for less than 12 months please attach a copy of your <b>Registration Certificate</b> when returning this application.</li> </ul>			

Do you have a current / valid driving licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licence No.	
If Yes, is it for Manual or Automatic vehicle	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic		
Do you have any current Endorsements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give details	

Have you ever been fined, cautioned, sentenced to imprisonment, placed on probation, discharged on payment of costs, or had any order made against you by a criminal, civil or military court or public authority? <b style="color: red;">Failure to disclose information in this regard (including any cautions) is regarded as a criminal act under the Fraud Act 2006 which carries maximum sentence of 5 years imprisonment</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give details	

Have you applied to ICTS for employment before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of application	
Have you been employed by ICTS before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, location & date of leaving	

When can you start work?	
Do you have any holiday pre booked?	

Are there any adjustments we may need to make to assist you at interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give details	

## EMPLOYMENT & EDUCATION RECORD

Start with the most recent and working backwards, please state details below ALL periods of:

**EMPLOYMENT / UNEMPLOYMENT / MILITARY SERVICE/ EDUCATION** to cover the last 5 years.

It is important that you give **EXACT DATES** and **FULL name, addresses and telephone numbers** to enable us to complete the necessary checks required. An incomplete background check may result in employment and/or completion of probationary period being denied.

History #1: Name / Address		History #2: Name / Address	
Telephone No.		Telephone No.	
Dates Include Month and Year		Dates Include Month and Year	
Person to whom you reported		Person to whom you reported	
Job Title / Payroll Number		Job Title / Payroll Number	
Wage / Salary		Wage / Salary	
Reason for Leaving?		Reason for leaving?	

History #3: Name / Address		History #4: Name / Address	
Telephone No.		Telephone No.	
Dates Include Month and Year		Dates Include Month and Year	
Person to whom you reported		Person to whom you reported	
Job Title / Payroll Number		Job Title / Payroll Number	
Wage / Salary		Wage / Salary	
Reason for Leaving?		Reason for leaving?	

History #5: Name / Address		History #6: Name / Address	
Telephone No.		Telephone No.	
Dates Include Month and Year		Dates Include Month and Year	
Person to whom you reported		Person to whom you reported	
Job Title / Payroll Number		Job Title / Payroll Number	
Wage / Salary		Wage / Salary	
Reason for Leaving?		Reason for leaving?	

History #7: Name / Address		History #8: Name / Address	
Telephone No.		Telephone No.	
Dates Include Month and Year		Dates Include Month and Year	
Person to whom you reported		Person to whom you reported	
Job Title / Payroll Number		Job Title / Payroll Number	
Wage / Salary		Wage / Salary	
Reason for Leaving?		Reason for leaving?	

### PERSONAL REFERENCE

Please give the names and addresses and telephone numbers of two personal friends who have known you for as long as possible (no less than two years), who will provide a written character reference. They should not be relatives or past employers.

Name		Name	
Address		Address	
Telephone No.		Telephone No.	
Occupation		Occupation	
How long known?		How long Known?	

Other qualifications, courses or training you have attended (Please include details of any courses which you are currently attending – Including dates)

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Do you hold an SIA Licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes give Licence Number	
Have you applied for a SIA Licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give reference Number	
Have you ever been REFUSED a SIA Licence	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever used a computer, if so at what level?	<input type="checkbox"/> Never used <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
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Briefly state why you would like to work in this job and add anything which you wish to support your application:

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## DECLARATION

The information given in this application form, to the best of my knowledge, is correct. I understand that any false statement or omission will make me liable for immediate dismissal.

Signed:

Date:

**I authorise ICTS (UK) Ltd to approach Government agencies, former employers, educational establishments and personal referees for verification of my employment record and to store information relating to my application or future employment in accordance with the Data Protection Act. I authorise the Company to make 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.**

Surname

First  
Names:

Signed:

Date

## ADDITIONAL INFORMATION REQUEST

ICTS (UK) Ltd is committed to equality of opportunity in its recruitment and selection process to help achieve and maintain a diverse workforce. The criteria used for selecting the right candidate is based solely on merit and ability to do the job

Please be assured that this section of the form will be detached from the application form upon receipt and the information provided will not be used as part of the selection process in any way. The information will be treated in confidence and will only be used for monitoring purposes.

<b>GENDER INFORMATION</b> (Please tick the appropriate box)	
Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
<b>ETHNIC ORIGIN INFORMATION</b> (please tick the box that most accurately describes you)	
These categories are not about nationality, place of birth or citizenship. They are colour and broad ethnic group orientated.	
<b>WHITE</b>	
British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
European	<input type="checkbox"/>
Any other White background <i>please specify</i>	<input type="checkbox"/>
<b>BLACK</b>	
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black background <i>please specify</i>	<input type="checkbox"/>
<b>ASIAN</b>	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background <i>please specify</i>	<input type="checkbox"/>
<b>MIXED</b>	
Black Caribbean and White	<input type="checkbox"/>
Black African and White	<input type="checkbox"/>
Asian and White	<input type="checkbox"/>
Any other Mixed background <i>please specify</i>	<input type="checkbox"/>
<b>OTHER ETHNIC GROUP</b>	
Chinese	<input type="checkbox"/>
Any other ethnic group <i>please specify</i>	<input type="checkbox"/>
<b>UNDISCLOSED</b>	
I do not wish to disclose my ethnic origin	<input type="checkbox"/>

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### FOR ADMIN USE ONLY

RJA	RI	NSI	RJI	OPRP	OPAP	KOF