

# APPLICATION FOR SECURITY SCREENING FORM



**CONFIDENTIAL WHEN COMPLETED**

- Applications will only be processed when **ALL** sections of this form are complete
- **EVERY question MUST be answered.** If not applicable write **N/A**
- Please answer **ALL** questions in **CAPITALS**, using a **BLACK BALL POINT PEN**
- **The information provided will be used to facilitate security screening in accordance with BS7858, in order to determine suitability to be employed in a security environment**

## PART 1 - PERSONAL DETAILS

UK National Insurance Number: \_\_\_\_\_ Title: Mr/Mrs/Miss/Ms): \_\_\_\_\_

Non-UK Identification Number: \_\_\_\_\_

Surname: \_\_\_\_\_

All Forenames: \_\_\_\_\_

Telephone Number (including STD code): \_\_\_\_\_ Mobile Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you now, have you ever been, or were you at birth known by a different name?: Yes  No  If Yes, details below

Surname: \_\_\_\_\_

All Forenames: \_\_\_\_\_

Surname: \_\_\_\_\_

All Forenames: \_\_\_\_\_

Surname: \_\_\_\_\_

All Forenames: \_\_\_\_\_

## PART 2 - BIRTH DETAILS

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

## PART 3 - CURRENT ADDRESS DETAILS

Current Address: \_\_\_\_\_

Post Town: \_\_\_\_\_ County: \_\_\_\_\_

Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Resident from: \_\_\_\_\_

# APPLICATION FOR SECURITY SCREENING FORM



**CONFIDENTIAL WHEN COMPLETED**

- List all addresses you have lived at within the last **FIVE/TEN YEARS**, as applicable
- Include the Post Code and Country
- List Most Recent first

## PART 4 - ADDRESS HISTORY

Previous Address: \_\_\_\_\_  
\_\_\_\_\_

Post Town: \_\_\_\_\_ County: \_\_\_\_\_

Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Resident from: \_\_\_\_\_ to: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
\_\_\_\_\_

Post Town: \_\_\_\_\_ County: \_\_\_\_\_

Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Resident from: \_\_\_\_\_ to: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
\_\_\_\_\_

Post Town: \_\_\_\_\_ County: \_\_\_\_\_

Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Resident from: \_\_\_\_\_ to: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
\_\_\_\_\_

Post Town: \_\_\_\_\_ County: \_\_\_\_\_

Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Resident from: \_\_\_\_\_ to: \_\_\_\_\_ County: \_\_\_\_\_

Country: \_\_\_\_\_

# APPLICATION FOR SECURITY SCREENING FORM



**CONFIDENTIAL WHEN COMPLETED**

## PART 5 - BACKGROUND INFORMATION

Are you permitted to work in the UK?:      Yes       No

Visa Expiry Date: \_\_\_\_\_

Give details of occasions you have been  
subject to immigration control: \_\_\_\_\_  
\_\_\_\_\_

If None, write NONE \_\_\_\_\_

Give details of any cautions or convictions  
for criminal offences, which are not SPENT  
under the Rehabilitation of Offenders Act:  
1974, including pending actions: \_\_\_\_\_  
\_\_\_\_\_

If None, write NONE \_\_\_\_\_

Give details of all bankruptcy proceedings  
and court judgments (including satisfied),  
financial judgments in the civil court made  
against you and individual voluntary  
arrangements with creditors from  
the previous six years: \_\_\_\_\_  
\_\_\_\_\_

If None, write NONE \_\_\_\_\_

Give details of any/all occasions when  
you have been dismissed by an employer: \_\_\_\_\_  
\_\_\_\_\_

If None, write NONE \_\_\_\_\_

# APPLICATION FOR SECURITY SCREENING FORM



**CONFIDENTIAL WHEN COMPLETED**

## PART 6 - REFERENCES

Please give the name and contact details of two references from persons of standing that have personal knowledge of you, from whom a written character reference can be obtained. **These references should not be current or previous employers, relatives (by blood or marriage) and/or reside at the same address as you.** These references will be asked to confirm the nature of their relationship with you and that they have known you for at least the most recent two years immediately prior to this application. Please ensure that you have express permission from your referees to pass their details to us before you complete this form.

	REFEREE 1	REFEREE 2
Name:	_____	_____
Time Known:	_____	_____
Telephone Number	_____	_____
Mobile Number	_____	_____
E-mail address:	_____	_____
Relationship:	_____	_____
Home Address:	_____	_____
Country:	_____ Post Code: _____	_____ Post Code: _____

## PART 7 - EDUCATION AND EMPLOYMENT HISTORY

Please give details of ALL periods, however brief, of EDUCATION, EMPLOYMENT, UN-EMPLOYMENT, SELF-EMPLOYMENT, WORKING ABROAD, EXTENDED PERIODS OF ILLNESS and time spent in MILITARY SERVICES, covering the last FIVE / TEN YEARS as applicable (Please check with the company which is required.) of your history, or leaving full time education at 16. If UNEMPLOYED (this includes Housewife/Home-Maker), show the area in which you were unemployed and the employment benefit office, if you were registered. If SELF-EMPLOYED, state the name of the business, the registered address and the name and address of ANY/ALL ACCOUNTANTS used. Start with the EARLIEST occurrence, i.e. school or first job etc. and ensure that you give DAY, MONTH and YEAR in the sections FROM and TO.

	POSITION 1	POSITION 2
Establishment:	_____	_____
Dates:	From: _____ to: _____	From: _____ to: _____
Employee ID Reference:	_____	_____
Contact Name:	_____	_____
Address:	_____	_____
Post Code:	_____	_____
Country:	_____	_____
Course Details/Name:	_____	_____
Business Type:	_____	_____
Position Held:	_____	_____
Full/Part Time: Casual/Occasional:	_____	_____
Telephone Number:	_____	_____
Fax Number:	_____	_____
E-mail address:	_____	_____
Reason for Leaving:	_____	_____

# APPLICATION FOR SECURITY SCREENING FORM

CONFIDENTIAL WHEN COMPLETED



## PART 7 - EDUCATION AND EMPLOYMENT HISTORY (CONTINUED)

### POSITION 3

### POSITION 4

Establishment:	_____	_____
Dates:	From: _____ to: _____	From: _____ to: _____
Employee ID Reference:	_____	_____
Contact Name:	_____	_____
Address:	_____	_____
Post Code:	_____	_____
Country:	_____	_____
Course Details/Name:	_____	_____
Business Type:	_____	_____
Position Held:	_____	_____
Full/Part Time: Casual/Occasional:	_____	_____
Telephone Number:	_____	_____
Fax Number:	_____	_____
E-mail address:	_____	_____
Reason for Leaving:	_____	_____

### POSITION 5

### POSITION 6

Establishment:	_____	_____
Dates:	From: _____ to: _____	From: _____ to: _____
Employee ID Reference:	_____	_____
Contact Name:	_____	_____
Address:	_____	_____
Post Code:	_____	_____
Country:	_____	_____
Course Details/Name:	_____	_____
Business Type:	_____	_____
Position Held:	_____	_____
Full/Part Time: Casual/Occasional:	_____	_____
Telephone Number:	_____	_____
Fax Number:	_____	_____
E-mail address:	_____	_____
Reason for Leaving:	_____	_____

# APPLICATION FOR SECURITY SCREENING FORM

CONFIDENTIAL WHEN COMPLETED



## PART 6 - DECLARATIONS

### Declaration by the Applicant:

1. I understand that employment with the Company is subject to satisfactory references and security screening in accordance with BS 7858 and I undertake to cooperate with the Company in providing any additional information required to meet these criteria.
2. I understand that my present employer will be contacted. I further understand that any offer of employment may be withdrawn if the security screening is not concluded satisfactory.
3. I authorize the Company and/or its nominated agent to approach previous employers, schools/colleges, character referees, DWP, Criminal Justice Agencies or Government Agencies to verify that the information I have provided is correct for reference purposes. I further acknowledge that National Security Screening Agency may use the information contained within this application, to conduct Security Screening to BS 7858, on behalf of the Company to whom I am applying and to share that information with the company.
4. I authorize the Company or its nominated agent to make a consumer information search, including a Watch List Check, with a credit reference agency, which will keep a record of that search and may share that information with other credit reference agencies and with the company.
5. I understand that some of the information I have provided in this application will be held on a computer and some or all will be held in manual records. I understand that all information given will be held in the strictest confidence and that National Security Screening Agency are registered with the Information Commissioner Officer - Registration Number Z3460613.
6. 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. I consent to the results of such examinations to be given to the Company.
7. 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.
8. I acknowledge that personal data will be used for the purposes of security screening and that any documents presented to establish my identity and proof of residence may be checked using an ultra violet scanner or other method to deter identity theft and fraud. I further acknowledge that if any of the original documents provided to establish identity appear to be forgeries will be reported to the relevant authority.
9. I understand that the information I have provided may be used to conduct a Disclosure Scotland check and if so, Disclosure Scotland will use the information I have provided to verify my identity and to check and process my application. Disclosure Scotland will use this information for the purposes of the prevention or detection of crime and for other related purposes.
10. I understand that the DBS/Disclosure Scotland may pass the information it holds about me to other Government departments or organizations, the police and other law enforcement agencies for the purposes of the prevention and detection of crime, of the apprehension and prosecution of offenders and for other related purposes.
11. I hereby give National Security Screening Agency my express permission to receive and open the returned disclosure and to subsequently forward to my present employer, where applicable.
12. I hereby certify that, to the best of my knowledge, the details I have given in this application form are complete and correct. I acknowledge that misrepresentation, or failure to disclose material facts, either during application or throughout employment may constitute grounds for withdrawal of an employment offer or termination of employment and/or legal action.

**WARNING** it is an offence if you knowingly make a false statement for the purpose of obtaining, or enabling another person to obtain, a Disclosure.

**Please remember to send copies of official documentary evidence which confirms name, current home address and another confirming date of birth.**

Signed: \_\_\_\_\_ Name \_\_\_\_\_  
(BLOCK CAPITALS):

Date: \_\_\_\_\_

# ORDER FORM FOR SECURITY SCREENING NOTES



## IDENTIFICATION DOCUMENTS

Documents to prove identity/residence must be provided to comply with the security screening requirements as required by BS7858 and also the disclosure service. Route 1 is the preferred route.

### Route 1 – PREFERRED ROUTE

The applicant must be able to show:

- 1 document from Group 1, plus
- 2 further documents from either Group 1, or Group 2a or 2b, below

At least one of the documents must show the applicant's current address.

### Route 2 – to be used only if Route 1 cannot be achieved

If the applicant does not have any of the documents in Group 1, then they must be able to show:

- 1 document from Group 2a, plus
- 2 further documents from either Group 2a or 2b

At least one of the documents must show the applicant's current address. The organization conducting their ID check must then also use an appropriate external ID validation service to check the application.

### Route 3 – to be used only if Route 1 and Route 2 cannot be achieved

Route 3 can only be used if it is impossible to process the application through Routes 1 or 2.

For Route 3, the applicant must be able to show:

- a birth certificate issued after the time of birth (UK and Channel Islands), plus
- 1 document from Group 2a, plus
- 3 further documents from Group 2a or 2b

At least one of the documents must show the applicant's current address.

## GROUP 1: PRIMARY IDENTITY DOCUMENTS:

Document	Notes
Passport	Any current and valid passport
Biometric residence permit	UK
Current driving licence photo-card - (full or provisional)	UK, Isle of Man, Channel Islands and EU
Birth certificate - issued within 12 months of birth	UK, Isle of Man and Channel Islands - including those issued by UK authorities overseas, e.g. embassies, High Commissions and HM Forces
Adoption certificate	UK and Channel Islands

## GROUP 2A: TRUSTED GOVERNMENT DOCUMENTS:

Document	Notes
Current valid driving licence photo-card - (full or provisional)	All countries outside the EU (excluding Isle of Man and Channel Islands)
Current valid driving licence (full or provisional) - paper version (if issued before 1998)	UK, Isle of Man, Channel Islands and EU
Birth certificate - issued after time of birth	UK, Isle of Man and Channel Islands
Marriage/civil partnership certificate	UK and Channel Islands
HM Forces ID card	UK
Firearms licence	UK, Channel Islands and Isle of Man

## GROUP 2B: FINANCIAL AND SOCIAL HISTORY DOCUMENTS:

Document	Notes	Issue date and validity
Mortgage statement	UK or EEA	Issued in last 12 months
Bank or building society statement	UK and Channel Islands or EEA	Issued in last 3 months
Bank or building society account opening confirmation letter	UK	Issued in last 3 months
Credit card statement	UK or EEA	Issued in last 3 months
Financial statement, e.g. pension or endowment	UK	Issued in last 12 months
P45 or P60 statement	UK and Channel Islands	Issued in last 12 months
Council Tax statement	UK and Channel Islands	Issued in last 12 months
Work permit or visa	UK	Valid up to expiry date
Letter of sponsorship from future employment provider	Non-UK or non-EEA only - valid only for applicants residing outside of the UK at time of application	Must still be valid
Utility bill	UK - not mobile telephone bill	Issued in last 3 months
Benefit statement, e.g. Child Benefit, Pension	UK	Issued in last 3 months
Central or local government, government agency, or local council document giving entitlement, e.g. from the Department for Work and Pensions, the Employment Service, HMRC	UK and Channel Islands	Issued in last 3 months
EU National ID card	-	Must still be valid
Cards carrying the PASS accreditation logo	UK, Isle of Man and Channel Islands	Must still be valid
Letter from head teacher or college principal	UK - for 16 to 19 year olds in full time education – only used in exceptional circumstances if other documents cannot be provided	Must still be valid

# APPLICATION FOR SECURITY SCREENING FORM



**CONFIDENTIAL WHEN COMPLETED**

## APPENDIX A (FOR OFFICE USE ONLY)

This section is for OFFICE USE only, to provide evidence that information has been obtained, to record the notes relating to interviews and the **acceptance of risk** when offering Conditional Employment, where this is **before** Limited Screening.

TYPE	DATE OF CHECK	SATISFACTORY?	COPIED TO NSSA	INITIALS
Driving Licence				
Birth Certificate				
Proof of Home Address				
Evidence of Name Change (if applicable)				
Valid Passport (if applicable)				
Marriage Certificate (if applicable)				
Qualification Certificate(s)				
Valid Work Permit/Visa (if applicable)				
Accession State Worker Registration Card (if applicable)				
Consumer Information Search Conducted				
Disclosure of Convictions from Embassy/Other Country				

  

TYPE	NUMBER	EXPIRY DATE	COPIED TO NSSA	INITIALS
SIA Licence Number and Expiry Date				

Date Police Enquiry: \_\_\_\_\_ Date Sent: \_\_\_\_\_ Date Received: \_\_\_\_\_

Satisfactory? Yes  No

Disclosure Application sent (if applicable) Date Sent: \_\_\_\_\_ Date Received: \_\_\_\_\_

## INTERVIEW RECORD

Conducted By: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Details of Known Forthcoming Absences (Holiday etc.): \_\_\_\_\_

\_\_\_\_\_

AUTHORITY TO OFFER CONDITIONAL EMPLOYMENT TO BE OFFERED NOT TO BE OFFERED

Conditional Employment: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Comments/Reasons for NOT \_\_\_\_\_

Offering Conditional Employment \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_