



Candidate Ref No: (Office use only)

APPLICATION FORM AVIATION SERVICES AND CORPORATE SECURITY

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

Job title of vacancy you are applying for	
Location of vacancy you are applying for	

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
Have you ever been known by any other name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Name	

Current Address			
		Post Code	
Tel No		Mobile No	
Email Address			

Please list addresses you have lived at within the last FIVE YEARS

Previous Address			
		Post Code	
Country		Resident From	To

Previous Address			
		Post Code	
Country		Resident From	To

Nationality		Place of Birth (inc. country)	
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National Insurance No.

It is a requirement within our Aviation/Corporate 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.
(Operational Employees Only)

 Yes 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 Yes No **If yes attach a copy when returning this application**

- If your nationality is **NON-EEA** please attach a copy of your **Visa/Work Permit** when returning this application.
- If you come from **Croatia** you must attach a copy of your **Permission to Work** when returning this application.

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 held an Airport ID Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes was it: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Airside
Company Name who issued the ID Card		

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		

If applicable please specify all convictions and cautions with dates in a sealed envelope and attach with this form.

General Posts			
Have you been convicted of a criminal offence (“unspent” only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
The following applies to posts working with children or vulnerable adults			
Do you have any convictions, cautions, reprimands or final warnings that are not ‘protected’ as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you subject to any sanctions imposed by a regulatory body?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you disqualified from working with children or Vulnerable adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you aware of any Police enquiries undertaken following allegations made against you that may have a bearing on your suitability for the position?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you have any outstanding County Court Judgments against you?	<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	

5 YEAR HISTORY

Should your 5 year history not be complete then your application will not be taken any further. Any offer of employment is subject to us completing a check on your background history in compliance with airport regulations and/or BS7858.

Start with the most recent and working backwards, please state details below of ALL periods of: **EMPLOYMENT / UNEMPLOYMENT / MILITARY SERVICE / SELF EMPLOYMENT 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.**

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

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

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

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

**EDUCATION HISTORY – If within the last 5 years
(Begin from Secondary School and include any current courses you are attending)**

Dates – From/To		Dates – From/To	
Name of Teacher/ Lecturer		Name of Teacher / Lecturer	
Name of School/ College		Name of School/ College	
Address		Address	
Qualifications Attained		Qualifications Attained	

Dates – From/To		Dates – From/To	
Name of Teacher/ Lecturer		Name of Teacher / Lecturer	
Name of School/ College		Name of School/ College	
Address		Address	
Qualifications Attained		Qualifications Attained	

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 FIVE years), who will provide a verbal and written character reference.

They must not be relatives (by blood or marriage), current or previous employers, current employees of ICTS and not reside at the same address as you.

Name		Name	
Address		Address	
Telephone No.		Telephone No.	
E-mail Address		E-mail Address	
Occupation		Occupation	
How long known?		How long Known?	

PLEASE NOTE THAT THESE REFERENCES WILL BE REQUIRED IN ORDER TO OBTAIN AN AIRPORT I.D PASS

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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Have you ever used a computer, if so at what level? Never used Beginner Intermediate Advanced

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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Authorisation and Compliance

Declarations:

I certify that to the best of my knowledge, the information that I have given in my application is true and complete and understand that any false statement or omission to the Company or its representatives may render leading to termination of employment without notice.

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. I authorise the Company or its agents to approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment/unemployment record.

I consent to the Company's reasonable processing of any 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 Reports Act 1988, I consent to the results of such examinations to be given to the Company and 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.

I further declare that any documents that I provide as proof of my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined under a UV scanner or similar device.

I acknowledge that any falsified documents may be reported to the appropriate authority.

Data Protection Act 1998

The Company will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability. It may be necessary to disclose your information to our agents and other service providers.

By signing below, you consent to our processing personal data about you where this is necessary, for example information about your credit status, ethnic origin or criminal offences. You also consent to the transfer of your information to you current and future potential employers where this is necessary (this may be to companies operating abroad if you apply for work outside of the United Kingdom).

Your information will be held on our computer database and/or in our paper filing systems. By signing below you agree to this process and confirm that you do not have a criminal record subject to the current Rehabilitation of Offenders Act and any amendments. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Disclosure

You are applying for a position of trust and in the event of being offered employment by the Company we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from employment. For more information ask a member of staff for a copy of the Disclosure Scotland Code of Practice. 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 you allow the Company to see a copy of the Disclosure. The Disclosure information is not retained i.e. it is disposed of within the timescales recommended in the Code of Practice. By signing below you agree to this process.

If you are applying for Aviation the Department for Transport conduct a counter terrorism check (CTC). Failure to obtain a CTC may lead to the termination of your employment.

Screening

Any offer of employment is subject to satisfactory screening, that the applicant consents to being screened and will provide information as required, that the information provided is correct, and the applicant acknowledges that any false statements or omissions could lead to termination of employment.

Surname		First Name/s:	
Signed:		Date	

I authorise ICTS UK & Ireland to approach Government agencies, former employers, educational establishments and personal referees for verification of my employment record and to verify that the information I have provided is correct.
I authorise the company to store information relating to my application or future employment in accordance with the Data Protection Act.

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.

GENDER INFORMATION (Please tick the appropriate box)	
Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
ETHNIC ORIGIN INFORMATION (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.	
WHITE	
British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
European	<input type="checkbox"/>
Any other White background <i>please specify</i>	<input type="checkbox"/>
BLACK	
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black background <i>please specify</i>	<input type="checkbox"/>
ASIAN	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background <i>please specify</i>	<input type="checkbox"/>
MIXED	
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"/>
OTHER ETHNIC GROUP	
Chinese	<input type="checkbox"/>
Any other ethnic group <i>please specify</i>	<input type="checkbox"/>
UNDISCLOSED	
I do not wish to disclose my ethnic origin	<input type="checkbox"/>

FOR ADMIN USE ONLY

RJA	RI	NSI	RJI	OPRP	OPAP	KOF