

Applicant Registration Form

All details provided should match the details on your Passport/Driving License

PLEASE COMPLETE IN BLOCK CAPITALS

PERSONAL DETAILS

First Name:		Gender:	M / F
Last Name:			
Date of Birth:		Age:	
Home Address:			
Post Code:			
Contact Number:			
Email Address:			
Emergency Contact			

National Insurance No:	
Passport Number:	
Passport Exp	
First Language:	
Visa Type: (if applicable)	
Visa Exp Date:	

Highest Qualification:	
Secondary School:	
Final Secondary Education Year:	

Work History	

I consider my ethnic origin or Background to be:

- ☐ English/Welsh/Scottish/British (31)
- ☐ Irish (32)
- ☐ Gypsy or Irish Traveler (33)
- ☐ Any Other White Background (34)
- ☐ White & Black Caribbean (35)
- ☐ White & Black African (36)
- ☐ White & Asian (37)
- ☐ Any Other Mixed Background (38)
- ☐ Indian (39)
- ☐ Pakistani (40)
- ☐ Bangladeshi (41)
- ☐ Chinese (42)
- ☐ Any Other Asian Background (43)
- ☐ African (44)
- ☐ Caribbean (45)
- ☐ Any Other Black Background (46)
- ☐ Arab (47)
- ☐ Any Other Ethnic Group (98)

Tick all those you are currently in Receipt of:

- ☐ Job Seekers Allowance (JSA)
- ☐ Employment Support Allowance (ESA)
- ☐ Council Tax Benefit (CTB)
- ☐ Housing Benefit (HB)
- ☐ Income Support
- ☐ Pension Credits
- ☐ Universal Credit

WAVIER: In some cases it may be necessary to collect further information from your employer including HR and payroll details. In signing you agree to your employer sharing such information with Total Hospitality Training for the limited purpose of securing Funding for your training.

Please sign to agree that all details provided are correct
And the time of completing this form:

Signature	

DECLARATIONS

I certify that to the best of my knowledge, the information that I have given in my application for employment is true and complete and understand that any false statement or omission to the Company or its representatives may render lead 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 authorize 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 authorize 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.

Company's Clients

You are working through **AST Security** at various venues and clients where you will be working on behalf of our client. It is illegal If you try go through work directly with client or any competitor on venue you first assigned by us, we are liable to take further actions against you which leads to hefty fine along with termination from your job. If client try approach (**Poaches**) you directly contact with company's Office or HR and will take further action from there.

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 for employment. It may be necessary to disclose your information to our agents and other service providers.

By returning this form to the Company 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 your 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 DBS Code of Practice/Disclosure Scotland and/or Company our policy statement regarding ex-offenders. 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 DBS Code of Practice. By signing below, you agree to this process.

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.

I understand that all am Agree with all terms and conditions of company mentioned in this contract.



AST SECURITY

Applicant Name	
Applicant Signature	
Date	