

Application for employment

Position: Full Time CCTV Operator [40 hours per week]

Pe	rsonal details:						
1.	Title	Mr	Mrs	Miss	Ms	Other	
	Surname: _				Other nan	nes:	
	Forename know	wn by:					
2.	Address:						
3.	Telephone Num	nber: _					
4.	E-mail address:						
5.	Driving Licence	Y/N [a	delete as	appropria	tel		
•	_						
	Details:						
[In	clude any points	on your	driving li	cence and	reasons for th	nem]	



6. Work history: Start with your most recent job and work back. Continue on a separate sheet if necessary.

Dates	Employer	Position held and description of duties	Reason for leaving



Do you hold a valid SIA Public Space CCTV Licence: Yes/No

If Yes: Please insert your licence number:					
Date you attended training: Company you completed your training with:					
University, college, school or other place (Type only]	Course studied and qualifications achieved				



elevant to the job you are applying for.					



The applicant must complete this exercise in order to clarify how they meet the skills and experience relevant to this post. The shortlisting panel will not make assumptions. You should therefore provide as much relevant information to support your application as necessary. All sections must be completed.

9. Can you describe a time when you had to work within a multi-agency group to solve a problem?				
10. Describe a time when you detected a crime and what actions you took?				



11. Can you describe a time when you had to be proactive in a situation resulting in a positive outcome?				



12.	Can you describe a situation when you had to multi-task and prioritise?



14. References: [Must not be related to the applicant]
One reference **must** be a previous employer within the last 3 years]

1.	2.				
Name:	Name:				
Address:	Address:				
Occupation:	Occupation:				
Telephone number:	Telephone number:				
E-mail address:	E-mail address:				
Relationship to Applicant	Relationship to Applicant				
ADDITIONAL INFORMATION					
Under the disability discrimination act 1995 a person is considered to have disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day or day activities.					
Do you consider that you meet this definition of disability? Yes/No					
If yes, please detail below if we need to meet any special adjustment arrangements should you be called for interview:					
					

- 13. Declaration (please read carefully before signing this application).
- 13.1 I confirm that the above information is complete and accurate and that any untrue or misleading information will give my employer the right to terminate any employment contract offered to me.



- 13.2 Should further information be required and we wish to contact your doctor, with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that Citywatch CCTV Northern Ireland reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personal file during my employment and up to six years thereafter and I understand that information will be processed in accordance with GDPR.
- 13.3 I agree that, should I be successful in this application, I will, if required, apply for a full disclosure of criminal records, including any spent convictions. I also agree that the company may apply to my previous employer(s) for references. I understand that should I fail to do so, or should the disclosure or reference not be to the satisfaction of Citywatch, any offer of employment may be withdrawn or my employment terminated.

Signed:	Date:

This completed application form should be returned to the Business Manager at info@citywatchni.co.uk or by post to Citywatch CCTV Northern Ireland, 15 Barrack Street, Lisburn, BT28 1TJ

The closing date is 12 noon on Wednesday 25th March 2020.