



APPLICATION FOR EMPLOYMENT

Strictly Confidential

- Documents to attach:**
- | | | |
|--|--------------------------|-----------------------------|
| Copy of ID | <input type="checkbox"/> | (Tick when complete) |
| (Office use only) Copy of SIA Licence | <input type="checkbox"/> | |
| Proof of Address | <input type="checkbox"/> | |
| Right to Work in UK (If applicable) | <input type="checkbox"/> | |
| Passport Photo | <input type="checkbox"/> | |
| Copy of DBS (Standard Certificate) | <input type="checkbox"/> | |

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK

Position Applied for:

Title: Mr/Mrs/Ms/Miss/Other: First Name.....

Surname: Middle name(s):

Former Names (Please list all previous first names and surnames):

.....

Home Telephone No: Mobile No:

E-mail Address:

Date of Birth: National Insurance No:

Nationality:

Current Address:

.....

..... Post Code: **Moved in Month / Year:**.....

Please state ALL other previous addresses you have lived in during the past 5 years. Continue on separate sheet of paper if necessary:

Date From: **First line of address:**.....

Post Code: **Date to:**.....

Date From: **First line of address:**.....

Post Code: **Dated to:**.....



EMPLOYMENT HISTORY

PLEASE INCLUDE ALL EMPLOYMENT, UNEMPLOYMENT AND PLACES OF EDUCATION IN THE LAST 5 YEARS

Starting with your present or latest employer, please give details of your employment history for the last 5 years, including details of full-time education within that period. Please include periods of self-employment military service.

For any periods of unemployment please give the address of the DWP Office or Job Centre to which you reported or provide a name of a reliable person who can confirm your whereabouts. This person must not be a relative.

In line with the BS:7858 Security Screening of Individuals employed in a Security Environment, we will contact your previous employers for confirmation of employment. If you do not wish us to contact an employer, please tick the boxes provided. If you have stated that you do not wish us to contact an employer or we cannot retrieve required information for any reason, we may ask you to provide relevant documentation.

CURRENT place of work/study/DWP office:

Address:

.....Post Code:

Position Held: From: (MM/YY) To: (MM/YY)

Telephone No: E-mail:

Reason for Leaving:

Permission for SB Security Solutions Ltd to contact? Yes [] No []

Name of Previous Employer, Education or DWP Office:

Address:

.....Post Code:

Position Held: From: (MM/YY) To: (MM/YY)

Telephone No: E-mail:

Reason for Leaving:

Permission for SB Security Solutions Ltd to contact? Yes [] No []

Name of Previous Employer, Education or DWP Office:

Address:



.....Post Code:

Position Held: From: (MM/YY) To: (MM/YY)

Telephone No: E-mail:

Reason for Leaving:

Permission for SB Security Solutions Ltd to contact? Yes [] No []

Name of Previous Employer, Education or DWP Office:

Address:

.....Post Code:

Position Held: From: (MM/YY) To: (MM/YY)

Telephone No: E-mail:

Reason for Leaving:

Permission for SB Security Solutions Ltd to contact? Yes [] No []

Name of Previous Employer, Education or DWP Office:

Address:

.....Post Code:

Position Held: From: (MM/YY) To: (MM/YY)

Telephone No: E-mail:

Reason for Leaving:

Permission for SB Security Solutions Ltd to contact? Yes [] No []

CONTINUE ON A SEPARATE SHEET OF PAPER IF NECESSARY

NEXT OF KIN

Please provide one person who should be contacted in the event of an accident or emergency.

Full Name:

Telephone No: Mobile No:

Work No: Relationship to You:

Date:



MEDICAL INFORMATION

SB Security Solutions Limited will comply with Section 60 of the Equality Act Code of Practice and ensure all applicants are selected for employment based on their ability. Employment offers are conditional on several issues, including fulfilling all the requirements of BS:7858 The Code of Practice for Vetting & Screening and completing a Health Questionnaire (which ensures we are aware of any adjustments which we may need to make, in order to accommodate your needs).

Due to the nature of our work; mainly Events / Festivals & Static Guarding, it is in both our interests that you consider the positions which you may be required to work in such as:

- 1. A stage with Loud Music
- 2. A stage with Strobe Lighting
- 3. Festival in Dusty Fields
- 4. Working in crowded areas
- 5. Raising & Lowering Barriers
- 6. Lone Working Roles

know?

Examples may include: Epilepsy or fitting; exacerbated by strobe lighting – Given the above working environments, are there any medical issues which you think we may need to Hearing issues; exacerbated by loud noise – Allergies; exacerbated by working in fields / pollen, hay fever etc.

Should you become ill or injured at work, we can pass relevant information to the medical staff which may assist them with your treatment / recovery. Please also complete the question below:

- 1. **COVID 19 Pandemic** = Have you ever contracted the disease or had to self-isolate? YES / NO
If Yes, please provide dates or relevant information. **Note: This information will not affect acceptance of your application.**

Employee Signature:

Print Name: **Date:**



DECLARATION

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 I understand that any false statement or omission to SB Security Solutions Ltd or its representatives may render lead to termination of employment without notice. I understand and agree that if required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declaration Act 1835 in confirmation of previous employment or unemployment. I authorize SB Security Solutions Ltd 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 SB Security Solutions Ltd 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 SB Security Solutions Ltd. Subject to the Access to Medical Records Act 1988, I consent to the results of such examinations to be given to SB Security Solutions Ltd 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 i provide, as proof of my identity, address, 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.

DISCLOSURE

You are applying for a position of trust and in the event of being offered employment by SB Security Solutions Ltd 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 CRB Code of Practice/Disclosure and, or SB Security Solutions Ltd for a 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 SB Security Solutions Ltd 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 CRB Code of Practice. By signing below you agree to this process.

SCREENING

Any offer of employment is subject to satisfactory screening in compliance with the ‘Vetting and Screening BS7858’, 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.

Applicants Name: NI Number:

Applicants Signature: Date:/...../.....

Please complete and forward to the below address:

**Admin Department
SB Security Solutions Ltd
Unit 4a, Aysgarth Road
Waterlooville
Hampshire
PO7 7UG
Tel: 02392 598467
www.sbsecuritysolutions.co.uk**