



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:

Please state ALL previous addresses you have lived for the past 5 years. Continue onto a separate sheet of paper if necessary:

..... Post Code:

..... Post Code:

..... Post Code:

Do you hold a current Full or Provisional Driving Licence?

| | |
|-------------|--------------------------|
| Full | <input type="checkbox"/> |
| Provisional | <input type="checkbox"/> |
| None | <input type="checkbox"/> |

Please state any driving convictions in the past 5 years:

.

Do you hold a current SIA Licence? Yes []
No []

SIA Licence No: Expiry Date:

Are you subject to Immigration Control? Yes []
No []

If YES, do you have an unrestricted entitlement to employment in the UK?
Yes []
No []

Have you ever been convicted (or received a caution, warning or final reprimand) for an offence that would not be filtered from the Police National Computer when it is processed by the Disclosure and Barring Service?

Yes []
No []

Are there any alleged offences outstanding against you? Yes []
No []

If YES to either question, please give details:
.....
.....

Have you ever been made bankrupt or do you have any Court Judgements against you, whether satisfied or not, within the last 5 years? Yes []
No []

Has any order been made against you by a Civil or Military Court or Republic Authority? Yes []
No []

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 BS7858 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:

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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 ONTO 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:

Signature:

Print Name: **Date:**

MEDICAL INFORMATION

The reason we require you to fill in the Medical Information Sheet is because of the nature of the job mainly Events/Festivals and positions that you might be required to work in such as:

- A stage with Loud Music
- A stage with Strobe Lighting
- Festival in Dusty Fields
- Lifting Barriers
- Lone Working Roles

Should you become ill or injured at work, we can pass onto the medics any relevant information required to speed up your treatment/recovery.

It is in yours and SB Security Solutions Ltd best interests that you inform us of any medical condition that you may have, so we can accommodate your job and positions to the best of our ability, although you are not obliged to fill the form in, we highly recommend that you do.

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 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 so 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 SB Security Solutions Ltd 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

SB Security Solutions Ltd will use 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 SB Security Solutions Ltd you consent to our processing personal data about you where necessary, for example information about your credit status, ethnic origin or criminal offenses.

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 the United Kingdom).

Your information will be held on our computer database and/or in our paper filling 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 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 Scotland and/or SB Security Solutions Ltd or 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.

GDPR

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

[Working times regulations. 1998 \(opt out form\)](#)

