

# S-B-N LIMITED

## Application for Employment

Affix your  
Photograph here

Position Applied for:

(Please ensure you meet the Person Specification before completing).

### **Personal Details** [Please Complete in Block Capitals and use Black Ink]

Mr/Mrs/Miss \_\_\_\_\_ Surname \_\_\_\_\_ First Name(s) \_\_\_\_\_ Middle Name(s) \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

**If less than 3 years at this address, state your previous address (es)**

Address ( 1 ) \_\_\_\_\_ Post Code. \_\_\_\_\_ Dates. \_\_\_\_\_

Address ( 2 ) \_\_\_\_\_ Post Code. \_\_\_\_\_ Dates. \_\_\_\_\_

Address ( 3 ) \_\_\_\_\_ Post Code. \_\_\_\_\_ Dates. \_\_\_\_\_

National Insurance No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place and Country of birth \_\_\_\_\_ Nationality: \_\_\_\_\_

If not born in the EC date of entry into the UK \_\_\_\_\_

Work Permit/Visa No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Have you lived or worked outside the UK for more than 6 months in the last 5 years? Yes No

If yes please, state country (ies) & date(s): \_\_\_\_\_

#### **Do you have?**

A current driving license? Provisional Full No

Use of a vehicle? Yes No

Any current endorsements?

If so, please give detail (s) \_\_\_\_\_

Next of Kin [Name] \_\_\_\_\_ Relationship \_\_\_\_\_ Tel No: \_\_\_\_\_

Address of Next of Kin: \_\_\_\_\_ Post Code \_\_\_\_\_

Have you ever been cautioned or convicted of a criminal offence in the UK or any other country or are there any proceedings pending? Yes No

(Subject to the Rehabilitation of Offenders Act 1974)

If yes, Please give details (Attach extra sheet if required): \_\_\_\_\_

Date of Offence \_\_\_\_\_

Have you ever been subject to bankruptcy or court judgements for debt? Yes No

Or are there any proceedings pending?

If yes, please give details \_\_\_\_\_

Name of introducing Officer (if applicable) \_\_\_\_\_

## **EMPLOYMENT RECORD [COLLEGE / UNIVERSITY / WORK]**

### **Last 5 years (Start with most recent)**

Important – full addresses and contract telephone numbers are required if you are still presently employed, please give the notice period you required. Attach additional sheet if required.

<b>No.</b>	<b>Employment/Education Details</b>	<b>Start Date</b>	<b>End Date</b>	<b>Company Name and Address</b>	<b>Reason for leaving</b>
<b>1</b>	Contact Person?/Title  Your job Title:			  Tel: Fax:	
<b>2</b>	Contact Person?/Title  Your job Title:			  Tel: Fax:	
<b>3</b>	Contact Person?/Title  Your job Title:			  Tel: Fax:	
<b>4</b>	Contact Person?/Title  Your job Title:			  Tel: Fax:	
<b>5</b>	Contact Person?/Title  Your job Title:			  Tel: Fax:	
<b>6</b>	Contact Person?/Title  Your job Title:			  Tel: Fax:	
<b>7</b>	Contact Person?/Title  Your job Title:			  Tel: Fax:	

**PERSONAL REFEREES**

Please give the name, address, telephone number and occupation of two persons, not related to you, who have known you for at least 2 years in a personal capacity, whom we may approach for character references (Tutor/Employer)

**Referee One**

Title \_\_\_\_\_ Surname \_\_\_\_\_ Fore Name(s) \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Occupation: \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

**Referee Two**

Title \_\_\_\_\_ Surname \_\_\_\_\_ Fore Name(s) \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Occupation: \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

**Referee One**

Title \_\_\_\_\_ Surname \_\_\_\_\_ Fore Name(s) \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Occupation: \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

**Referee Two**

Title \_\_\_\_\_ Surname \_\_\_\_\_ Fore Name(s) \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Occupation: \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

## EDUCATION AND PERSONAL QUALIFICATIONS

Qualification	Date Received	Certification Body/Place of Education

### Education History

**If you have attended school / college in the last ten years, please give details:**

Name of school/College:.....

Address:.....  
 .....

Date you left:.....

### MEDICAL DETAILS

**“I agree to undergo a medical examination by the Company Doctor, and I authorize The Company to contact my own Doctor?”**

Name of Doctor:

Telephone Number:

Address:

Post Code:

Are you currently under any medication

Yes

No

If yes please give details

Details of major surgery with Dates

**The following is required in the event that you may wish to become authorized to drive a company vehicle or driver a private vehicle on company business.**

Have you ever been refused a driving licence on health grounds,

Yes

No

Or been banned or prevented from driving?

If yes, when, for how long and for what reason?

**Have you ever: (If Yes please tick box)**

- Received in-patient treatment for any mental condition
- Been refused employment or dismissed for health reason
- Been treated for alcohol or drug abuse
- Suffered from asthma, bronchitis or any other respiratory complaint

**Do you: (if Yes please tick box)**

- |   |   |
|---|---|
| <input type="checkbox"/> Suffered from joint or back pain               | <input type="checkbox"/> Suffer from hearing problems     |
| <input type="checkbox"/> Suffered from blood pressure or heart problems | <input type="checkbox"/> Have epilepsy, fits or blackouts |
| <input type="checkbox"/> Suffered from arthritis or rheumatism          | <input type="checkbox"/> Have good sense of smell         |
| <input type="checkbox"/> Suffered from diabetes                         | <input type="checkbox"/> Have colour blindness            |

**PLEASE STATE WHY YOU ARE BEST SUITED FOR THE JOB:**

## **DECLARATION OF CONSENT**

I certify that the information in this application is correct to the best of my knowledge and belief. I fully understand that it is a criminal offence to make it also statements on this application form under section 16 of the theft Act 1968

I also understand that any false statement may be sufficient cause for rejection of my application or employed dismissal.

I further certify that I have completed the application form in my own writing and understand that my employment is subject to satisfactory vetting compliance with security-check or as may be amended.

I authorize the company and any third party nominated by the company to perform a vetting service and to hold the information contained in the Application for Employment. Such information will be subject to the Data Protection Act.

I understand and agree that any offer of employment is conditional to the verification, to the companies' satisfaction of the information provided on the application form.

I confirm that the information I have provided on the Application Form is true and complete to the best of my knowledge.

I understand that the check will involve verification of the details as specified below:

### **CHECKS TO BE CARRIED OUT**

- **Passport/ID & relevant visas – right to work in the UK**
- **Residency check**
- **County Court Judgement/Bankruptcy checks**
- **10 years employment check**
- **Criminality check.**

1) I also understand that it may be a criminal offence to attempt to obtain employment by deception and that any misrepresentation omission of the material fact or deception will be a cause for immediate cancellation of consideration for employment, or dismissal if already employed.

2) I hereby authorize The Company to verify information presented on my application form, which may include explicit or sensitive personal data for the purposes of the Data Protection Act 1998 and the obtaining of the documents and or information covered by the European Union.

3) Directive 95/46. I authorize The Company to perform reference checks of my employment, including current employment and to contact the Department of Works and Pensions to confirm period of unemployment (if any)

4) I understand that if an unsatisfactory reference is received from any of my current employer after I have accepted a role with The Company that The Company may terminate my employment with immediate effect.

**I confirm that my consent is explicit, fully informed and freely given for the purposes of the Act.**

Signature \_\_\_\_\_

First Name: \_\_\_\_\_

Date \_\_\_\_\_

## **REHABILITATION OF OFFENDERS ACT 1974**

The following is the summary of REHABILITATION OF OFFENDERS ACT 1974. Please ensure that you read through this carefully and that you are aware of its meaning.

### **WHAT IS THE ACT?**

The REHABILITATION OF OFFENDERS ACT 1974 was introduced to enable criminal convictions to be spent or forgotten after a period of rehabilitation. After this period, with some exceptions, an offender will not normally be obliged to mention the conviction when applying for a job, obtaining insurance, or when involved in other criminal legal proceedings.

### **HOW LONG IS THE REHABILITATION PERIOD?**

The period of rehabilitation will depend on the sentence given, not the actual time served in custody.

<b><u>SENTENCE</u></b>	<b><u>PERSON 17 OR OVER WHEN SENTENCED</u></b>	<b><u>PERSON UNDER 17 WHEN SENTENCED</u></b>
2.5 years or over	Never	Never
A sentence of imprisonment, direction in a young offender institution, youth custody or corrective training for a term exceeding 6 months but not exceeding 2.5 years	10 years	5 years
A sentence cashiering, discharge with ignominy or dismissal with disgrace from Her Majesty's Service	10 years	5 years
A sentence of imprisonment, direction in a young offender institution or youth custody for a term less than 6 months	7 years	3.5 years
A sentence of dismissal from Her Majesty's service	7 years	3.5 years
Any sentence of detention in respect of conviction in service disciplinary proceedings	7 years	3.5 years
A fine, other sentence, community service order or probation	5 years	2.5 years
Order for detention in a detention centre	3 years	3 years
Absolute discharge	6 months	6 months
Conditional discharge or bind over	1 year or until order expires	
Attendance Centre order	1 year or until order expires	
Hospital Orders	5 years or 2 years after the order expires whichever is the longer period.	

### **HOW DOES THIS AFFECT YOU?**

If you have been awarded with any of the sentences shown (including suspended sentences) and the period of rehabilitation has been completed, your sentence is regarded as spent and need not be declared if it has been spent then it must be included on your application form.

Please now sign the declaration below to confirm you have read the Rehabilitation of Offenders Act 1974.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WORKING TIME DIRECTIVE – 48 HOURS WEEK**

- The 48 hours week working time directive has been in force since 1<sup>st</sup> October 1998
- Under these regulations The Company obtains your written permission.
- If you wish to work more than 48 hours per week, you need to sign the agreement below.
- If you change your mind about this later, you will need to inform the human resources department in writing, giving three months’ notice so that your roster may be amended.
- The Directive states that its industries are not bound to comply with regulation relating to night workers working longer than 8 hours in 24 hours, rest period of 11 per day or one day per week or a rest period for every 6 hours worked, provided that you are allowed the same at a later time.
- If, however, you wish to work and to be paid for rather than take rest breaks, you can do so provided that there is work available and you have returned the signed agreement enclosed.

**Please tick one of the following statements and sign below:-**

- I do not wish to work more than 48 hours per week
- I am prepared to work more than 48 hours per week and therefore wish to opt out of the regulation.

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Tick all appropriate boxes to confirm sight of original documents and to confirm that signed and endorsed copies are on file.

<u>Document</u>	<u>Signature of person taking copy</u>
<input type="checkbox"/> Birth certificate	_____
<input type="checkbox"/> Armed Services	_____
<input type="checkbox"/> Driving Licence	_____
<input type="checkbox"/> Work Permit	_____
<input type="checkbox"/> Passport	_____
<input type="checkbox"/> Civilian Services	_____
<input type="checkbox"/> Education and/ or Training Certificates	_____
<input type="checkbox"/> Proof of Home Address	_____

Please return completed form to:

**S-B-N LIMITED**  
**1S Floor, 415 High Street, Stratford**  
**London E15 4QZ**