

CBS SECURITY & REMOTE MONITORING LIMITED

Security by Design



APPLICATION FOR EMPLOYMENT

* Delete as applicable

VACANCY		Please state any holidays booked:
Position applied for		
Where did you hear about this vacancy?		
Why did you decide to apply for this position?		

PERSONAL INFORMATION

*Mr/Mrs/Miss/Ms Other.....	First name[s]:	Surname:	DOB:
Permanent Address	Postcode: _____ How long have you been at this address: _____		
If less than 5 years plus list previous address[s] to cover 5 year period:			

Telephone	Home:	Mobile:
NI Number:		
Do you hold a valid driving licence?	*Yes/No	UK / International / European Please state if it is: Provisional / Full
Do you own a car?	*Yes/No	
Do you have any licence endorsements?	*Yes/No	If yes, please give details
Have you previously been employed by CBS?	*Yes/No	If yes, please give details
Do you have any relatives or friends currently employed by CBS?	*Yes / No	
Please state name(s) and their relationship to you:		

EMPLOYMENT

Please provide evidence of Right to Work in UK - original documentation must be produced.	Please list documents enclosed:	
Have you ever been convicted of a criminal offence?	*Yes/No	If yes, please give details

EMPLOYMENT HISTORY

Starting with your current/ last employer, please give details of your employment/ unemployment for the last 5 years or since you left full time education. Include periods of self-employment and military service. For any period of unemployment give address of jobcentre to which you reported and the relevant dates. For any period when you were self-employed, please supply the name, address and telephone number of someone who can verify this, such as your accountant or solicitor. You may carry on to an additional piece of paper, but remember to attach to this to the back of this form.

As this is under provision BS7858 please make sure you complete this section fully and accurately giving full details of previous employers.

PLEASE NOTE THAT WITHOUT THE FULL ADDRESS AND TELEPHONE DETAILS, WE ARE UNABLE TO PROCESS YOUR APPLICATION FURTHER.

Employer's <u>FULL</u> Name, Address & Telephone Number	From	To	Position	Salary	Reason for leaving	Give brief description of duties responsibilities

REFERENCES

May we approach your present employer for a reference now?

*Yes / No

Please supply the names of two referees who have known you for at least 2 years and who must **not** be Employers or relatives, who we may approach.

Detail	Reference 1	Reference 2
Name		
Address		
Postcode		
Telephone		
Occupation		
Period known		

Please use this continuation form for employment history

Employer's <u>FULL</u> Name, Address & Telephone Number	From	To	Position	Salary	Reason for leaving	Give brief description of duties/ responsibilities

EDUCATION			
From	To	Name and address of school	Subjects taken & Exams taken / results
FURTHER/HIGHER EDUCATION [COLLEGE/UNIVERSITY/OTHER INSTITUTION]			
From	To	Name and address of College/ University	Subjects taken & Exams taken / results
ADDITIONAL TRAINING/QUALIFICATIONS			
From	To	Where taken?	Course undertaken and qualifications gained
Are you a member of a professional body?	*Yes/No	If yes, please give details	
Do you hold a SIA licence? Please note that this information MUST be provided	*Yes/No	Licence Sector: Licence Number: Expiry Date:	
Do you hold an SIA Approved Training Certificate?	*Yes/No	Please enter certificate number and award date:	
Do you hold a First Aid certificate?	*Yes/No	If yes, please enter certificate number and expiry date:	
EQUAL OPPORTUNITIES			
<p>CBS are committed to providing equality of opportunity in terms of employment for all regardless of race, colour, nationality creed, disability, age, sex, marital status or sexual orientation.</p> <p>To enable us to monitor our policy, please indicate your ethnic group. This information is treated as confidential and will not be used for any other purpose.</p>			
White	Black/Caribbean	Black/African	Black/other
Indian	Pakistani	Bangladeshi	Chinese
Other			
ADDITIONAL INFORMATION / EXPERIENCE:			
Please tell us about what experience you have and where you gained the experience:			
OUTSIDE ACTIVITIES/HOBBIES			
Details of main activities outside work			

DECLARATION

I hereby agree that you may terminate my employment if any of the above information is found to be deliberately false; in particular information concerning criminal convictions, due to the nature of the work undertaken by the Company.

Signature.....

Date.....

Print:.....

Please return this form to:

Human Resources Department
CBS Security & Remote Monitoring Limited
Courtyard 4
Coleshill Manor
Coleshill
Warwickshire
B46 1DL

For Office Use only

INTERVIEW DETAILS		
Interviewed by:	Date of interview:	
Interview notes:		
Holidays Booked:		
Outcome of interview:		
Test 1 Score -		
Test 2 Score -		
Combined Score -	PASS	FAIL
EYE TEST -	PASS	FAIL
COLOUR BLINDNESS	PASS	FAIL
POSITION OFFERED:	YES	NO
POSITION ACCEPTED:	YES	NO

CONSENT TO PROCESSING
OF PERSONAL AND SENSITIVE PERSONAL DATA
FOR THE PURPOSES OF THE DATA PROTECTION ACT
1998

I hereby consent to and authorise CBS, (the Company), and any third party nominated by the Company from time to time, to perform a vetting service to hold information contained in the Application for Employment and any other information, obtaining references and / or confirming accuracy of the information contained in the Application for Employment (and for the avoidance of doubt that will include details of National Insurance Contributions), for the duration of any applicable probationary period and subsequently, in the event that the employment with the Company is confirmed.

I also confirm that information that is contained within the Application of Employment may be disclosed to a licensed credit reference agency that will retain a record of the search.

Included within this consent is permission for data pertinent to my SIA license application to be viewed and held by the company.

This consent shall constitute 'consent' and 'explicit consent' for the purpose of the Data Protection Act 1998.

Signed:

Date:

Print Name:

WORKING TIME DIRECTIVE

1998 WORKING TIME DIRECTIVE
Employee's agreement to opt out of the 48 hours maximum average working week.

This agreement between CBS Remote Monitoring Limited

And

Employee Name:

Payroll Number:

Address:

The WORKING TIME DIRECTIVE Regulations 1998 providing that the average working week including overtime shall not exceed 48 Hours

I agree to work the expected shift pattern with an average 56 hours (Fifty Six Hours).

Any additional hours of work required to the above are to be considered as EXTRA working hours and are to be agreed by the employee.

Other than the above, all my statutory rights as an employee remain in place.

The company and the employee agree that this limit (48 hours) shall not apply to the employee. This agreement will remain in force indefinitely. The employee or the company may terminate this agreement at any time by giving not less than 1 month's notice to the other.

Signed: Employee

Date:

Signed: For and behalf of the Company

Date: