Confidential Application Form

This application form applies to all the companies within GB Group as listed below:

**George Barnsdale Ltd**

**George Barnsdale Commercial Ltd**

**GBSG Ltd**

**GB Monitoring Ltd**

**GBSG (Guarding) Ltd**

**GB Management Services**

|  |  |
| --- | --- |
| **Applicants Name**  |  |
| **Position Applied For** |  |
| **Company** |  |
| **Date of Application** |  |

*Office use only*

|  |  |
| --- | --- |
| Next Action |  Invite to Interview [ ]  Decline [ ]  |

**Decline**

|  |  |
| --- | --- |
| Reason for Decline |  |
| Actioned by |  | Date |  |

**Interview**

|  |  |
| --- | --- |
| Interview Date |  |
| Interview Time |  |
| Interviewer(s) |  |
| Actioned by |  | Date |  |

|  |
| --- |
| Personal Details |
| Full Name |  |
| Address including postcode |  |
| Mobile number |  | Home number |  |
| Email Address |  |
| Driving Declaration |
| Type of Licence held | Full UK [ ]  Provisional [ ]  HGV [ ] Towing [ ]  N/A [ ]  |
| If provisional, advise date of tests | Theory: Practical: |
| Driving Licence number |  |
| Date Test Passed |  | Issue Date |  |

Please detail below any convictions for road traffic offences within the last 10 years

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Offence | Endorsement Code | Fine/ Penalty points/ Conviction |
|  |  |  |  |
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|  |  |
| --- | --- |
| Do you have a DVLA reportable medical condition? |  Yes [ ]  No [ ]  |
| If yes, please give details including any medication you’re currently taking |  |
| Have you reported your medical condition to the DVLA? |  Yes [ ]  No [ ]  |

|  |  |
| --- | --- |
| Do you have your own transportation to facilitate your journey to and from work? |  Yes [ ]  No [ ]  |
| If no, please detail how you propose to get to and from work |  |
|  |
| Have you had, or do you have pending, any criminal convictions within the last 10 years? |  Yes [ ]  No [ ]  |
| If yes, please give details |  |
| Are you happy to undertake pre-employment screening, including DBS (Disclosure and Barring Service), Appendix C Disclosure of Convictions and NPPV 2 Vetting Checks where applicable? |  Yes [ ]  No [ ]  |

## Qualifications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Place of Education | Qualifications / Course(i.e. NVQ, C&G, IOSH, NEBOSH etc) | Grade / Level | Date Taken | Expiry date (if applicable) |
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| --- | --- |
| Copies of certificates attached? |  Yes [ ]  No [ ]  |

## Apprenticeship

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date |  | End Date |  |
| Employer |  |
| Training provider |  |
| Course taken |  |
| Level obtained |  |

## Experience

|  |
| --- |
| Work Experience – please give details of any paid or unpaid work experience you have undertaken. Please include company name, address, qualification if applicable, and date undertaken. |
|  |

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| --- |
| Professional Qualifications – please name any institute or professional body (i.e. CIPD, ILM, CIOB, IOSH) in full and include attainment level and expiry dates. |
|  |

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| Employment HistoryA minimum of the last 2 years employment history must be included. This should include time spent working through recruitment agencies, self-employment, or any periods of unemployment. If you are currently unemployed, please give details below. Please continue on a separate page should more space be required.Current Employment |
| Employers Name |  |
| Employers Address |  |
| Name of Referee |  |
| Address of Referee |  |
| Contact Telephone |  |
| How is this person known to you? |  |
| Are you happy for us to contact this person prior to being offered a role within the Company? |  Yes [ ]  No [ ]  |
| Length of Service | From |  | To |  |
| Job Title & Main Duties |  |
| Salary and Benefits (Including company car, health insurance etc) |  |
| Reason for Leaving |  |

## Previous employment 1

|  |  |
| --- | --- |
| Employers Name |  |
| Employers Address |  |
| Name of Referee |  |
| Address of Referee |  |
| Contact Telephone |  |
| How is this person known to you? |  |
| Are you happy for us to contact this person prior to being offered a role within the Company? |  Yes [ ]  No [ ]  |
| Length of Service | From |  | To |  |
| Job Title & Main Duties |  |
| Salary and Benefits (Including company car, health insurance etc) |  |
| Reason for Leaving |  |

## Previous employment 2

|  |  |
| --- | --- |
| Employers Name |  |
| Employers Address |  |
| Name of Referee |  |
| Address of Referee |  |
| Contact Telephone |  |
| How is this person known to you? |  |
| Are you happy for us to contact this person prior to being offered a role within the Company? |  Yes [ ]  No [ ]  |
| Length of Service | From |  | To |  |
| Job Title & Main Duties |  |
| Salary and Benefits (Including company car, health insurance etc) |  |
| Reason for Leaving |  |

|  |  |
| --- | --- |
| Have you attached your CV? |  Yes [ ]  No [ ]  |

|  |
| --- |
| Other employment – please detail below any other paid employment that you intend to continue if your application proves successful. Please detail employer, position, shift patterns etc. |
|  |
| Will this have an impact on the position you are applying for? |  Yes [ ]  No [ ]  |

|  |  |
| --- | --- |
| Have you ever worked for, or do you know anyone employed by GB Group? |  Yes [ ]  No [ ]  |
| If yes, please give details (Name, company, position) |
|  |

|  |  |
| --- | --- |
| Have you previously been interviewed by any of the GB Group companies? |  Yes [ ]  No [ ]  |
| If yes, please give details (Name, company, position) |
|  |
|  |
| How did you hear about this vacancy? | Company Website [ ]  Social media [ ]  Universal Job Match [ ] Indeed [ ]  Other [ ]  |
| If Other, please give details |  |

**GB Group is an equal opportunities employer, but for insurance purposes the following section must be completed in full.**

|  |  |
| --- | --- |
| Do you consider yourself to be in good health? |  Yes [ ]  No [ ]  |
| If no, please provide details including dates of illness |
|  |
| Are you registered as disabled? |  Yes [ ]  No [ ]  |
| If yes, please give registration number and disability |
|  |

|  |
| --- |
| Should you be invited for an interview, please give details below of any reasonable adjustments that may be required. |
|  |

## Attributes

|  |
| --- |
| Please detail all relevant experience and skills that you feel may support your application for this post. Please taylor your response in conjunction with the essential and desirable criteria from the job description for the position you are applying for. |
|  |

Please continue on a separate sheet should you require additional space

|  |
| --- |
| Salary Expectations – please indicate your minimum salary expectations / requirements / benefits etc. |
|  |

|  |  |
| --- | --- |
| Do you require a permit to work in the UK? |  Yes [ ]  No [ ]  |
| If yes, do you hold a current permit? |  Yes [ ]  No [ ]  |
| If yes, please provide details including type of permit along with dates of issue / expiry |
|  |
| Right to Work share code (if applicable) |  |

## Working Patterns

Please complete this section by ticking the boxes next to the relevant working patterns you are prepared to undertake

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thur | Fri | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
| Nights |  |  |  |  |  |  |  |
| Twilight |  |  |  |  |  |  |  |
| Occasional stay away |  |  |  |  |  |  |  |
| Permanent work / stay away |  |  |  |  |  |  |  |
|  |
| Work days |  Yes [ ]  No [ ]  |
| Travel daily |  Yes [ ]  No [ ]  |
| Work occasional nights |  Yes [ ]  No [ ]  |
| Stay away overnight |  Yes [ ]  No [ ]  |
| Stay away for a week at a time |  Yes [ ]  No [ ]  |

|  |
| --- |
| Comments / further information / restrictions |
|  |
|  |
| Date available for start of employment |  |
| Do you have any prebooked holiday?If yes, please give dates. |  |

## Data Protection Statement

The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us and to provide you with information about us or a third party via your payslip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

We may check the information collected with third parties or with other information held by us. We may also use or pass to certain third parties, information to prevent or detect crime, to protect public funds or in other ways as permitted by law.

By signing the application form, we will be assuming that you agree to the processing of sensitive data (as described above) in accordance with our registration with the Data Protection Commissioner.

## Declaration

I declare that the information I have given in this application is accurate and true. I understand that providing misleading or false information may disqualify me from appointment or if appointed, it may result in disciplinary action if necessary.

|  |  |
| --- | --- |
| Name |  |
| Signed |  | Date |  |

**Please return your completed application form to** **HR@gbstp.com** **or HR Department, GB Management Services, Security House, High Street, Donington, Spalding, Lincolnshire PE11 4TA. Please mark your envelope as Private and Confidential.**