

EVENTS SECURITY SERVICES LTD

UNIT 6, PILSWORTH WAY, BURY, LANCS, BL9 8RE

TEL: 0161 796 0996 FAX: 0161 796 3040

eventsec@btconnect.com

Dear Applicant,

Thank you for applying to work at Events Security Services Ltd. Please complete the attached application form and return to Unit 6, Pilsworth Way, Bury, BL9 8RE as soon as possible. Once we have received your application you will be invited for an interview at the above address. You will need to bring with you:

ORIGINAL DOCUMENTS NOT PHOTOCOPIES

- PASSPORT
- DRIVING LICENCE INCLUDING PAPER PART (PROVISIONAL IF NOT FULL)
- TWO PROOF OF ADDRESS (EG BILLS, BANK STATEMENT ETC)
- SIA BADGE (IF YOU HAVE ONE)
- IF YOU ARE NOT AN EU CITIZEN, PLEASE BRING YOUR WORK VISA

WITHOUT THE ABOVE YOU WILL NOT BE ABLE TO COMPLETE THE APPLICATION PROCESS.

Please find instructions below on how to complete the enclosed application form:

ALL SECTIONS: Please ensure you fill in **ALL** fields, if not applicable please state, and sign at the bottom of each page to confirm you agree with the information you have provided.

SECTION 1 - Personal details

- 1.1 Please sign the bottom of the page to confirm that you are happy for the company to send you information and pay slips via email/post.
- 1.2 Supply details of next of kin at the bottom of page 1 and supply their telephone number and relationship to you.

SECTION 2 - Bank Details

- 2.2 Please fill in all fields clearly otherwise payment may be rejected if the details are incorrect.

SECTION 8 – Working within the UK

- 8.1 Please provide your work Visa if you are not an EU citizen

SECTION 11 – Declaration

- 11.1 Please sign and date to accept that the information provided is true to the best of your knowledge.

PLEASE NOTE: Forms not completed in full will be returned and no payments made.

Thank you for applying, if you have any questions, please don't hesitate to contact the office on 0161 796 0996

We will to be in contact to arrange an interview within the next 7 days. If we have not contacted you in the next 7 days, please ring the above number to track your application.

Yours Sincerely,

D.J. Gallagher
David Gallagher
Managing Director

Signed.....**Date**/...../.....

APPLICATION FORM

1. PERSONAL DETAILS

PLEASE COMPLETE IN BLOCK CAPITALS

POSITION APPLIED FOR:	
SURNAME:	
FORENAMES:	
ADDRESS LINE 1:	
ADDRESS LINE 2:	
ADDRESS LINE 3:	
POSTCODE:	
HOME TEL NO:	
MOBILE TEL NO:	
EMAIL ADDRESS:* (Enter characters/numbers clearly)	*please sign at the bottom of this page to confirm we are able to send you information and pay slips through email.
DATE OF BIRTH:	
NATIONAL INSURANCE NO:	
NATIONALITY:	
GENDER:	
MARITAL STATUS:	
NEXT OF KIN:	
RELATIONSHIP TO YOU: (EG WIFE, MOTHER ETC)	
NEXT OF KIN HOME TEL NO:	
NEXT OF KIN MOBILE TEL NO:	

Signed.....**Date**/...../.....

2. BANK DETAILS

BANK NAME AND ADDRESS:	
ACCOUNT NUMBER:	
BULIDING SOCIETY ROLL NO:	
SORT CODE:	
NAME OF ACCOUNT HOLDER:	

3. DRIVING LICENCE

DRIVING LICENCE:	FULL	PROVISIONAL	NO
TYPE OF LICENCE (E.G. HGV)			
CAR OWNER:	YES	NO	

4. SIA LICENCE

DO YOU CURRENTLY HAVE AN SIA LICENCE:	YES	NO
LICENCE NUMBER:		
START DATE:		
EXPIRY DATE:		
IF YOU DO NOT HAVE A LICENCE WOULD YOU BE INTERESTED IN TRAINING FOR ONE?	YES	NO

Signed.....Date/...../.....

6. EMPLOYMENT HISTORY

WE REQUIRE A 10 YEAR WORKING HISTORY BELOW, PLEASE STATE ALL OMMISIONS IN WORK HISTORY

PRESENT OR MOST RECENT EMPLOYER FIRST
(THESE MAY BE USED FOR REFERENCES)

NAME, ADDRESS & TEL NO OF COMPANY	POSITION	DATES START DATE – END DATE	SALARY	REASON FOR LEAVING
		..... UNTIL		
		..... UNTIL		
		..... UNTIL		
		..... UNTIL		

IF REQUIRE MORE SPACE PLEASE CONTINUE ON THE BACK OF THIS PAGE

Signed.....Date/...../.....

7. EDUCATION DETAILS

PLEASE COMPLETE WITH DETAILS OF COMPULSORY EDUCATION:		
NAME OF COURSE/UNIVERSITY	DATES START DATE – END DATE	RESULTS/GRADES ACHIEVED
	..... UNTIL	
	..... UNTIL	
	..... UNTIL	

IF YOU REQUIRE MORE SPACE, PLEASE CONTINUE ON THE PACK OF THIS PAGE

ANY TRAINING COMPLETED AFTER LEAVING COMPULSORY EDUCATION:		
NAME OF COURSE AND PLACE OF TRAINING	DATES START DATE – END DATE	RESULTS
	..... UNTIL	
	..... UNTIL	
	..... UNTIL	

IF YOU REQUIRE MORE SPACE, PLEASE CONTINUE ON THE PACK OF THIS PAGE

Signed.....Date/...../.....

8. WORKING WITHIN THE UK

COUNTRY OF BIRTH		
ARE YOU A PERMENANT RESIDENT IN UK?	YES	NO

9. MEDICAL DETAILS

PLEASE CIRCLE IF ANY OF THE FOLLOWING APPLY TO YOU OR HAVE PREVIOUSLY APPLIED TO YOU.

CIRCULATORY PROBLEMS SUCH AS VARICOSE VEINS, PHLEBITIS, THROMBOSIS	YES	NO
HEART PROBLEMS SUCH AS ANGINA, HIGH BLOOD PRESSURE, HEART ATTACK	YES	NO
CHEST PROBLEMS SUCH AS ASTHMA	YES	NO
DIABETES	YES	NO
EPILEPSY	YES	NO
SKIN DISORDERS	YES	NO
RECENT OPERATION, INJURY OR FRACTURE	YES	NO
BACK TROUBLE, ARTHRITIS, RHEUMATISM	YES	NO
HEARING OR SIGHT IMPAIRED	YES	NO
STRESS RELATED ILLNESS	YES	NO
REGISTERED AS DISABLED	YES	NO
PREVIOUS DRUG OR ALCOHOL RELATED ISSUES	YES	NO
MENTAL HEALTH ISSUES	YES	NO
IN PAST 2 YEARS, HOW MANY DAYS ILLNESS HAVE YOU TAKEN?	.....
PLEASE GIVE DETAILS OF ANY SERIOUS ILLNESS OR DISABILITIES:		

IF YOU REQUIRE MORE SPACE, PLEASE CONTINUE ON THE BACK OF THIS PAGE

Signed.....Date/...../.....

10. EQUAL OPPORTUNITIES

IN ORDER TO ENSURE THAT EVENTS SECURITY/EVENTS PAYROLL'S EQUAL OPPORTUNITIES POLICY IS EFFECTIVE, WE NEED TO OBTAIN CERTAIN INFORMATION. THE FORM WILL BE TREATED IN THE STRICTEST CONFIDENCE AND THE INFORMATION ON THIS FORM IS USED FOR STATISTICAL PURPOSES ONLY.

HOW WOULD YOU DESCRIBE YOURSELF? (PLEASE TICK)

- WHITE BRITISH
- IRISH
- SCOTTISH
- WELSH
- OTHER (PLEASE STATE)

- BLACK BRITISH
- CARIBBEAN
- AFRICAN
- OTHER (PLEASE STATE)

- ASIAN BRITISH
- INDIAN
- BANGLADESHI
- PAKISTANI
- CHINESSE
- OTHER (PLEASE STATE)

- MIXED RACE (PLEASE STATE)

- OTHER (PLEASE STATE)

11. General

HOW DID YOU HEAR ABOUT EVENTS SECURITY SERVICES?

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Out of work hobbies and interests

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.....

Signed.....Date/...../.....

12. DECLARATION

I declare that the information I have provided is accurate to the best of my knowledge. I understand and accept that if it is discovered that any statement is false or misleading or that I have withheld relevant information, my application may be disqualified or if I have already been appointed then this could result in immediate dismissal and legal action may also be taken.

I hereby give my consent to the company processing the data supplied on this application form for the purpose of recruitment and selection.

PRINT NAME.....

SIGNED..... DATE.....

Signed.....Date/...../.....

13.WORKING TIME REGULATIONS 1998 OPT-OUT AGREEMENT

Dear Colleague

You are no doubt aware of the working time regulations 1998, which regulates the working hours of people in this country.

Certain sections of these regulations, such as the length of nightshifts, 11 hours breaks between shifts and rest periods after 6 hours work, do not apply to the security industry under the following exemption:

'Where a worker is engaged in security and surveillance activities. This may apply to security and surveillance work where there is a need for round the clock presence to protect property or a person.'

The main section of the regulation states that a worker is not obliged to work more than an average of 48 hours per week. (This is calculated over a 17 week period).

However, the security industry normally operates on an average of up to 60 hours per week for workers. (This is to ensure that the required level of security is maintained and that staff are able to earn a decent living wage).

The working time regulations allows for workers to opt-out of the 48 hour week and rest periods by signing an agreement that they agree to work more than 48 hours per week and forego their rest periods.

In view of the above Events Security Services Limited invite you to sign this agreement allowing you to work more than 48 hours per week etc. (you are entitled to end this agreement, at any time, giving at least one months notice in writing).

Declaration

I (Name)agree that I may work for more than an average of 48 hours per week and agree to forego the rest periods. If I change my mind, I will give my employer one months notice in writing to end this agreement.

Name (block capitals).....

Signature.....

Signed.....Date/...../.....