

# 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**

<b>Applicants Name</b>	
<b>Position Applied For</b>	
<b>Company</b>	
<b>Date of Application</b>	

*Office use only*

Next Action	Invite to Interview <input type="checkbox"/>	Decline <input type="checkbox"/>
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**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 <input type="checkbox"/>	Provisional <input type="checkbox"/>	HGV <input type="checkbox"/>
	Towing <input type="checkbox"/>	N/A <input type="checkbox"/>	
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

Do you have a DVLA reportable medical condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details including any medication you're currently taking		
Have you reported your medical condition to the DVLA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you have your own transportation to facilitate your journey to and from work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>

### Qualifications

Place of Education	Qualifications / Course (i.e. NVQ, C&G, IOSH, NEBOSH etc)	Grade / Level	Date Taken	Expiry date (if applicable)

Copies of certificates attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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### 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 History

A 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 <input type="checkbox"/>	No <input type="checkbox"/>	
Length of Service	From		To
Job Title & Main Duties			
Salary and Benefits (Including company car, health insurance etc)			
Reason for Leaving			

#### Previous employment I

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 <input type="checkbox"/>	No <input type="checkbox"/>	
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 <input type="checkbox"/>	No <input type="checkbox"/>	
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 <input type="checkbox"/>	No <input type="checkbox"/>
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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.

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Will this have an impact on the position you are applying for?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you ever worked for, or do you know anyone employed by GB Group?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please give details (Name, company, position)

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Have you previously been interviewed by any of the GB Group companies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please give details (Name, company, position)

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How did you hear about this vacancy?	Company Website <input type="checkbox"/>	Social media <input type="checkbox"/>	Universal Job Match <input type="checkbox"/>
	Indeed <input type="checkbox"/>	Other <input type="checkbox"/>	

If Other, please give details			
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**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 <input type="checkbox"/>	No <input type="checkbox"/>
If no, please provide details including dates of illness		
Are you registered as disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**

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

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 <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, do you hold a current permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
Travel daily	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work occasional nights	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stay away overnight	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stay away for a week at a time	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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](mailto: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.**