

HB Enterprises (Scotland) Ltd

Application for Employment

PERSONAL PARTICULARS

SURNAME	NATIONALITY	1* PHOTOGRAPH
FIRST NAMES	LEGAL RIGHT TO WORK HERE? YES/NO	
MAIDEN/PREVIOUS NAME	D.O.B. AGE	1* PHOTOGRAPH
ADDRESS	PLACE OF BIRTH	
	MARITAL STATUS	
	SEX MALE OR FEMALE	
POST CODE	AGE OF CHILDREN	
TEL No HOME	N.I. No	
TEL No WORK	WEIGHT HEIGHT	
TEL No MOBILE	To enable us to comply with guidelines set out by the equal opportunities commission we invite you to state your ethnic origin by ticking one of the boxes below.	
Next of kin	African <input type="checkbox"/>	Asian <input type="checkbox"/>
Relationship	Afro-Caribbean <input type="checkbox"/>	European <input type="checkbox"/>
Address	Iranian <input type="checkbox"/>	Other <input type="checkbox"/>
Tel	UK <input type="checkbox"/>	Please state.....
	<i>Please forward copy of your passport with this form</i>	
Uniform Requirements: (Must Have) White Shirt, black clip on tie, black suit (blazer & trousers), black socks and shoes. SIA Badge must be displayed as part of the uniform.	SHIRT COLLAR 15 <input type="checkbox"/> 15.5 <input type="checkbox"/> 16 <input type="checkbox"/> 16.5 <input type="checkbox"/>	
	OTHER..... CHEST..... SHOE SIZE.....	
	WAIST SIZE..... TROUSER HEIGHT SIZE.....	
CLEAN UK DRIVING LICENCE YES <input type="checkbox"/> NO <input type="checkbox"/> How many points do you have		
HAVE OWN TRANSPORT YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, registration number		

Protecting Your Business Is Our Business

C/o The Law Practice, Solicitors and Estate Agents, 2 Rubislaw Place, Aberdeen, Scotland AB10 1XN, DX AB53 Aberdeen.
Mobile: 07768914247 Tel/Fax: 01224 810235 Email: info@hbenterprisesscotland.co.uk VAT Reg No: 932 6084 27

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All our guards are trained to SIA requirements

HB Enterprises (Scotland) Ltd

EDUCATION AND PROFESSIONAL QUALIFICATIONS

Please give details of your secondary school and further education since leaving school including training courses.

DATE				Name of school, college, university or institute.	Type of training e.g. Day release/full time	Subjects studied	Qualifications obtained e.g. O Levels/CSEs City & Guilds
From		To					
Monh	year	month	year				

EMPLOYMENT HISTORY Please list in date order the organisations for which you have worked.
(Can they be contacted at this stage?) Yes/No

Name and address of employer list all employers from present to the last 10 years in that order (PLEASE INCLUDE ANY TIMES OF UNEMPLOYMENT)	DATE				Job title	Pay before deductions	Reason for leaving
	From		To				
	Month	Year	Month	Year			

HB Enterprises (Scotland) Ltd

1. How much notice do you need to give your present employer?
2. Have you ever been dismissed Yes/No ? if YES please give details.
3. Depending on the nature of the work employees may be required to work on the shift basis i.e. a combination of days and evenings each week. a) Are there any days or evenings that you are absolutely unable to work? YES/NO.
b) if YES please specify

GENERAL

What leisure interests do you have outside work? (e.g. hobbies, sports, clubs, societies) please state:
Please give any information about yourself and your career that may help your application.

NAME AND ADDRESS OF YOUR BANK:
BRANCH SORT CODE: ACCOUNT NUMBER:

Have you ever been convicted of a criminal offence (which is not a spent conviction within the terms of the Rehabilitation of offenders Act 1974?) YES/NO			
If yes, give/provide details:			
Date of Conviction	Court where Convicted	Nature of Offence	Sentence
Are there any criminal proceedings against you pending? YES/NO if yes, please provide:			
Date of hearing		Name of court	

Have you previously undertaken any course/training as a door steward? YES/NO if yes, please provide details:	
When	Where
Training.....	
SIA Licence Number..... (please provide copy of badge and certificate.)	

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MEDICAL HISTORY Do you or have you suffered from any of the following:

Allergies or hay fever?	Yes/No	Diabetes?	Yes/No
Back trouble, hernia, limited movement?	Yes/No	problems with eyesight?	Yes/No
An accident or operation with after-effects?	Yes/No	Do you wear spectacles?	Yes/No
Are you a registered Disabled person? if Yes, what is your RDP No.	Yes/No	Is your hearing impaired?	Yes/No
		Abdominal complaint?	Yes/No
Are you colour blind?	Yes/No/ Don't know	Nervous illness?	Yes/No
Ear, Nose or Throat disease?	Yes/No	Are you currently undergoing a course of medication?	Yes/No
Epileptic or fainting attacks?	Yes/No	Have you any other medical condition?	Yes/No

NAME AND ADDRESS OF TWO REFEREES (can they be contacted at this stage?) Yes/No

Please note that we will check your references that you have given us.

Name	Address and telephone number	Occupation

Do you have any firm holiday commitments which would require you to take leave during the next 6 months?
Yes/No if yes please give details.

DECLARATION

I understand that I may be prosecuted if I knowingly give false or inaccurate information.
I affirm that the information given in this application is correct to the best of my knowledge, and I understand that any deliberate mis-statement renders me liable to disqualification or to dismissal if employed.

Signed Date

HB Enterprises (Scotland) Ltd

The Data Protection unit,
Contribution Agency,
DSS,
Longbenton A3422,
NEWCASTLE-UPON-TYNE

Dear Sir/Madam,

COPY OF NATIONAL INSURANCE RECORD

In order to permit my future employer, HB Enterprises (Scotland) Ltd to thoroughly vet and screen me before taking up a position with the Company, could you please provide me with a copy of my National Insurance Record.

My full name particulars are as follows:-

FULL NAME:

ADDRESS:

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.....

.....

POST CODE:

DATE OF BIRTH:

NAT INS No:

Thank you for your assistance in this matter.

Yours faithfully,

Signature.....

HB Enterprises (Scotland) Ltd

All HB Enterprises (Scotland) Ltd staff must comply with the following rules and regulations:

Do's

- 1 Smile**
- 2 Greet customers**
- 3 Be approachable/ Diplomatic**
- 4 Chat to customers**
- 5 Always show customers respect**
- 6 Be alert whilst on duty**
- 7 Circulate in bar/ collect glasses where applicable**
- 8 Communicate with bar staff/ management team**
- 9 Be punctual**
- 10 Be smart in appearance**
- 11 Be aware of how the outside looks. (Lighting, boards etc.)**
- 12 Be informed about bands**
- 13 Maintain good eye contact**
- 14 Keep informed of whom is banned from the premises**
- 15 Execute your duties with complete professionalism**
- 16 Always say good bye to customers**

Don'ts

- 1 Chew Gum**
- 2 Spit**
- 3 Smoke**
- 4 Drink alcohol before or on duty**
- 5 Block entrances, slouch at the door or at stance**
- 6 Be power crazy**
- 7 Swear**
- 8 Carry anything that may be considered a weapon**
- 9 Harass customer/ use excess force**
- 10 Rude or aggressive**
- 11 Barge past customers in pub/ disco**
- 12 Wander off without telling or signalling to the rest of the team**
- 13 Excessive talking to the opposite sex**

I hereby agree to follow the rules and regulations of HB Enterprises (Scotland) Ltd, otherwise I may be dismissed.

Name..... Signed.....

Date...../...../.....