

March 2010

**Application for Employment**

Dear Sir/Madam,

I have pleasure in enclosing an **application pack** for employment with Touchline Event Management Limited. Please take time to read through the pack in detail, and complete in full, the necessary documents for return in the pre-paid envelope provided.

Whilst employment with Touchline Event Management would be on casual terms, it is a requirement under BS 8406 :2003 and BS 7960 : 2005 that screening and vetting is conducted before employment commences. In this respect we require employment details of the previous 5 years (from the date of this application). Please list unemployment claiming and not claiming. It is also a requirement to provide details of 2 character referees, these referees can be former employers.

On receipt of your returned application, you will be invited to interview where a proof of identity check will be conducted. Following your successful screening and vetting your attendance will be required at a half-day company induction session which will enable you to find out the roles and responsibilities of stewards in general, as well as information about our company.

Where you have immigration status confirmed, you must be able to provide original documents to verify this at interview. **You are reminded that documents that appear to be forgeries will be reported to the appropriate authority.**

**On completion, please return, enclosing a colour passport photograph with your application.**

If you have any questions, please do not hesitate in contacting Touchline Event Management on 0191 461 4000.

Kind regards

Mark Ashton  
Clerical Administrator

**TEM/REC/0002/02/MAY 2007**



## TOUCHLINE EVENT MANAGEMENT

7 Allison Court  
 Metrocentre  
 Gateshead  
 Tyne & Wear  
 NE11 9YS  
 TEL: 0191 461 4015  
 FAX: (0191) 488 6927  
 E-Mail: [touchline@ipcsecurity.co.uk](mailto:touchline@ipcsecurity.co.uk)

# APPLICATION FOR EMPLOYMENT

|                       |  |
|-----------------------|--|
| POSITION APPLIED FOR: |  |
|-----------------------|--|

Office Use

|  |   |     |    |
|--|---|-----|----|
| <b>Section 1. PERSONAL DETAILS</b>           |   |     |    |
| Surname:                                     |   |     |    |
| Forenames:                                   |   |     |    |
| NI Number:                                   |   |     |    |
| Permanent, Full Address including Post Code: |   |     |    |
| Daytime Telephone Number:                    |   |     |    |
| Mobile Number:                               |   |     |    |
| Driving License:                             | <table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table> | YES | NO |
| YES  | NO  |     |    |
| E-Mail Address:                              |   |     |    |

### Rehabilitation of Offenders Act 1974

You will appreciate that all companies in the security industry must refuse employment to applicants who have unspent convictions. This means convictions not classed as "spent" under the provisions of the Rehabilitation of Offenders Act 1974.

The purpose of the Rehabilitation of Offenders Act 1974 is to give convicted persons a chance to "live down" their convictions. If you have a conviction, it means that after a certain time has passed since the conviction it becomes "spent" and you are entitled to ignore it when filling in your application form and answering questions asked by a member of our staff.

If you have a criminal conviction, imposed by either Civilian or Military Court, it is your responsibility to find out whether it is "spent" or "unspent".

Should you be in doubt about whether or not the conviction(s) is/are spent, make sure of your position by contacting a Citizen Advice Bureau, a Community Law Centre, the Clerk of the Court where you were last sentenced, any other authority or our HR Department.

Failure to disclose an unspent conviction is in itself a criminal offence.

Please confirm or, if you have **no** cautions/convictions write **NONE** in the space below

The company reserves the right to ask for a criminal record check in respect of each named employee and that the prospective employee will meet this cost. A small fee may be incurred.

---

### Entry Clearance

If you are not born in the UK, you will be required to provide documents to prove you can legally work in the UK and continue to do so with appropriate Entry Clearance authority.

You must provide 1 of the following documents

- A passport showing that you are a British Citizen or have the right of abode in the UK
- A document showing that you are a National of a European Economic Area of Switzerland
- A residence permit issued by the Home Office to a national from a EEA country of Switzerland
- A passport or other document issued by the Home Office which has an endorsement stating that you have a current right of residence in the UK
- A passport or other travel document endorsed to show that you can stay indefinitely in the UK or has no time limit on your stay
- A passport or other travel document endorsed to show that you can stay in the UK and that this endorsement allows you to do the type of work you are applying for if you do not have a work permit
- An application registration card issued by the Home office to an asylum seeker stating that you are permitted to take employment
- A birth certificate and P45 or P60

|   |              |
|---|--------------|
| If Not Born in UK, State Date and Place of Entry:   | Date:        |
|   | Place:       |
| Do you have a work permit?      Yes      No   | Expiry Date: |
| Do you have VISA student entry?    Yes      No  | Expiry Date: |
| Please confirm which College/University you are registered with and the dates of your course: |              |

In accordance with BS 8406 your application will be screened and references obtained during your employment.

| <b>Section 2. Employment History (Including present position or most recent first)</b> |                       |   |
|--|-----------------------|---|
| Employment Dates   | Details of Employment | Position Held   |
| From:<br><br>To:   | Name:<br>Address:     | Position Held:<br><br>Works Number:<br><br>Last Salary/Wage |
| From:<br><br>To:   | Name:<br>Address:     | Position Held:<br><br>Works Number:<br><br>Last Salary/Wage |

| <b>Section 3. Character References (Please provide 2 contacts, 1 <u>must</u> be a work/study reference. 1 <u>must</u> be a personal reference, from a <u>non-relative</u> and must not live at the same address as you)</b> |                      |                          |                    |
|---|----------------------|--------------------------|--------------------|
| 1.  | Work/Study Reference | 2.                       | Personal Reference |
| Name:   |                      | Name:                    |                    |
| Relationship to referee:  |                      | Relationship to referee: |                    |
| Address:  |                      | Address:                 |                    |

|                   |  |                    |  |
|-------------------|--|--------------------|--|
| <b>Section 4.</b> | <b>Person to be contacted in an emergency / next of kin.</b> |                    |  |
| Name:             |  | Relationship:      |  |
| Address:          |  | Contact Numbers(s) |  |

|  |   |
|--|---|
| <b>Section 5.</b>  | <b>Please answer the following questions.</b> |
| <b>Can you please outline your availability to undertake stewarding duties, i.e: what days/nights are you available?</b>                   |   |
| <b>Personal qualifications relevant to stewarding post i.e., First Aid, Door Supervision etc.,</b>   |   |
| <b>Please tell us why you are applying for this position.</b>  |   |
| <b>Do you hold a current SIA license? If so which type of license?</b>   |   |
| License Number:  | Expiry Date:                                  |
| Are you currently waiting for your SIA license to be processed? If so, please provide your Unique Reference Number (URN) and date applied. |   |
| URN:   | Date  |

|  |      |
|--|------|
| <b>Application Form Declaration</b>  |      |
| <u>Please read this carefully before signing this application form</u>   |      |
| <ul style="list-style-type: none"> <li>○ I understand that employment with the company is subject to satisfactory references and security screening in accordance with BS 8406 and results obtained from a Criminal Records Check.</li> <li>○ I undertake to co-operate with the company in providing any additional information required to meet these criteria</li> <li>○ I understand that some of the information I have provided in this application will be held on a computer and some or all will be held in manual records</li> <li>○ I consent to the Company's reasonable Processing of any sensitive personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the Company. Subject to the Access to Medial Records Act 1988, I consent to the results of such examinations to be given to the Company. I understand and agree that if so required I will make a Statutory Declaration in accordance with the provision of the Statutory Declarations Act 1853, in confirmation of previous employment or unemployment</li> <li>○ I hereby certify that to the best of my knowledge, the details I have given in this application form are complete and correct</li> <li>○ I understand that any false statement or omission to the Company or its representatives may render me liable to dismissal without notice.</li> </ul> |      |
| Signature:   |      |
| Print Name:  | Date |

**FOR OFFICE USE ONLY**

|  |                           |              |
|--|---------------------------|--------------|
| <b>Section 6.</b>  | <b>EMPLOYEE INTERVIEW</b> | <b>Date:</b> |
| Interview Conducted By:  | Position                  |              |
| Do you understand your duties may range from various Indoor and Outdoor, Day and Night, and Low key Security/Safety Events?  |                           |              |
| (If no, Interview terminates)  |                           |              |
| You will provide at your own expense – a) White Shirt b) Black Trousers – No Jeans c) Black Shoes  |                           |              |
| Do you agree? (If no interview terminates)   |                           | YES NO       |
| The company will provide a uniform, which will require a deposit, which depending on the condition of the uniform is refundable upon return. Any lost or replacement of uniform whilst working for the company will be deducted from your pay! |                           |              |
| Are there any questions you wish to ask? (Please record below)   |                           |              |
| Any additional interview notes:  |                           |              |

**CHECKLIST**

|   |       |        |       |
|---|-------|--------|-------|
| Application Successful?                       | YES   | NO     | DATE: |
| Starter Form Received?                        | YES   | NO     | DATE: |
| Training Completed?                           | Date: |        |       |
| ID Number Allocated?                          | Date: | Number |       |
| Copy of Starter Form From Payroll?            | Date: |        |       |
| ID Card / Company Uniform Issued to Employee? | Date: |        |       |
| File Fully Checked?                           | Date: | By:    |       |



# TOUCHLINE EVENT MANAGEMENT LTD

| MEDICAL QUESTIONNAIRE  |     |                    |                       |             |                     |                 |     |    |
|--|-----|--------------------|-----------------------|-------------|---------------------|-----------------|-----|----|
| Name and Address of your own Doctor to whom you permit us to refer for information about your health.  |     |                    |                       |             |                     |                 |     |    |
| Doctor:  |     | Please state your: |                       |             |                     |                 |     |    |
| Address:   |     | Height:            |                       | Feet        |                     | Inches          |     |    |
|  |     | Weight:            |                       | Stone       |                     | Pound           |     |    |
| Please complete the questionnaire below. The information is required with your interest in mind and will be retained in strict confidence. If further information is required from your medical practitioner, your written consent will be obtained beforehand. You may be referred to a doctor appointed by the Company so that a medical examination can be carried out. |     |                    |                       |             |                     |                 |     |    |
| SECTION A – Have you suffered or had treatment for any of the following (in the last 5 years)?   |     |                    |                       | YES         | Please give details |                 |     | NO |
| 1. Recently undergone any surgical operation   |     |                    |                       |             |                     |                 |     |    |
| 2. Been seriously injured  |     |                    |                       |             |                     |                 |     |    |
| 3. Been refused or dismissed from employment for health reasons  |     |                    |                       |             |                     |                 |     |    |
| 4. Received a disability pension   |     |                    |                       |             |                     |                 |     |    |
| 5. Been registered disabled  |     |                    |                       |             |                     |                 |     |    |
| 6. Had any permanent / on-going illness  |     |                    |                       |             |                     |                 |     |    |
| 7. Been off work continuously for two (2) weeks or more  |     |                    |                       |             |                     |                 |     |    |
| SECTION B – Do you suffer from or ever had any of the following:   |     |                    |                       |             |                     |                 |     |    |
|  | YES | NO                 |                       | YES         | NO                  |                 | YES | NO |
| Allergies / Eczema/Skin rash   |     |                    | Diabetes              |             |                     | Jaundice        |     |    |
| Anaemia  |     |                    | Epilepsy / fits       |             |                     | Migraine        |     |    |
| Anxiety or Depression  |     |                    | Eye Trouble           |             |                     | Nerve Trouble   |     |    |
| Arthritis  |     |                    | Fainting or Dizziness |             |                     | Rheumatic Fever |     |    |
| Back Trouble   |     |                    | Heart Trouble         |             |                     | Stomach Trouble |     |    |
| Chest Trouble  |     |                    | High Blood Pressure   |             |                     | Bowel Trouble   |     |    |
| If you have answered YES to any questions in the above section or if you have any medical condition that the Company should be aware of please give details below:   |     |                    |                       |             |                     |                 |     |    |
| The above information will be taken into account when considering your application for employment and you should understand that if you are appointed and this information is incorrect then you will be liable for dismissal. It is in your own interest to complete this part as accurately as possible.   |     |                    |                       |             |                     |                 |     |    |
| SIGNED: .....  |     |                    |                       | Date: ..... |                     |                 |     |    |
| TEM/REC/0003/1/MAY 2001  |     |                    |                       |             |                     |                 |     |    |