

Thank you for completing the online application form in line with BS7858.

PERSONAL REFERENCE AND EMPLOYMENT VERIFICATION

Please read carefully and complete where indicated:

I..... **From (Address)**.....

..... **Post Code**..... Understand that employment with Shreeve Protection Services is subject to satisfactory references and security screening in accordance with BS 7858 Vetting and Screening.

I undertake to co-operate with the Company in providing any additional information required to meet this criteria;

I authorise the company and/or its nominated agent to approach previous employers, schools/ colleges character referees or Government Agencies to verify that the information I have provided is correct; as part of this requirement the company will perform a financial check.

I authorise the Company to make a consumer information search with a credit reference agency, which will keep a record of that search and may share that information with other credit reference agencies.

I agree that Financial checks will be conducted prior to employment. This is part of our legal obligation to ensure role suitability and compliance with regulations surrounding your role.

Depending on deployment locations; from time to time it may be necessary for the company to undertake standard or enhanced DBS checks on your behalf. Where this is necessary you will be notified. By signing this form you consent to our undertaking these checks on your behalf as we deem necessary.

In cases where standard disclosures are held by an individual but are over one year old the check will be repeated as standard at onset of employment. In any cases where it is anticipated you will encounter vulnerable persons an enhanced check will be performed.

I agree that checks will be done on my driving licence status at regular intervals. This is in addition to my responsibility to declare any / all changes and to supply copies upon request at any time.

I authorise Shreeve Protection Services to Contact DVLA directly to check all driving licence information.

I understand that some of the information I have provided in this application will be held on a computer and some or part will be held in manual records.

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 Access to Medical Records Act 1988, I consent to 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 provisions of the Statutory Declarations Act 1835, in confirmations of previous employment or unemployment.

I hereby certify that, to the best of my knowledge, the details I have given in this application form are complete and correct.

PRINT NAME:

SIGNATURE:

Date: