



APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK

Position applied for: _____ **Closing Date:** _____

Where did you hear about the vacancy: _____ **Job ref:** _____
Please specify which publication and date

PERSONAL DETAILS

Surname: _____ **Title:** _____

Forenames: _____ **Preferred name:** _____

Maiden Name (if applicable): _____

Address: _____

_____ **Postcode:** _____

Home tel number: _____ **Mobile number:** _____

Email Address: _____

N.I. Number: _____ **Nationality:** _____

Are you over the age of 21?* YES/NO

**In line with the 1974 Health and Safety Work Act working with dangerous Machinery.*

Do you require a work permit? YES/NO **Expiry date:** _____

Do you have a full UK driving licence? YES/NO **Car owner:** YES/NO

Please indicate any current / pending convictions and endorsements:

Have you any Court * convictions or any Proceedings pending?

**Other than a spent conviction under the Rehabilitation of Offenders Act 1974* YES / NO

If YES, please give details on the nature of the offence and the date of the conviction.

COMPUTER SKILLS

Please list any computer packages and databases that you have used:

EMPLOYMENT RECORD

Current/most recent employer: _____

Company Name & Address: _____

Position: _____ From: _____ To: _____

Duties and responsibilities (Please give a brief description):

Reason for Leaving: _____

Notice Period: _____ Current Salary: £ _____

Current Benefits: _____

Previous Employment:

Name and Address of Employer	Start Date	Leaving Date	Position Held	Main Duties and Responsibilities	Reason for Leaving

Please continue on a separate sheet if necessary.

PortSkills

from SOUTH COAST PORT SERVICES

www.portskills.co.uk

ADDITIONAL INFORMATION

Please provide a brief statement to support your application; include reasons for applying and why you believe you are suitable for this position:

Have you previously applied or worked for South Coast Port Services Ltd? If so, please provide details including dates.

Have you any special requirements for interview? YES/NO If YES please provide details:

REFERENCES

Please complete details for both referees, who should **NOT** be related to you. Please ensure that you supply a name and address for both referees. You must supply referee details to cover a **minimum of 5 years of your employment history**. If you are school/college leaver please give the name and address of your head teacher/tutor and also the manager's name of your most recent work experience placement – if applicable.

Referee 1 – current/most recent employer

Referee 2

Name: _____

Name: _____

Job Title: _____

Job Title: _____

Address: _____

Address: _____

Post Code: _____

Post Code: _____

Telephone Number: _____

Telephone Number _____

Email Address: _____

Email Address: _____

May we contact the above referees to request employment information for you?

Referee 1 YES/NO

Referee 2 YES/NO

Please specify any dates that you are not available for interview: _____

GENERAL DATA PROTECTION REGULATIONS 2018 – PROCESSING YOUR PERSONAL DATA

Information provided by you on this form will be held in accordance with the provisions of the General Data Protection Regulations 2018. The information you have supplied or a third party has supplied on your behalf will be used for the purpose of determining your suitability for the applied position and if you are successfully appointed and for matters relating to your employment which affect you whilst with South Coast Port Services Ltd. All personal data about you will be held in strict confidence and South Coast Port Services Ltd will not pass on your personal data to any third party without your written consent unless required to do so by law or regulation.

MEDICAL ASSESSMENTS

If you are offered employment with South Coast Port Services Ltd it is a condition that you successfully pass a full pre-placement medical including a drug and alcohol test. If you are aware of any medical condition, ailment or problem (whether formally diagnosed or not) that may affect your ability to work safely (now or in the future) or if you have a health problem that may be worsened by working for SCPS, you must disclose it. In line with The General Data Protection Regulations 2018, The Company will request your consent to write to your GP for a medical report to verify the information you have given. If you knowingly fail to disclose relevant medical information, the Company reserves the right to withdraw any offer of employment or if you have commenced employment to terminate your employment with the Company.

DECLARATION

I declare that the information that I have provided is true and accurate and in particular that I have not omitted any material facts which may have a bearing on my application. I understand that any subsequent contract of employment with South Coast Port Services Ltd will be made on the basis of the information I have provided and that a false declaration resulting in my appointment with South Coast Port Services Ltd will render me liable to disciplinary action. I also understand that any offer is conditional upon satisfactory references and medical screening and is not binding until it is confirmed in writing. I give explicit consent that the information which I have provided on this form may be processed in accordance with the General Data Protection Regulations 2018 as described above.

Signed: _____ Date: _____

THANK YOU FOR YOUR APPLICATION

Please return this form to: HR Department, South Coast Port Services Ltd, Berth 204/207 Western Docks, Southampton, SO15 1DA

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