**Position:** 



# **SCPS JOB APPLICATION FORM**

Where did you hear about the vacancy:

PERSONAL DETAILS									
Surname:					Title:				
Forenames:				Preferred name:					
Maiden Name (if applicable):					Mobile number:				
Address:					Are you over the age of 18?* YES/ NO * In line with the 1974 Health and Safety Work Act working with dangerous Machinery.				
Email Address:					Nationality:				
Do you require a work permit? YES/NO					If so, expiry date:				
Do you have a	full UK d	Iriving lice	ence? YES/N	0	Car owner: YES/NO				
Please indicat convictions, e pending? Other than a spent Act 1974	ndorsem	ents or pro							
EMPLOYMEN information box for			d a minimum of	5 yea	ars' worth of education/jo	ob history, use the additional			
Current/most	recent e	mployer:							
Position: To:									
Duties and responsibilities (Please give a brief description):									
Reason for Leaving:									
Notice Period:									
Name of Employer	Start Date	Leaving Date	Position Held		Main Duties and Responsibilities	Reason for Leaving			

ADDITIONAL INFORMATION								
Please provide a brief statement to support your application; include reasons for applying, why you believe you are suitable for this position, any relevant experience and qualifications:								

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



## **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 SCPS Ltd. All personal data about you will be held in strict confidence and SCPS 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 SCPS 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 SCPS Ltd will be made on the basis of the information I have provided and that a false declaration resulting in my appointment with SCPS 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: scpsadmin@southcoastportservices.co.uk

