



EMPLOYMENT APPLICATION

MBSE Form HR195B V2.1. 12.21

PLEASE COMPLETE ALL RELEVANT SECTIONS OF THIS FORM

Please complete all relevant sections of this form even if you are submitting a current CV with your application. Any additional information you wish to submit (certificates etc.) must be a copy and not the original document.

POSITION APPLIED FOR

REFERENCE No IF KNOWN

DATE OF APPLICATION

Personal Details

FIRST NAME AS IT APPEARS ON YOUR BIRTH CERTIFICATE

SURNAME/FAMILY NAME AS IT APPEARS ON YOUR BIRTH CERTIFICATE

DO YOU HAVE CURRENT VALID PERMISSION TO RESIDE AND WORK IN THE UNITED KINGDOM?

YES NO

IF 'NO' PLEASE ATTACH FULL CITIZENSHIP DETAILS ON A SEPARATE SHEET

ADDRESS INCLUDING POSTCODE

HOME TELEPHONE

MOBILE TELEPHONE

EMAIL ADDRESS

CURRENT EMPLOYMENT STATUS FULL TIME/PART TIME/SELF EMPLOYED

QUALIFICATIONS

PLEASE PROVIDE DETAILS OF ANY ACADEMIC OR PROFESSIONAL QUALIFICATIONS YOU HOLD, PARTICULARLY THOSE WHICH YOU FEEL ARE RELEVANT TO THE POSITION YOU ARE APPLYING FOR. THIS CAN INCLUDE MANUAL HANDLING, FIRST AID etc. WHERE RELEVANT, PLEASE ALSO INCLUDE COPIES OF CERTIFICATES RECEIVED.

HOBBIES AND PASTIMES

HOW DID YOU LEARN ABOUT BRING TO LIGHT NEWS/WEB/WORD OF MOUTH etc.

Employment History

Please provide details of your previous employers.

EMPLOYER/COMPANY NAME PLEASE PRINT

POSITION HELD

COMPANY ADDRESS INCLUDING POSTCODE

REPORTED TO

DURATION OF EMPLOYMENT DATE FROM - TO

DUTIES/RESPONSIBILITIES

REASON FOR LEAVING

**MAY WE CONTACT THE ABOVE TO OBTAIN
A REFERENCE?**

YES

NO

General Information

Please provide any additional information which you feel is relevant to your application

**DO YOU SUFFER FROM ANY MEDICAL CONDITION OR HAVE ANY DISABILITY WHICH MAY REQUIRE THE COMPANY TO MAKE
ADJUSTMENTS TO ENABLE YOU TO ATTEND AN INTERVIEW? (eg: epilepsy, asthma, back problems)**

YES

NO

IF 'YES' PLEASE PROVIDE FULL DETAILS BELOW

CV ATTACHED?

YES NO

COVER LETTER ATTACHED?

YES NO

DIVERSITY FORM COMPLETED?

YES NO

**IF CURRENTLY EMPLOYED, DO YOU HAVE TO
WORK A NOTICE PERIOD** PLEASE PROVIDE DETAILS

YES NO

**DO YOU HAVE ANY CONVICTIONS, CAUTIONS, REPRIMANDS OR FINAL WARNINGS THAT ARE NOT 'PROTECTED' AS DEFINED BY THE
REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975 (AS AMENDED 2013)?**

YES

NO

IF 'YES' PLEASE PROVIDE FULL DETAILS BELOW

THE AMENDMENTS TO THE EXCEPTIONS ORDER 1975 (2013) PROVIDE THAT CERTAIN SPENT CONVICTIONS AND CAUTIONS ARE 'PROTECTED' AND ARE NOT SUBJECT TO DISCLOSURE TO EMPLOYERS, AND CANNOT BE TAKEN INTO ACCOUNT. GUIDANCE AND CRITERIA ON THE FILTERING OF THESE CAUTIONS AND CONVICTIONS CAN BE FOUND ON THE DISCLOSURE AND BARRING SERVICE WEBSITE: ([HTTPS://WWW.GOV.UK/GOVERNMENT/NEWS/DISCLOSURE-AND-BARRING-SERVICE-FILTERING](https://www.gov.uk/government/news/disclosure-and-barring-service-filtering)).

References

Please provide the name, of two recent employers that we may contact regarding your application for employment. Please note that these individuals MUST NOT be relatives or personal friends

EMPLOYER/COMPANY NAME PLEASE PRINT

CONTACT NAME

POSITION

CONTACT TELEPHONE NUMBER

COMPANY ADDRESS INCLUDING POSTCODE

EMPLOYER/COMPANY NAME PLEASE PRINT

CONTACT NAME

POSITION

CONTACT TELEPHONE NUMBER

COMPANY ADDRESS INCLUDING POSTCODE

**PLEASE ENSURE THAT ALL RELEVANT SECTIONS ARE COMPLETED, EVEN IF YOU ARE ENCLOSING A CV.
INCORRECTLY COMPLETED OR INCOMPLETE FORMS WILL NOT BE ACCEPTED.**

Declaration

By signing and dating this Declaration and submitting this completed form, 'Form HR195B Issue V1.112.20 Application For Employment', to MBSE ('the Company'):

1. I hereby certify that the information provided by me is accurate and true and in the event that it is not the Company may not proceed with my application or may withdraw any offer or terminate my employment without notice.
2. I authorise the Company to seek references from my current and former employers.
3. I authorise the Company to process personal data about me for legal, personnel, administrative and management purposes, including Netflix for the purposes of the Bring To Light recruitment process.
4. I consent to the Company obtaining a Disclosure and Barring Service (DBS) check and medical clearance once an offer of employment has been made. I understand that if the DBS check or medical clearance is not satisfactory to the Company the Company may not proceed with my application or may withdraw any offer or terminate my employment without notice.

SIGNED

DATE



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