



## APPLICATION OF EMPLOYMENT

	<b>PAGE</b>
1 The Data Protection Act 1998	2
2 Your written consent	2
3 Millennium Security Application Form	3
4 Medical questionnaire	5



# 1. The Data Protection Act 1998

The Data Protection Act 1998, which came into force in March 2000 carries forward the elements introduced in 1994 and imposes stringent requirements that any organisation holding personal data must comply with.

The Act has many requirements: in the case of Millennium Door & Event Security Limited receiving personal data. It is necessary for you to have given written consent.

# 2. Your written Consent

I authorise Millennium Security to obtain references to support this application once an offer has been made and accepted, and release Millennium Security and referees from any liability caused by giving and receiving information.

Under the Data Protection Act 1998 Millennium Security has a legal duty to gain permission from the employee for written consent for observation on the personal file be a third party. Under no circumstances will the information be used for any other purpose other than the reason it was collected.

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Dated: \_\_\_/\_\_\_/\_\_\_\_



### 3. Millennium Security Application Form

Please fill in this form as accurate as possible, tick the boxes where appropriate and input any details on the appropriate lines.

**Personal contact details:**

Title: Mr [ ] / Mrs [ ] / Miss [ ] / Ms [ ]

Forenames: \_\_\_\_\_

Surname: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home contact number: \_\_\_\_\_

Mobile contact number: \_\_\_\_\_

NI number: \_\_\_\_\_

Nationality: \_\_\_\_\_

**Position details:**

Position applying for: \_\_\_\_\_

SIA license number: \_\_\_\_\_ exp: \_\_\_\_\_

Please list your qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## 4. Medical questionnaire

- What is the state of your current health? Good [ ] Average [ ] Poor [ ]
- Are you taking any prescribed drugs? Yes [ ] No [ ]
- Are you diabetic? Yes [ ] No [ ]
- Do you have a heart / circulation problem? Yes [ ] No [ ]
- Do you suffer from epilepsy? Yes [ ] No [ ]
- Do you have any breathing difficulties? Yes [ ] No [ ]
- Are you suffering from any illnesses or conditions? Yes [ ] No [ ]
- Are you or could you be pregnant? Yes [ ] No [ ]
- Any medical notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below – you state that you have read the whole of this document and understood it. Any information you have supplied to us is as accurate as possible and true to the best of your knowledge.

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Dated: \_\_\_/\_\_\_/\_\_\_

Please send your application too the following address:

Millennium Door & Event Security Limited,  
Metropole Chambers,  
Salubrious Passage,  
Swansea,  
South Wales.  
SA1 3RT

