



**D&B**  
Group Services  
Ltd.

# APPLICATION FORM

## PERSONAL INFORMATION

FULL NAME

DATE OF BIRTH

ADDRESS

PHONE

GENDER

MARITAL  
STATUS

EMAIL

NATIONALITY

NATIONAL  
INSURANCE NO

ROLE APPLYING FOR

CONSTRUCTION

SECURITY

CLEANING

HEALTH CARE

VALID DRIVING LICENSE

YES

NO

IF ANY, KINDLY PROVIDE  
DETAILS:

2.



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## RIGHT TO WORK

DO YOU HAVE RIGHT TO WORK IN THIS COUNTRY YES  NO

## TYPE OF DOCUMENT

UK PASSPORT

PASSPORT NO

EXPIRY DATE

SHARE CODE

SORT CODE NO

BRP

CARD NO

EXPIRY DATE

## CURRENT WORK PATTERN

FULL TIME  PART TIME  PREFER NOT TO SAY

## NEXT OF KIN DETAILS

FULL NAME:

RELATIONSHIP:

MOBILE NUMBER:

HOME  
ADDRESS:

DO YOU HAVE ANY DISABILITY? YES  NO



3.

## FIRST REFERENCE

FULL NAME:

HOME  
ADDRESS:

POSTAL CODE:

MOBILE NUMBER:

## SECOND REFERENCE

FULL NAME:

HOME  
ADDRESS:

POSTAL CODE:

MOBILE NUMBER:

DO YOU HAVE ANY CRIMINAL RECORD  
OR PENDING CONVICTIONS?

YES

NO

IF ANY, KINDLY  
PROVIDE DETAILS:

FULL NAME

SIGNATURE & DATE

Note: When you are done filling out this form, kindly send the filled and signed copy to [applications@dandbgroupsrvices.co.uk](mailto:applications@dandbgroupsrvices.co.uk) and kindly attach a copy of your valid driver license (if any), your NI and passport copies. Thank you