

# APPLICATION FORM

**F1 Security Services Limited, 3 Isis Court, Rosetta Way, York, YO26 5NA**  
**Tel: 0845 606 8808 Fax: 0845 606 8809 E-Mail: f1@f1security.com**

## ENSURE YOU READ THIS ADVICE THOROUGHLY BEFORE COMPLETING THIS FORM

Completing this Application Form accurately is extremely important. Missing information or inaccurate addresses/telephone numbers wastes a great deal of time. Unfortunately due to the vast number of applications we receive, any Application Form that is **not** completed properly will be rejected prior to interview.

In order to process your vetting quickly and encourage you to provide us with the correct information, your hourly rate of pay will be **50p** per hour less than the rate after satisfactorily vetting you to British Standard Codes of Practice BS.7858.

### 1. PERSONAL INFORMATION

<b>SURNAME:</b>	<input style="width: 95%;" type="text"/>	<b>FIRST NAMES</b>	<input style="width: 95%;" type="text"/>						
<b>CURRENT ADDRESS:</b>	From (Date) ____/____/____	<b>TELEPHONE:</b>	<input style="width: 95%;" type="text"/>						
	Post Code	<b>MOBILE NO:</b>	<input style="width: 95%;" type="text"/>						
		<b>CURRENT DRIVING LICENSE:</b>	<b>YES NO (circle)</b>						
		<b>CAR OWNER:</b>	<b>YES NO (circle)</b>						
	<b>NATIONAL INSURANCE No</b>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

### 2. LIST PREVIOUS ADDRESSES FOR LAST 5 YEARS (Attach separate sheet, if necessary)

ADDRESS	FROM (DATE)	TO (DATE)

### 3. PERSONAL DETAILS

<b>a) MARITAL STATUS (Tick)</b>	MARRIED	DIVORCED	SINGLE	OTHERS	<b>b) DATE OF BIRTH</b>	DATE OF BIRTH	AGE
	D					<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>c) WHERE WERE YOU BORN:</b>					<input style="width: 95%;" type="text"/>		
<b>d) IF BORN OUTSIDE U.K. DATE YOU ENTERED U.K.</b>	Date ____/____/____	<b>ELIGIBILITY TO WORK IN U.K. (IF BORN OUTSIDE U.K.)</b>	<b>IMPORTANT! YOU MUST ATTACH COPY OF PASSPORT, TOGETHER WITH COPY OF VISA OR WORK PERMIT OR OTHER PROOF OF ELIGIBILITY TO WORK IN U.K.</b>				
	Port of Entry _____						

### 4. NEXT OF KIN TO BE CONTACTED IN ANY EMERGENCY:

NAME	RELATIONSHIP PARENT WIFE/HUSBAND PARTNER
TELEPHONE NUMBER IN AN EMERGENCY	

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## 5. SIA LICENSING DETAILS (if available)

LICENSE NO.	EXPIRY DATE
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## 6. E-MAIL ADDRESS

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## 7. CRIMINAL OR CIVIL OFFENCES

HAVE YOU EVER APPEARED BEFORE A COURT CHARGED WITH A CRIMINAL, CIVIL OR MILITARY OFFENCE AND BEEN CONVICTED. YES/NO if answer YES please specify

DO YOU HAVE ANY MOTORING OFFENCES YES/NO if answer is YES please specify

Details
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## 8. PERSONAL REFEREES

PLEASE GIVE DETAILS OF TWO PEOPLE, OTHER THAN FAMILY WHO HAVE KNOWN YOU FOR A MINIMUM OF 2 YEARS WITHIN THE PAST 5 YEARS WHO WE CAN APPROACH FOR A REFERENCE (can be ex-employer):

Name:	
Address:	
Post Code	
TEL NO:	

Name:	
Address:	
Post Code	
TEL NO:	

## 9. MEDICAL INFORMATION

DO YOU SUFFER FROM ANY ILLNESS OR DISABILITY YES NO (circle)	IF SO, PLEASE SPECIFY (use separate sheet, if necessary)
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## 10. BANK DETAILS

Bank Name :
Sort Code        -        -
Account No. _____
Roll No. _____
Account Name:

## 10. UNIFORM DETAILS

SHIRT/BLOUSE/JACKET	
Neck Size _____	Chest Size _____
TROUSERS	
Waist Size _____	Leg Length _____

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## 11. CORPORATE & SOCIAL RESPONSIBILITY

It is F1 Security Services Limited Policy to contribute to society and the environment, this is done by various initiatives. If you would like to be a blood or organ donor please specify.

**Blood Donor YES NO Organ Donor YES NO**

## 12. LAST 5 YEARS ONLY OF EMPLOYMENT & UN-EMPLOYMENT HISTORY

EMPLOYERS NAME, ADDRESS, (INC. POSTCODE) AND TELEPHONE NO	WHO DID YOU REPORT TO	DATE STARTED (include months)	DATE FINISHED (Include months)	REASON FOR LEAVING
Tele				
Tele				
Tele				
Tele				
Tele				
Tele				
Tele				

CONTINUE ON SEPARATE SHEET IF APPLICABLE

## 13. WORKING TIME DIRECTIVE

**I “agree” “do not agree” (delete one) to work in excess of 48 hours in one week**

Date..... Signature.....

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## READ THIS SECTION CAREFULLY BEFORE YOU SIGN THIS STATEMENT

14. DURING THE PROBATIONARY PERIOD YOUR EMPLOYMENT MAY BE TERMINATED BY THE "COMPANY" GIVING NO LESS THAN 24 HOURS, SELF-EMPLOYED THERE WILL BE NO NOTICE.

### STATEMENT TO BE SIGNED BY THE APPLICANT

I (Print name) \_\_\_\_\_ CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE GIVEN IS COMPLETE AND CORRECT, I UNDERSTAND THAT MISREPRESENTATION OF FACTS IS GROUNDS FOR IMMEDIATE DISMISSAL AND RENDERS ME LIABLE FOR PROSECUTION. I AUTHORISE THE COMPANY TO APPROACH ANY GOVERNMENT AGENCIES, FORMER EMPLOYERS AND PERSONAL REFEREES TO VERIFY THE INFORMATION GIVEN AND WILL SUPPLY A STATUTORY DECLARATION IF REQUIRED (I GIVE PERMISSION FOR MY PRESENT EMPLOYER TO BE APPROACHED). YES/NO BY SIGNING THIS DOCUMENT THE APPLICANT AGREES THAT THE COMPANY CAN CARRY OUT RELEVANT CHECKS TO CONFIRM WHETHER THE APPLICANT HAS BEEN MADE BANKRUPT OR HAS ANY COUNTY COURT JUDGEMENTS.

#### CONFIDENTIALITY AGREEMENT

I AGREE NOT TO DISCLOSE ANY CONFIDENTIAL INFORMATION GAINED DURING OR AFTER EMPLOYMENT WITH F1 SECURITY SERVICES LIMITED ABOUT THE CLIENTS OR F1 SECURITY SERVICES LIMITED TO ANY 3<sup>rd</sup> PARTY. F1 SECURITY SERVICES LIMITED SHALL BE ENTITLED TO APPLY FOR AN INJUNCTION TO PREVENT SUCH DISCLOSURES OR USE TO SEEK ANY OTHER REMEDY INCLUDING, WITHOUT LIMITATIONS, THE RECOVERY OF DAMAGES IN CASE OF SUCH DISCLOSURES OR USE.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_



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## FOR OFFICE USE ONLY

**15. ASSESSMENT OF THE APPLICANT** (Assessment by the person carrying out the interview)

	Excellent	Good	Poor
A. Physical ability to carry out the services required			
B. Aptitude & demeanour			
C. Literacy and verbal communication abilities			

**Signature of assessor**..... **Date**.....

**16. INDUCTION** (To be provided by the person carrying out the interview)

Company Profile	Uniform issue	Non-Attendance	Wage Queries
Management Structure	Site/venue Instructions	Code of Conduct	Customer Care
Feedback	SIA licensing	Pay	

**17. SENSE TESTS**

COLOUR BLINDNESS	PASS	FAIL
HEARING	PASS	FAIL
SMELL	PASS	FAIL

**Tested by Signature**..... **Date**.....

**18. START DATE**

**APPLICATION FORM**

CONTINUATION SHEET