

**INFORMATION FORM - SELF-EMPLOYED PERSONAL DETAILS  
PRIVATE AND CONFIDENTIAL**



"STRIVING TO EXCEED  
CLIENT EXPECTATIONS"



CALL NOW ON:

**0808 155 6985**

**H 16 Leatherhead Enterprise Centre, Randalls Way, Leatherhead, Surrey, KT22 7RY**  
**Tel: 0808 155 6985 Fax: 0808 166 6986 E-Mail enquiries@s3sltd.co.uk**

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

Completing this Information 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 Information Form that is **not** completed properly will be rejected prior to interview. Ensure all signature boxes are completed.

**1. PERSONAL INFORMATION**

<b>SURNAME:</b>	<input type="text"/>	<b>FIRST NAMES</b>	<input type="text"/>
<b>CURRENT ADDRESS:</b>	From (Date) ____/____/____  Post Code	<b>TELEPHONE:</b>	<input type="text"/>
		<b>MOBILE NO:</b>	<input type="text"/>
		<b>E-MAIL ADDRESS:</b>	<input type="text"/>
		<b>DRIVING LICENCE:</b>	YES NO (circle)
		<b>CAR OWNER:</b>	YES NO (circle)
		<b>NATIONAL INSURANCE No</b>	<input type="text"/>

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

ADDRESS	FROM (DATE)	TO (DATE)

**3. PERSONAL DETAILS**

a) MARITAL STATUS (Tick)	MARRIED	DIVORCED	SINGLE	b) DATE OF BIRTH	DATE OF BIRTH	AGE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>

c) WHERE WERE YOU BORN:  
 - If born in the U.K. you are not required to complete question (d)

PLACE

d) IF BORN OUTSIDE U.K. DATE YOU ENTERED U.K.	Date ____/____/____ Port of Entry	ELIGIBILITY TO WORK IN THE U.K. (IF BORN OUTSIDE U.K.)	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.
---	--------------------------------------	--	--

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

NAME	RELATIONSHIP	PARENT	WIFE/HUSBAND	PARTNER
TELEPHONE NUMBER IN AN EMERGENCY	<input type="text"/>			

**5. SIA LICENSING DETAILS**

LICENCE NO.	EXPIRY DATE
-------------	-------------

**6. 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?

**INFORMATION FORM - SELF-EMPLOYED PERSONAL DETAILS  
PRIVATE AND CONFIDENTIAL**

Details

**7. 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). Relatives or persons living at the same address cannot be referee.

Name:  
Address:  
  
Post Code  
TEL NO:

Name:  
Address:  
  
Post Code  
TEL NO:

**8. section now void**

SECTION NOW VOID SECTION NOW VOID SECTION NOW VOID SECTION NOW VOID

**9. 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 \_\_\_\_\_

**11. INDIVIDUAL AGREEMENT TO OPT OUT OF THE 48 HOUR MAXIMUM WORKING TIME DIRECTIVE**

I \_\_\_\_\_ Agree to opt out of the 1998 Working Time Regulations Act.  
(Sign Here)

**12. LAST 5 YEARS EMPLOYMENT & UNEMPLOYMENT HISTORY ONLY OR CV TO BE ATTACHED.**

EMPLOYERS NAME, ADDRESS, (INC. POSTCODE) AND TELEPHONE NO	DESCRIBE YOUR JOB	DATE STARTED (include months)	DATE FINISHED (Include months)	REASON FOR LEAVING

IF MORE SPACE IS NEEDED THEN PLEASE ATTACH A SECOND SHEET

**13. DESCRIBE IN LESS THAN 200 WORDS YOUR SUITABILITY FOR THE POSITION APPLIED FOR (ATTACH SHEET IF APPLICABLE)**

**INFORMATION FORM – SELF-EMPLOYED PERSONAL DETAILS**  
**PRIVATE AND CONFIDENTIAL**

**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 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 AND 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.

I UNDERSTAND THE COMPANY OFFERS NO STAKE HOLDER PENSION BUT ADVICE CAN BE OFFERED VIA ADVISORS.

**CONFIDENTIALITY AGREEMENT**

I AGREE NOT TO DISCLOSE ANY CONFIDENTIAL INFORMATION GAINED DURING OR AFTER EMPLOYMENT WITH THE COMPANY ABOUT THE CLIENTS OR THE COMPANY TO ANY 3<sup>rd</sup> PARTY. THE COMPANY 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: \_\_\_\_\_

**Please ensure that this form is fully completed and the following are included:**

- 2 x Passport size photos, proof of National Insurance number
- Copy of any training certificates if applicable
- Copy of SIA license and granted letter if applicable + copy of CRB
- Proof of residency and right to work in the UK (Passport and Visa)
- 2 x proofs of address not more than 3 months old-utility bill, NOT mobile phone bill
- 2 forms of identification-passport, driving licence-both parts, birth or marriage certificate
- Signed and understood sub-contractor agreement
- Provision of services agreement – signed & bank application form - signed

**FOR OFFICE USE ONLY**

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

**INFORMATION FORM - SELF-EMPLOYED PERSONAL DETAILS**  
**PRIVATE AND CONFIDENTIAL**

Company Profile	Uniform issue	Non-Attendance
Management Structure	Site Instructions	Booking On & Off duty
Feedback	Customer Care	
Invoice Queries	Pay	Code of Conduct

**Applicant to Print name**..... **Signature**.....

**16. SENSE TESTS**

COLOUR BLINDNESS	PASS	FAIL
HEARING	PASS	FAIL
SMELL	PASS	FAIL

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

**17. INTERVIEWED BY**

.....  
Print name Signature

**18. SIA LICENCE VERIFIED BY SIA WEB SITE**  
COPY OF PRINT OUT ATTACHED

**19. START DATE**