



**SMfacilities**  
management

Bramingham Business Centre  
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Luton, Beds, LU3 4BU  
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M: 07894 441 735  
E: simon@smfacilities.co.uk

Please ensure you complete this application form in  
BLOCK CAPITALS, and in black ink.

Position applied for \_\_\_\_\_

**1. Personal Details**

Title Mr/Mrs/Miss/Ms \_\_\_\_\_ Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_

Maiden Name (If applicable) \_\_\_\_\_

Mob No \_\_\_\_\_ Tel No \_\_\_\_\_

Email Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Married/Single/Divorced \_\_\_\_\_

Place of birth \_\_\_\_\_ Nationality \_\_\_\_\_

Passport No \_\_\_\_\_ Passport Expiry \_\_\_\_\_

Previous Nationality \_\_\_\_\_ National Insurance Number \_\_\_\_\_

If not born in the UK – date of entry \_\_\_\_\_ Place of entry \_\_\_\_\_

Are you permitted to work in the UK? Y/N. Please state what type \_\_\_\_\_

Work Permit Reference No \_\_\_\_\_ Work Permit Expiry \_\_\_\_\_

Do you have a full valid driving licence? Y /N Licence No \_\_\_\_\_

Please give the details of any endorsements \_\_\_\_\_

Do you have your own transport: YES - NO if yes indicate what type; \_\_\_\_\_

State the approx. distance/area you are able/prepared to travel to work \_\_\_\_\_miles/locations.

**READ VERY CAREFULLY.** Have you ever been fined, sentenced to imprisonment, placed on probation, discharged on payment of costs, had any order made against you by a criminal, civil, military court or public authority, or is any procedure pending? Yes  No

If YES, give details, \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

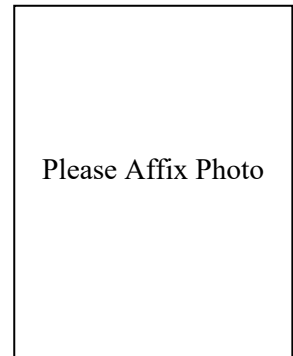
NB Disclosure is not required where there is only one conviction to which the Rehabilitation of Offenders Act 1974 applies

**FOR EMERGENCY CONTACT ONLY:**

Name and Address of Next of Kin \_\_\_\_\_

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

Tel No: \_\_\_\_\_ Mob No: \_\_\_\_\_



**2. Address Details for Past 5 Years**

Please list below all the address's that you have lived at for the last 5 years. Start with the current address and continue on a separate sheet of paper if required.

Date Move In	Date Move Out	Full Address and Postcode
		Post Code _____
		Post Code _____
		Post Code _____
		Post Code _____
		Post Code _____

<b>3. Academic and Qualifications</b>			
Degree/Diploma/ Course Name	Uni, College, Institute Name & Address	Start	Finished
Other Training / Certifications	Number	Type	Expiry
SIA Licences			
SIA Licences			
CSCS			
First Aid			
Fire Marshal			
Banksman/Traffic Marshal			
PTS Card			
Manual Handling			
Health & Safety			
Others Specify			

#### 4. Equal Opportunity Statement

We aim to be an equal opportunity employer, we select staff on merit; irrespective of colour, sex, religion, race, nationality or ethnic origin, and we ensure that no applicant or employee is discriminated by conditions or requirements, which are not essential for carrying out the job.

In order to monitor the effectiveness of our policy, we request applicants to provide the information by ticking the relevant box below

<b>Ethnic Background</b>					
1	WHITE	British	Scottish	Irish	
		English	Welsh	<b>Other Please Specify</b>	
2	ASIAN	Pakistani	Bangladeshi	<b>Other Please Specify</b>	
		Indian	Chinese		
3	BLACK	Caribbean	<b>Other Please Specify</b>		
		African			
4	MIXED	White & Black	<b>Other Please Specify</b>		
		White & Asian			
5	EU / SCHENGEN	<b>Please Specify</b>			

#### 5. Self-Employed

Company Name			
Address			
Start from		UTR No:	
<b>Accountant Name</b>			
Address			
Contact No			
<b>Solicitor Name</b>			
Address:			
Contact No:			

**6. Employment Records**

Please show all periods of employment, self-employment, starting with your present, in sequence over the **previous 5 years**. If unemployed, state the DSS Office you were registered at. If a housewife/husband and employed for any period, show this in sequence, with the date in format dd/mm/yyyy, and address at which you were employed. **TELEPHONE NUMBERS MUST BE PROVIDED.**

<p style="text-align: center;"><b>Employer or DSS Office</b></p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p style="text-align: right;">Post Code _____</p> <p>T/M No. _____</p>	<p style="text-align: center;"><b>Dates</b></p> <p><u>From</u></p> <p>___/___/___</p> <p><u>To</u></p> <p>___/___/___</p>	<p>a) Position Held _____</p> <p>b) Responsibilities _____</p> <p>c) Last Wage _____</p> <p>d) Reporting to _____</p>	<p style="text-align: center;"><b>Reason for Leaving</b></p>
<p style="text-align: center;"><b>Employer or DSS Office</b></p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p style="text-align: right;">Post Code _____</p> <p>T/M No. _____</p>	<p style="text-align: center;"><b>Dates</b></p> <p><u>From</u></p> <p>___/___/___</p> <p><u>To</u></p> <p>___/___/___</p>	<p>a) Position Held _____</p> <p>b) Responsibilities _____</p> <p>c) Wage P/W _____</p> <p>d) Reporting to _____</p>	<p style="text-align: center;"><b>Reason for Leaving</b></p>
<p style="text-align: center;"><b>Employer or DSS Office</b></p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p style="text-align: right;">Post Code _____</p> <p>T/M No. _____</p>	<p style="text-align: center;"><b>Dates</b></p> <p><u>From</u></p> <p>___/___/___</p> <p><u>To</u></p> <p>___/___/___</p>	<p>a) Position Held _____</p> <p>b) Responsibilities _____</p> <p>c) Wage P/W _____</p> <p>d) Reporting to _____</p>	<p style="text-align: center;"><b>Reason for Leaving</b></p>
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**Please circle or highlight the chart below to show that a full five years have been covered (employment history)**

2019	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2018	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2017	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2016	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2015	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2014	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

**7. References**

Give the names and addresses of three people who are not relatives, or past employers, who have known you continually for 2 years in the last 5 Years, who can be approach for reference. Contact details to be provided and dates.

<b>Personal Referees</b>	<b>Period Known</b>	<b>Occupation</b>
Name _____ Address _____ _____ _____ Post Code _____ M/T No. _____	<b>Dates</b>  <u>From</u> _____  <u>To</u> _____	
<b>Personal Referees</b>	<b>Period Known</b>	<b>Occupation</b>
Name _____ Address _____ _____ _____ Post Code _____ M/T No. _____	<b>Dates</b>  <u>From</u> _____  <u>To</u> _____	
<b>Personal Referees</b>	<b>Period Known</b>	<b>Occupation</b>
Name _____ Address _____ _____ _____ Post Code _____ M/T No. _____	<b>Dates</b>  <u>From</u> _____  <u>To</u> _____	

**8. Physical Record**

Sex: Male/Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Do you have normal vision in both eyes? \_\_\_\_\_

Do you have normal hearing in both ears? \_\_\_\_\_

Do you have normal sense of smell? \_\_\_\_\_

Time lost through illness/injury last year \_\_\_\_\_

Nature of illness/injury \_\_\_\_\_

Are you able to work on Day/Night shifts: Yes:  No:

Are you currently receiving any medical treatment? Yes  No

Are you registered disabled? Yes  No

If YES, state number \_\_\_\_\_  
\_\_\_\_\_

Doctors Name and Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a physical and / or mental impairment within the criteria of the Disability Discrimination Act, which has a substantial long-term adverse effect on your ability to carry out normal day to day activities? Yes  No

If yes, please give details below along with any adaptations that you would require to  
\_\_\_\_\_  
\_\_\_\_\_

I agree to a medical examination by the company doctor if requested, and authorise The company to contact my own doctor.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_





**Consent Form**  
**Reference Consent and Pre-employment Inquiry**

**READ THIS SECTION BEFORE YOU SIGN THIS STATEMENT**

1. If offered employment, it will be initially for a probationary period from 1 to 13 weeks.
2. During the probationary period, your contract of employment will be terminable by you or the Company (except in the case of gross misconduct) by not less than one week's notice.
3. Continued employment is conditional upon satisfactory vetting and medical examination as determined by the Company.

This application for employment with **SM Facilities Management Limited** is true to the best of my knowledge and I make it know that I shall be liable to prosecution if I have wilfully stated in it anything, which I know to be false or do not believe to be true. I hereby grant my permission for **SM Facilities Management Limited** to:

- **Approach Government Agencies, former employers, educational establishments and those individuals providing character references for verification of my employment / unemployment / educational record and other information pertinent to my employment during the screening process (as required by the Data Protection Act 1998).**
- **Carry out a Financial History check for employment history (as required by the Data Protection Act 1998).**
- **Contact the UK Border Agency in order to establish my immigration status and ability to work.**
- **Facilitate security screening in accordance with BS7858/2012 or other applicable standards.**

I understand that this information will only be used for the purposes of my application of employment.

I acknowledge that employment is subject to satisfactory screening within the required timeframe. I consent to being screened and will provide information as required. The information provided is correct and that any false statement or omissions could lead to termination of employment.

Full Name in BLOCK CAPITALS \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



## Working Time Directive Employee Choice Form (WTD 1998)

The Working Time Regulations state that in order for an employee to work more than an average of 48 hours per week, the employer must obtain the agreement of the employee.

Please tick which of the following options you wish to take. You are under no obligation to sign this form.

<b>A:</b> I am willing to work in excess of an average of 48 hours per week	
By signing this form, I state that I am willing to work in excess of 48 hours on average per week.  I understand that I have the right to request to revert to working a maximum of 48 hours per week, on average, at some point in the future. However, should I wish exercise the right then I will give at least one month's notice in writing.  I also understand that this does not guarantee me in excess of 48 hours week.	

<b>B:</b> I do NOT wish to work more than an average of 48 hours per week	
By signing this form, I confirm that I am not willing to work in excess of 48 hours on average per week.  I understand that I can choose to work in excess of 48 hours of work on average per week at a later date, by signing an updated version of this form.	

<b>FULL Name (BLOCK CAPITALS)</b>	
<b>Signature</b>	
<b>Date</b>	

**FOR OFFICE USE ONLY**

<b><u>ORIGINAL IDENTIFICATION CHECKED:</u></b>			
PASSPORT <input type="checkbox"/> PROOF OF RIGHT TO WORK <input type="checkbox"/> SIA <input type="checkbox"/> CRB <input type="checkbox"/> NATIONAL INSURANCE NO DRIVING LICENCE <input type="checkbox"/> BANK STATEMENT <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> SIA TRAINING CERTIFICATES Degree/Diploma/Certificate) <input type="checkbox"/> <input type="checkbox"/>			
INTERVIEWED BY		INTERVIEW LOCATION	
INTERVIEW DATE	/ /2021		
STARTING DATE	/ /2021	POSITION	
APPLICATION COMPLETED & RECEIVED	TELEPHONE REFERENCE / SCREEN COMPLETED	5 YEARS WRITTEN VETTING & SCREENING COMPLETED	
/ /2021	/ /2021	/ /2021	

Chest \_\_\_\_\_ Collar \_\_\_\_\_ Hat (If known) \_\_\_\_\_

Waist \_\_\_\_\_ inside Leg \_\_\_\_\_ Shoe \_\_\_\_\_