



This application form, when completed, contains the basic information from which a candidate is assessed. Please ensure you complete all applicable sections in BLOCK CAPITALS, in your own handwriting and in black ink.

### Personal Details

Location of site applied for	_____
Title of job applied for	_____
Title	Mr / Mrs / Ms / Miss
First Name(s)	_____
Surname	_____
Former names	_____
Current address	_____ _____ _____
Postcode	_____
Date moved in	_____
If less than five years, please supply previous addresses and dates	_____ _____ _____
Telephone	_____
Mobile	_____
Email address	_____



### Personal Details

Date of birth \_\_\_\_\_

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

Nationality \_\_\_\_\_

Passport Number \_\_\_\_\_

Marital Status \_\_\_\_\_

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

Ethnicity \_\_\_\_\_

Number of dependants \_\_\_\_\_

Next of kin name \_\_\_\_\_

Relationship \_\_\_\_\_

Next of kin contact no. \_\_\_\_\_

Mother's maiden name \_\_\_\_\_

### Background Information

Are you subject to immigration control?

Yes / No

If 'yes', please give details \_\_\_\_\_

\_\_\_\_\_

Do you have a current driving licence?

Yes / No



## Background Information

Please give details of any endorsements

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Have you ever been cautioned, charged or summoned to court for a Criminal Offence?

Yes / No

If 'yes', please give details

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Do you have any criminal allegations outstanding against you?

Yes / No

Have you had any orders made against you by a Civil or Military court / Public Authority?

Yes / No

Are you currently declared bankrupt / insolvent?

Yes / No

If 'yes', please give details

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How much time have you taken off sick over the last 2 years?

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### Industry Qualifications

City & Guilds \_\_\_\_\_

NVQ / SQV \_\_\_\_\_

SIA Licence Number 1 Licence Type 1 \_\_\_\_\_

Licence Expiry Date \_\_\_\_\_

SIA Licence Number 2 Licence Type 2 \_\_\_\_\_

Licence Expiry Date \_\_\_\_\_

SIA Licence Number 3 Licence Type 3 \_\_\_\_\_

Licence Expiry Date \_\_\_\_\_

Have you taken a CSCS Test? Yes / No

If 'yes', please state your CSCS card registration no. \_\_\_\_\_

Expiry Date \_\_\_\_\_

Are you Person & Besc trained? Yes / No

If 'yes', please give state your EUSR no. \_\_\_\_\_

Do you hold a certificate for First AID? Yes / No

If 'yes', please state your certificate no. \_\_\_\_\_

Expiry Date \_\_\_\_\_



## Education

If you attended secondary school in the last 5 years, please fill in this section.

Secondary school address	From	To	Subjects	Grade

If you attended secondary school in the last 5 years, please fill in this section.

College or University address	From	To	Subjects	Level	Grade



### Employment History

Please list all periods of employment for the last 5 years, starting with the most recent.  
Please include dates, addresses and telephone numbers.

Company name & address	Position	Contact	Dates	Reasons for leaving



### Service Record

Please list any period in which you were employed in any of the following services:

Royal Navy / Army / RAF / Police / Fire service / Merchant navy

Details:

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NB: You will be required to produce your discharge book or discharge certificate.

### Unemployment Record

Please confirm details for any unemployment dates, including any dates in which you claimed a benefit. Please state the job center address in which you were assigned.

Details of unemployment & benefits	Dates



## References

Please give details of two references, not related to you, who has known you for at least five years and is willing to provide a character reference. Personal references cannot be family members. Please provide their name, address and telephone number.

1. Name & address	Relationship	Home no.	Mobile no.	Email
Period of time known				

2. Name & address	Relationship	Home no.	Mobile no.	Email
Period of time known				





## BS 7858:2012

I certify to the best of my knowledge, the information that I have given in my application for employment is true and complete and understand that any false statement or omission to the Company or its representatives may render lead to termination of employment without notice. I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of Statutory Declarations Act 1835 in confirmation of previous employment or unemployment. I authorize the Company or its agents to approach Government Agencies, Former employers, Educational Establishments, Criminal Justice Agencies and Personal referees for information relating to and verification of my employment/unemployment record.

I consent to the Company's reasonable processing of any personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the Company. Subject to the Access to Medical Reports Act 1988, I consent to the results of such examinations to be given to the Company and authorize the Company to make a consumer information search with a credit reference agency, which will keep a record of that search and may share that information with other credit reference agencies. I further declare that any documents that I provide as proof of my identity. Proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined under a UV scanner or similar device. I acknowledge that any falsified documents may be reported to the appropriate authority.

### Data Protection Act 1998

The Company will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers.

By returning this form to the Company you consent to our processing personal data about you where this is necessary, for example information about your credit status. Ethnic origin or criminal offences. You also consent to the transfer of your information to your current and future potential employers where this is necessary (this may be to companies operating abroad if you apply for work outside of the United Kingdom).

Your information will be held on our computer database and/or in our paper filing systems. By signing below you agree to this process and confirm that you do not have a criminal record subject to the current Rehabilitation of Offenders Act and any amendments. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

### Disclosure

You are applying for a position of trust and in the event of being offered employment by the Company we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from employment. For more information ask a member of staff for a copy of the CRB Code of Practice/Disclosure Scotland and/or Company our policy statement regarding ex-offenders. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document you allow the Company to see a copy of the Disclosure. The Disclosure information is not retained i.e. it is disposed of within the timescales recommended in the CRB Code of Practice. By signing below you agree to this process.

### Screening

Any offer of employment is subject to satisfactory screening. That the applicant consents to being screened and will provide information as required. That the information provided is correct, and the applicant acknowledges that any false statements or omissions could lead to termination of employment.

Applicant name \_\_\_\_\_ NI no. \_\_\_\_\_  
Applicant signature \_\_\_\_\_ Date \_\_\_\_\_



### Other Information

Uniform details

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### Bank Details

Name of bank

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Sort Code

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Account no.

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NB: Please state the above information along with a bank statement as proof of your bank details.

### Declaration

I confirm that the information I have provided on this form is, to the best of my knowledge, true and without omission. Any false information may be sufficient cause for rejection or, if employed, dismissal.

I understand that my employment is subject to satisfactory vetting. I hereby authorize Frankton Group Ltd to obtain references and carry out a credit check through Equifax to support this application once an offer has been made and release the company and references from any liability caused by giving and receiving information.

May we approach your present employer for a reference now?

Yes / No

Signed

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Date

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**Frankton Security**  
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Essex, CM77 8LQ

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enquiries@franktongroup.com  
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**FRANKTON**

## Interview Notes



## Pre-Employment Medical Questionnaire

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

The following information will be treated in the strictest confidence and is required for reasons of health & safety in the workplace.

### Personal Details (to be completed in BLOCK CAPITALS)

Full name \_\_\_\_\_

Address \_\_\_\_\_

Mobile no. \_\_\_\_\_

### Doctor's Details (to be completed in BLOCK CAPITALS)

Doctor's name \_\_\_\_\_

Doctor's address \_\_\_\_\_

Telephone no. \_\_\_\_\_



### Pre-Employment Medical Questionnaire

Please answer the following questions. If the answer is 'yes', then please provide full details.  
 Have you at any time suffered from any of the following conditions:

Allergies	Yes	No	Anxiety	Yes	No
Asthma	Yes	No	Blood Disorder	Yes	No
Hay Fever	Yes	No	Cancer	Yes	No
Chest Pain	Yes	No	Depression	Yes	No
Heart Disorder	Yes	No	Diabetes	Yes	No
High Blood Pressure	Yes	No	General Debility	Yes	No
Low Blood Pressure	Yes	No	Insomnia	Yes	No
Rheumatic Fever	Yes	No	Skin Disorder	Yes	No
Hernia	Yes	No	Arthritis	Yes	No
Rectal Bleeding	Yes	No	Backache	Yes	No
Kidney Stones	Yes	No	Back Injury	Yes	No
Anaemia	Yes	No	Disc Disorder	Yes	No
Fainting Spells	Yes	No	Dizzy Spells	Yes	No
Severe Headaches	Yes	No	Epilepsy	Yes	No
Chronic Cough	Yes	No	Ear Disorder	Yes	No
Colour Blindness	Yes	No	Eye Disorder	Yes	No
Palpitations	Yes	No	Nose Disorder	Yes	No

If you have answered 'yes' to any of the above:  
 Please confirm if this would affect your role as a Security Guard?

Yes / No

Signed

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Date

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## Incident Report

Please see case study below and write a report.

A colleague has hurt their leg on site. You will need to report this straight away.  
Your incident report should include the following:

- i. Date and time of incident (1)
- ii. Details of what happened (1)
- iii. Written English (1)

Write an incident report below.