

# APPLICATION FORM



- Sign and return to the Branch indicated below as soon as possible.

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## 1. Personal Details

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Other (please state):		<b>Please attach passport sized photo</b>
First Name(s):		Surname:		
<b>Permanent Address</b>	House No/Name:		Postcode:	
Street:				
Town/City:				
<b>Temporary Address</b>	House No/Name:		Postcode:	
Street:			Town / City :	
E mail:				Would you to re-locate for work purposes? YES <input type="checkbox"/> NO <input type="checkbox"/>
Date of Birth:		Age:		National Insurance No:
Home Tel No:				Mobile Tel No:
Trade :			CSCS Card/Certificate held	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<small>(Please attach copies of ALL Trade Certificates)</small>		<small>(please attach copies of all cards / Certificates)</small>	
Next of Kin:			Next of Kin Tel No:	
<p><b>We are required to check that you are eligible to work in the UK. Please confirm whether you are a:</b></p> <input type="checkbox"/> - BRITISH CITIZEN <input type="checkbox"/> - Citizen of other EEA country - please state which one _____ <input type="checkbox"/> - citizen of other country - please state which one _____				

## 2. Proof of ID

<p>By law we are required to check that <b>BEFORE</b> applicants start work that they are eligible to work in the UK and retain documentation that provides evidence of this. <b>UNTIL WE HAVE RECEIVED THIS PAPERWORK WE WILL NOT BE ABLE TO COMPLETE THE APPLICATION PROCESS WHICH WILL MEAN A DELAY OFFERING WORK.</b></p> <p>Tick and enclose one copy from list 1 OR two copies from list 2:</p>	
<p>List 1: - Any one of the following:</p> <input type="checkbox"/> Signed, current UK Passport <input type="checkbox"/> A passport containing a UK certificate of entitlement to live in the UK <input type="checkbox"/> EEA Member State Identity Card or passport which confers right of entry to or residence in the UK <input type="checkbox"/> UK Residence permit issued by Home Office to EEA nationals <input type="checkbox"/> National Identity Card containing your photograph	<p>List 2: - Two verifying documents are required from this list:</p> <p>(a)</p> <input type="checkbox"/> A document issued by a previous employer, Inland Revenue, Dept for Work & Pensions, Jobcentre plus etc which contains the NI number of the person stated; <p>(b) Any one of the following:</p> <input type="checkbox"/> A birth certificate issued in the UK, which specified the names of the holder's parents <input type="checkbox"/> A birth certificate issued in the Channel Islands, the Isle of Man or Ireland <input type="checkbox"/> A letter issued by the home office granting indefinite leave to enter or remain in the UK
<p><b>IN ADDITION TO THE ABOVE PLEASE ALSO SEND 1 OF THE FOLLOWING DOCUMENTS TO CONFIRM YOUR HOME ADDRESS</b></p>	
<input type="checkbox"/> Recent (within the last 3 months) utility bill or statement <input type="checkbox"/> Local council tax bill for current year <input type="checkbox"/> Recent bank, building society or credit union statement <input type="checkbox"/> Inland revenue self assessment statement or tax demand	<input type="checkbox"/> Confirmation from an electoral register search that a person of that name lives at that address <input type="checkbox"/> Recent mortgage statement from a recognised lender <input type="checkbox"/> House or motor insurance certificate

### 3. Medical Details

This section will assess your suitability for certain types of placement. The Working Time Regulations are intended to protect workers and the risks that arise from working nights, excessive hours or for long periods without breaks.

**Do you suffer or have you ever received treatment for any of the following:**

	Yes	No		Yes	No		Yes	No
Migranes			Epilepsy or fits			Irritable Bowel Syndrome?		
Headaches			Any Type of Ulcers			Heart/Circulatory Disorders?		
Colour Blindness			Hypertension			Any form of Diabetes?		
Allergies			Palpitations			Back or neck disorders?		
Do you wear contact lenses?					Stomach/intestinal disorders?			
Do you wear spectacles?					Any type of Chronic gastritis?			
Do you have difficulty hearing normal conversation?								
Are you presently receiving treatment from your GP or specialist								
Are you presently receiving treatment for musculoskeletal (MSD's)								
Are you registered disabled or do you have any disability?								
Can you turn your head left and right without difficulty?								
Can you lift properly without pain or restriction?								
Are you aware of hand arm vibration regulations?								
Have you ever used air powered tools? (indicate in comments the type of tool)								
Have you ever experienced during or after using those tools, numbness and/or tingling in your fingers?								
Do you have any phobias? E.g. Darkness, Heights (if yes , give details in comments)								
Do you have difficulty in moving over short distances including slopes, steps or rough ground ?								
Have you ever had blackouts, recurrent dizziness or any condition which may cause sudden collapse or incapacity (if yes give details in comments)								
Do you suffer blurred vision? Do you have any difficulty with your eyesight not including the use of glasses ?								
Have you encountered or do you encounter pains in your chest								
Have you ever been exposed to high dust environments for any length of time?								
Have you ever failed a medical or been refused any clearance on account of a medical screen								
Are you taking any prescribed medications (give details in comments)								
Can you walk up stairs and inclines without difficulty or laboured breathing								
Do you get discomfort or pain in the chest or shortness of breath on exercise such as climbing a flight of stairs?								
Are you taking any medication that is causing drowsiness or dizziness?								
Have you had any stress related illness in the last 12 months								
Have you ever used drugs of abuse in the last 12 months?								
Have you had any alcohol related illness in the last 12 months?								
Have you been refused a driver's licence because of ill health?								
If you have an existing railway medical has there been any change to your medical condition since it's issue?								
Have you been refused or dismissed from employment for health reasons?								
<b>Comments:</b> You must include any details that may not have been specifically asked above, even if they may seem insignificant (Use additional sheet if required)								

### 4. Competency & Certification (To be completed by all tradespersons/assistants)

#### 4a Trade Certification

Electrical		Mechanical		Other	
JIB/ECS Labourer	<input type="checkbox"/>	JIB/PMES BLUE	<input type="checkbox"/>	C&G/NVQ Level 1	<input type="checkbox"/>
JIB/ECS Adult Trainee	<input type="checkbox"/>	Skill Card BLUE	<input type="checkbox"/>	C&G/NVQ Level 2	<input type="checkbox"/>
JIB/ECS Electrician	<input type="checkbox"/>	JIB/PMES GOLD	<input type="checkbox"/>	NVQ LEVEL 3	<input type="checkbox"/>
JIB/ECS Approved Electrician	<input type="checkbox"/>	Skill Card GOLD	<input type="checkbox"/>	CSCS	<input type="checkbox"/>
JIB/ECS Technician	<input type="checkbox"/>	Advanced Plumber	<input type="checkbox"/>	CSCS Green	<input type="checkbox"/>
ECS Certificate Only	<input type="checkbox"/>	Advanced Fitter	<input type="checkbox"/>	CSCS Red	<input type="checkbox"/>
16 <sup>th</sup> Edition	<input type="checkbox"/>	H&V Pipefitter / Welder	<input type="checkbox"/>	<b>Any Other Certificates Held :</b>	
17 <sup>th</sup> Edition	<input type="checkbox"/>	ASME 9	<input type="checkbox"/>		
2391 Test & Inspection	<input type="checkbox"/>	Gas Safe Registered	<input type="checkbox"/>		
2400 Design & Verification	<input type="checkbox"/>	Class 1 Welder	<input type="checkbox"/>		
2377 Pat Testing	<input type="checkbox"/>	Class 2 Welder	<input type="checkbox"/>		
NICEIC Qualifying Supervisor	<input type="checkbox"/>	Arc Certificated	<input type="checkbox"/>		

#### 4b. Supervisory

SMSTS	<input type="checkbox"/>	SSSTS	<input type="checkbox"/>	CSCS Platinum	<input type="checkbox"/>
Please indicate below project value you have worked up to & what number of operatives you have been responsible for					
Whole Project Value :	£	Approx operatives reporting to you ?			

#### 4c. Driving

Do you hold a valid UK driving licence?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Please list any Endorsements :	
Do you hold a valid UK licence to drive a commercial vehicle?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Category of License Held :	

#### 4d Safety Certification

General Safety	Certificate Attached	Rail	Certificate Attached	LUL	Certificate Attached
IPAF - 3A - Scissor	<input type="checkbox"/>	PTS	<input type="checkbox"/>	LUA-CAS	<input type="checkbox"/>
IPAF - 3B - SPB	<input type="checkbox"/>	COSS	<input type="checkbox"/>	Depot	<input type="checkbox"/>
IPAF - 1B - Spider	<input type="checkbox"/>	HSM	<input type="checkbox"/>	Lift & Escalator	<input type="checkbox"/>
IPAF - 1A - VPP - Pop Up	<input type="checkbox"/>	LXA	<input type="checkbox"/>	Quaf 54	<input type="checkbox"/>
IPAF - Other	<input type="checkbox"/>	LKT	<input type="checkbox"/>	SPIC	<input type="checkbox"/>
PASMA (Tower)	<input type="checkbox"/>	MC	<input type="checkbox"/>	Sub-Station	<input type="checkbox"/>
First Aid - Appointed Person	<input type="checkbox"/>	CC	<input type="checkbox"/>	TRACK	<input type="checkbox"/>
First Aid at Work (3-4 Day)	<input type="checkbox"/>	ES	<input type="checkbox"/>	Safe Isolation level 3	<input type="checkbox"/>
Harness Trained	<input type="checkbox"/>	IWA	<input type="checkbox"/>	Fire Watch Person	<input type="checkbox"/>
Asbestos Awareness	<input type="checkbox"/>	PO	<input type="checkbox"/>		
Abrasive Wheel	<input type="checkbox"/>	Substation	<input type="checkbox"/>		
COMP-EX	<input type="checkbox"/>	Strapman	<input type="checkbox"/>	<b>Any Other Certificates Held :</b>	
Manual Handling	<input type="checkbox"/>	Strapping Asst	<input type="checkbox"/>		
CSCS Card	<input type="checkbox"/>	OLE	<input type="checkbox"/>		
CSCS Certificate Only	<input type="checkbox"/>	Chainsaw Op	<input type="checkbox"/>		
CPCS Card Holder	<input type="checkbox"/>	Strimmer Op	<input type="checkbox"/>		
Hoist Operator	<input type="checkbox"/>	Chemical Sprayer	<input type="checkbox"/>		
Slinger / Signaller	<input type="checkbox"/>	Tree Climber	<input type="checkbox"/>		
Traffic Marshall	<input type="checkbox"/>				
Hoist Operator	<input type="checkbox"/>				
Forklift Driver	<input type="checkbox"/>				

#### 5. References

Please provide details of 2 references (a supervisor/chargehand - NOT an agency) who you have worked for within the last 12 months:			
Name:		Name:	
Position held:		Position held:	
Company:		Company:	
Tel No:		Tel No:	
Dates worked:		Dates worked:	
Project:		Project:	
Reason for leaving:		Reason for leaving:	

#### 6. Criminal Convictions

Do you have any unspent* criminal convictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, state convictions and dates		
<small>*Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given. The information given will be treated in the strictest of confidence and only taken into account where, in the reasonable opinion of 1<sup>st</sup> Step Recruitment Solutions Ltd, the offence is relevant to the post to which you are applying. Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.</small>		

**7. Payment Options (Please complete ONE section only - A = Third party, B = PAYE, C = Own Ltd)**

<b>Section A - <input type="checkbox"/> - Pay Service Provider - We Currently Use :</b> <span style="float: right;">(Please tick appropriate box)</span>		
BOSS Group <input type="checkbox"/> 01252 705270	Sprite <input type="checkbox"/> 01252 705 288	Clipper Contracting Group <input type="checkbox"/> 0844 800 5312
Shield Contract Services <input type="checkbox"/> 01992 374144	Other* (Please Specify)	
<ul style="list-style-type: none"> <li>The above listed pay service providers have been pre-vetted by 1<sup>st</sup> Step Solutions Ltd, If you wish to use a payroll provider not listed above please confirm with our consultant prior to commencing work as this may delay your payment whilst audits are carried out.</li> </ul>		

**Section B - PAYE  - PAYE PAYMENTS WILL BE HELD UNTIL THIS SECTION IS COMPLETED & RETURNED**

Please return your P45 or alternatively complete and sign the enclosed P46.

Bank/Building Society:	Account name:
Sort Code: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Account No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Ref / Roll No. (Building Society accounts only)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>1<sup>st</sup> Step Personal Accident Insurance (details available on request)</b>	
I do not have my own personal accident insurance and I would like to join the 1 <sup>st</sup> Step Accident Insurance Plan and agree to a deduction of £2.95 per week.	<b>Signed:</b>

**Section C - Your Own Ltd Company - Please Complete and return**

SB001 Intermediary Questionnaire  
 FSTC01 Intermediary Terms within IR35 or  FSTC02 & FSTC02A Intermediary Terms Opting out of IR35

**8. Working Time Regulations - PAYE PAYMENTS WILL BE HELD UNTIL THIS SECTION IS COMPLETED**

The working time regulations 1998 provide that you shall not work in excess of the Working Week, an average of 48 hours each week calculated over a 17-week reference period. Please indicate your preference below by ticking the appropriate box.

I **DO** WISH TO WORK MORE THAN 48 HOURS PER WEEK \*  
*\* You may end this Agreement by giving 1<sup>st</sup> Step Solutions Ltd 1 week notice in writing. Upon the expiry of the notice period, the working week limit shall apply with immediate effect.*

I **DO NOT** WISH TO WORK MORE THAN 48 HOURS PER WEEK \*  
*\* By ticking this option you will be excluding yourself from all contracts that involve working more than 48 hours a week.*

**9. Agreement to terms**

1.	I understand that under the Data Protection Act 1998 ("DPA") 1st Step Solutions Ltd is registered to hold information about individuals both on computer and in paper files for certain purposes, including (but not limited to) verifying ID, confirming entitlement to work in the UK and administering personnel and pay records.
2.	By signing this application form, I am consenting to 1st Step Solutions Ltd holding and processing personal data (and sensitive personal data). Further, I agree to such data being released to third parties (such as Trade Unions and insurance providers) where necessary.
3.	We are under no obligation to offer you work and the decision to allocate night work is at the absolute discretion of 1st Step Solutions Ltd. Any false declaration will result in termination of contract. I have completed the above form truthfully. I have read the enclosed information and understand the implications of the Working Time Regulations and agree to abide by them. In accordance with Data Protection Regulations I agree to 1st Step Recruitment Solutions Ltd holding my health information on file and agree to keep 1st Step informed of any changes.
4.	I have read and agreed to the Terms of Engagement attached and the information given on this form is true and accurate to the best of my knowledge.
5.	I agree to inform 1st Step Solutions Ltd in writing of any changes to my payroll information and/or any other changes to the information detailed above.
6.	I agree to allow 1st Step Solutions Ltd to contact me via telephone, email or sms messaging unless I advise otherwise in writing.

Signed by Temporary Worker	
Print Full Name	Date

**ANY UNSIGNED FORMS WILL NOT BE ACCEPTED AND RETURNED IMMEDIATELY**

**For office use only**

Photo ID Received?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type:	
Proof of Address received?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type:	
Entitlement to Work IN UK Received?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type:	
Next of Kin details given?	Yes <input type="checkbox"/> No <input type="checkbox"/>	48 Hours Working Week Opt Out	Yes <input type="checkbox"/> No <input type="checkbox"/> Signed by Operative Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Restrictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes - Details	
PAYE?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes is P45 or completed P46 attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Personal Accident Insurance required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If No, is a copy of existing policy attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Own Ltd Company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes is relevant documentation attached and Bank details completed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Checked by :		Date :	