



DOCUMENT CHECK LIST

- C.V.
- COPY OF PASSPORT / I.D.
- NI No. or proof of eligibility to work in the UK
- P45 / P46
- T&C SENT. DATE
- PAYE

CONSULTANT
REGISTRATION DATE
PHONE / PERSON
PAYROLL No.
PERM / TEMP / BOTH (Please circle)

APPLICATION FORM - COMMERCIAL

(PLEASE COMPLETE IN BLOCK CAPITALS)

POSITION APPLYING FOR:

PERSONAL DETAILS

JOB TITLE:

TITLE: SURNAME:

FORENAMES IN FULL: MAIDEN NAME:

HOME ADDRESS:

..... POSTCODE:

HOME TEL: MOBILE:

EMAIL ADDRESS:

DATE OF BIRTH: NATIONALITY:

NATIONAL INSURANCE NUMBER

PAYE

DO YOU HOLD A CURRENT UK DRIVING LICENCE YES NO ... DO YOU HAVE USE OF A CAR YES NO

NEXT OF KIN. NAME. RELATIONSHIP TO YOU

CONTACT TEL No:

BANK DETAILS

SORT CODE: ACCOUNT NUMBER:

BANK / B.Soc.NAME:

ACCOUNT IN THE NAME OF:

REF/ROLL NUMBER (If building society A/c)

I authorise Elect to pay my weekly wages into my SIGNATURE:

bank/building society accounts

..... DATE:

ELIGIBILITY TO WORK IN THE UK

ARE YOU A BRITISH CITIZEN/EU NATIONAL?

If no, what entry stamp was put on your passport but immigration (please enclose copy of entry)

YES NO

ARE THERE ANY RESTRICTIONS ON YOUR PASSPORT
TO PROHIBIT YOU WORKING IN THE UK?

If yes please attach details

YES NO

ARE YOU SUBJECT TO WORK PERMIT PROVISIONS

If yes please provide copy of work permit

YES NO

PREVIOUS EMPLOYMENT

EMPLOYMENT DETAILS DATE FROM

(In chronological order most recent first)

Please continue on separate sheet if required

DATE TO

POSITION HELD

EDUCATION DETAILS

please start with the latest and work your way backwards

SCHOOL / COLLEGE / UNIVERSITY ATTENDED DATE

QUALIFICATIONS OBTAINED

.....

SPECIALIST SKILLS / QUALIFICATIONS

.....

.....

REFEREES

Please give the name of two recent uk professional referees (not friends / relatives)

A NAME DATE OBTAINED:

POSITION HELD BY WHOM:

ADDRESS

..... POSTCODE

TELEPHONE NUMBER EMAIL

NOTES:

B NAME DATE OBTAINED:

POSITION HELD BY WHOM:

ADDRESS

..... POSTCODE

TELEPHONE NUMBER EMAIL

NOTES:

Can we apply for references from the above persons immediately YES NO

I give permission to forward my cv to prospective clients YES NO

ADDITIONAL REFERENCE SHEET

Please give the name of two recent uk professional referees (not friends / relatives)

C NAME..... DATE OBTAINED:.....
POSITION HELD BY WHOM:
ADDRESS
..... POSTCODE.....
TELEPHONE NUMBER EMAIL.....
NOTES:.....
.....
.....

D NAME..... DATE OBTAINED:.....
POSITION HELD BY WHOM:
ADDRESS
..... POSTCODE.....
TELEPHONE NUMBER EMAIL.....
NOTES:.....
.....
.....

E NAME..... DATE OBTAINED:.....
POSITION HELD BY WHOM:
ADDRESS
..... POSTCODE.....
TELEPHONE NUMBER EMAIL.....
NOTES:.....
.....
.....

Can we apply for references from the above persons immediately YES NO

I give permission to forward my cv to prospective clients YES NO

COMMERCIAL

SECRETARY/PA

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> DATA ENTRY | <input type="checkbox"/> ADMINISTRATOR | <input type="checkbox"/> SECRETARY |
| <input type="checkbox"/> PA | <input type="checkbox"/> EA | <input type="checkbox"/> MINUTE TAKING |
| <input type="checkbox"/> AUDIO | <input type="checkbox"/> DIGITAL DICTATION | <input type="checkbox"/> 50 WPM + |

CUSTOMER SERVICE & SALES

- | | | |
|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> CALL CENTER | <input type="checkbox"/> INBOUND | <input type="checkbox"/> OUTBOUND |
| <input type="checkbox"/> CUSTOMER SERVICE | <input type="checkbox"/> TELESALES | <input type="checkbox"/> SALES EXEC |
| <input type="checkbox"/> FIELD SALES | | |

MARKETING

- | | | |
|--|---|--|
| <input type="checkbox"/> MARKETING ASSISTANT | <input type="checkbox"/> MARKETING EXEC | <input type="checkbox"/> MARKETING MANAGER |
| <input type="checkbox"/> SEO | <input type="checkbox"/> ADWORDS | <input type="checkbox"/> DIGITAL |
| <input type="checkbox"/> COPYWRITING | <input type="checkbox"/> PR | <input type="checkbox"/> WEBSITE |

HR

- | | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> HR ADMIN | <input type="checkbox"/> HR ADVISOR | <input type="checkbox"/> HR MANAGER | <input type="checkbox"/> TUPC CIPD |
|-----------------------------------|-------------------------------------|-------------------------------------|------------------------------------|

ACCOUNTANCY

- | | | |
|---|--|---|
| <input type="checkbox"/> CREDIT CONTROL | <input type="checkbox"/> PURCHASE LEDGER | <input type="checkbox"/> ACCOUNTS ASSISTANT |
| <input type="checkbox"/> PAYROLL | <input type="checkbox"/> RECONCILIATION | <input type="checkbox"/> QUICK BOOK |
| <input type="checkbox"/> SAGE 50 | <input type="checkbox"/> SAGE 100 | |
| <input type="checkbox"/> AAT LEVEL | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |

SKILLS

- | | | | |
|-------------------------------------|--------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> WORD | <input type="checkbox"/> BASIC | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED |
| <input type="checkbox"/> EXCEL | <input type="checkbox"/> BASIC | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED |
| <input type="checkbox"/> POWERPOINT | <input type="checkbox"/> BASIC | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED |

HEALTH

(Any information that you provide us with is strictly confidential)

ARE YOU AWARE OF ANY PHYSICAL AND MENTAL MEDICAL CONDITION OR DISABILITY WHICH WILL, OR MAY, AFFECT YOUR WORKING CAPACITY, IF **YES**, PLEASE GIVE DETAILS

.....

ARE YOU ON ANY MEDICATION AT PRESENT YES NO

IF YES, PLEASE GIVE DETAILS

.....

ADDITIONAL INFORMATION

DO YOU WORK FOR ANY OTHER AGENCY YES NO

If so whom

HOW MANY HOURS CAN YOU WORK PER WEEK?

WHAT HOURS AND DAYS ARE YOU AVAILABLE TO WORK?

COMPANIES I DO NOT WANT TO WORK FOR:

PLEASE INDICATE YOUR WORKING PREFERENCE:

AREAS WILLING TO TRAVEL:

WORKING TIME DIRECTIVE

The working time regulations 1998 (as amended) require Elect to limit your average work weekly time to 48 Hours unless you agree with Elect that this limit shall not apply to you to signify whether you wish to apply please sign and date the appropriate box below should you elect to opt out and work over and above the average weekly working time limit of 48 hours you are entitled to reinstate the working time limit upon giving three months written notice.

I wish to opt out and work more than the 48 hour working time limit SIGNED DATE

I do not wish to opt out and work more than the 48 hour working time limit SIGNED DATE

COMPLETION

Rehabilitation of offenders act 1974

By virtue of the rehabilitation of offenders act 1974 (exceptions) order 1975, the provisions of section 4.2 of the rehabilitation offenders act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in respect of such services in the course of his normal duties. Your answer to the following questions should include any (spent) convictions

Have you ever been convicted of a criminal offence YES NO

If yes please give details and dates

.....
.....

DECLARATION: I declare that I have answered the above questions honestly and fully I realise that any false or incomplete statement on my part render me liable to disciplinary action or dismissal

.....
.....

SIGNED **DATES**

FOR OFFICE USE ONLY

NOTES

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