



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 - INDUSTRIAL

(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

INDUSTRIAL

JOB ROLE

PICKER / PACKER
 CLEANER

WAREHOUSE OPERATIVE
 PRODUCTION OPERATIVE

FORKLIFT
 INDUSTRIAL OPERATIVE

UNIFORM

GOGGLES
 OVERALLS

SAFETY SHOES / BOOTS

HIGH VIS VEST

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:

