

Porter Moore Ltd
 95/97 Station Road
 New Milton
 Hampshire
 BH25 6JJ
 Tel: 01425 611522
 Fax: 01425 611504

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APPLICATION FORM

Temp No.

PERSONAL DETAILS			
(Mr/Mrs/Miss/Ms) Last Name		First Names	
Previous Last Names Used			
Address			
			Post Code
Telephone Number (home)		Where did you hear of Porter Moore Ltd?	
Mobile			
E-Mail		National Insurance No.	
Date of Birth		Age	Shifts Required (Please Tick)
Means of Transport (Please Tick) <input type="checkbox"/> Car <input type="checkbox"/> Bike <input type="checkbox"/> Other		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Occasional	
Others languages spoken.....			

NEXT OF KIN	
Name	
Address	
	Postcode
Relationship	Tel:

TO BE COMPLETED BY NON-BRITISH AND NON-EC NATIONALS ONLY

Do you have a work permit? Yes* No *Original seen and copy taken Yes No By.....

BANK DETAILS		
Name of Bank / Building Society		Branch
Sort Code (6 Digits)	Account Number: (8 Digits)	Reference / Roll Number (Building Society Accounts Only)
	Name on account:	

EMPLOYMENT HISTORY (Continue on a separate sheet if necessary - 10 Years history required. Please include any other relevant experience)

Name and address of previous employer(s)	Position Held Responsibilities and Salary	From Month/Year	To Month/Year	Reason for leaving

QUALIFICATIONS Professional Qualifications (e.g. NVQ, First Aid, Food Hygiene)

Name of Professional Body	Qualification	Place Obtained	Year Obtained	Details/Comments

ADDITIONAL QUALIFICATIONS/TRAINING

Please add any other relevant information that may help your application process.

REFERENCES

Please give either 2 employment references or 3 character references, that we may contact immediately (1 must be a current employer).

REFERENCE 1 Name	REFERENCE 2 Name
Job Title	Job Title
Address	Address
Post Code:	Post Code:
Tel: Fax:	Tel: Fax:
Please indicate type of referee: <input type="checkbox"/> Character <input type="checkbox"/> Employer	Please indicate type of referee: <input type="checkbox"/> Character <input type="checkbox"/> Employer
REFERENCE 3 Name	REFERENCE 4 Name
Job Title	Job Title
Address	Address
Post Code:	Post Code:
Tel: Fax:	Tel: Fax:
Please indicate type of referee: <input type="checkbox"/> Character <input type="checkbox"/> Employer	Please indicate type of referee: <input type="checkbox"/> Character <input type="checkbox"/> Employer

It may be necessary to contact other referees from your work history, please sign here if this is not acceptable _____

HEALTH QUESTIONNAIRE

All information in this form will remain confidential and will not be divulged to anybody outside Porter Moore Ltd

GP _____ Tel: _____

Address _____

Please answer truthfully whether you have or have had any of the below conditions by ticking the appropriate box. Yes No

Asthma, breathing difficulties, persistent coughs	<input type="checkbox"/>	<input type="checkbox"/>
Eczema, skin conditions	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy, blackouts	<input type="checkbox"/>	<input type="checkbox"/>
Back problems	<input type="checkbox"/>	<input type="checkbox"/>
Visual disturbances/problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>
Persistent headaches, migraines	<input type="checkbox"/>	<input type="checkbox"/>
Ear/throat infections	<input type="checkbox"/>	<input type="checkbox"/>
Kidney infections	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or psychiatric illness	<input type="checkbox"/>	<input type="checkbox"/>
Any allergies (please list)	<input type="checkbox"/>	<input type="checkbox"/>
Are you receiving any medical or psychiatric treatment	<input type="checkbox"/>	<input type="checkbox"/>
Have you taken time off work in the previous twelve months (please list below)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had to leave employment for health reasons	<input type="checkbox"/>	<input type="checkbox"/>
Overall general health good	<input type="checkbox"/>	<input type="checkbox"/>

Details

REHABILITATION OF OFFENDERS ACT 1974

Due to the nature of work for which you are applying, this post is exempt from section 4 (2) of the Rehabilitation of Offenders Act 1974 (exceptions) (amendments) order 1986. Applicants are therefore not entitled to withhold information about convictions, which are otherwise spent under the provisions of this act. In the event of employment, failure to disclose any convictions will result in removal from the agency register.

Have you ever been convicted of an offence, or are any such procedures pending? Yes No

If 'yes' please give details

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48 HOUR WAIVER

The Working Time Regulations 1998 (“the Regulations”) require the Company to limit your average weekly working time to 48 hours (taken as an average over a 17 week period) unless you agree with the Company that this limit shall not apply to you.

Porter Moore Ltd are obliged to keep records of your working hours whether you sign the agreement or not.

Porter Moore Ltd proposes an agreement that the 48 hour limit will not apply to you and that any change that is to be made to this agreement will be made after giving four weeks written notice.

Signed: _____ **Date:** _____

EQUAL OPPORTUNITIES POLICY

Porter Moore Ltd believes in the principal of equal opportunity in employment and pre-select applications only on the basis of their qualifications and experience. Our policy is not only to adhere whole-heartedly to the laws as outlined in the Race Relations Act 1976 and the Sex Discrimination Act 1975, but also to the spirit behind the laws prescribed.

DECLARATION TO BE SIGNED BY ALL APPLICANTS

I hereby agree that during the time I am engaged by Porter Moore Ltd;

- a) I will not disclose to any person any information obtained whilst attending a confidential assignment.
- b) I will hold in trust and confidence for Porter Moore Ltd all such information and will never use it other than for the benefit of Porter Moore Ltd.

I declare that all of the information that I have completed in this application is to the best of my knowledge true. I understand that if I knowingly make false statements I could be subject to police prosecution. I understand that my application is subject to a minimum of two satisfactory references, and a Police check. Should I be offered permanent employment as a result of working as a temporary via Porter Moore Ltd I will undertake to inform my Consultant immediately .

I agree that Porter Moore Ltd may disclose any confidential information they may hold on record i.e. references etc, to any clients that may request such information. I understand that information disclosed will be kept strictly confidential.

Full name: _____

Signed: _____ **Date:** _____

TO ALL APPLICANTS

RE: ASYLUM & IMMIGRATION

It is now a requirement that **before** any offer of work can be made, **all** candidates are to provide the Company with confirmation of their eligibility to work in the U.K. by providing ONE of the ORIGINAL documents detailed below.

Please tick the appropriate box detailing which document you would intend to bring with you. You should also be aware that a copy of the document will be retained on file.

- Issued by a previous employer e.g. payslip, P45 or P60 or the Inland Revenue and the Benefits Agency. The Contributions Agency or the Employment Service which contains a National Insurance Number.

Or

- A birth certificate issued in the United Kingdom or in the Republic of Ireland or a certificate of registration or naturalization as a British Citizen.

Or

- A passport which describes the holder as a British Citizen or as having the right of abode in the U.K. or a passport or other travel document endorsed to show that the holder has an indefinite leave to remain in the U.K. or has a current leave to enter or remain in the U.K. and is not precluded from taking employment.

Or

- A passport or identity card issued by a State which is party to the European Economic Area agreement and which describes the holder as a national of a State which is party to that agreement.

Or

- A letter issued by the Home Office or the Department of Education and Employment indicating that the person named has permission to take the employment in question.

ALL CANDIDATES MUST NOTE THAT, UNLESS ONE OF THE ABOVE ORIGINAL DOCUMENTS HAS BEEN PRODUCED, NO OFFER OF WORK WILL BE MADE.

Temp Name:

References

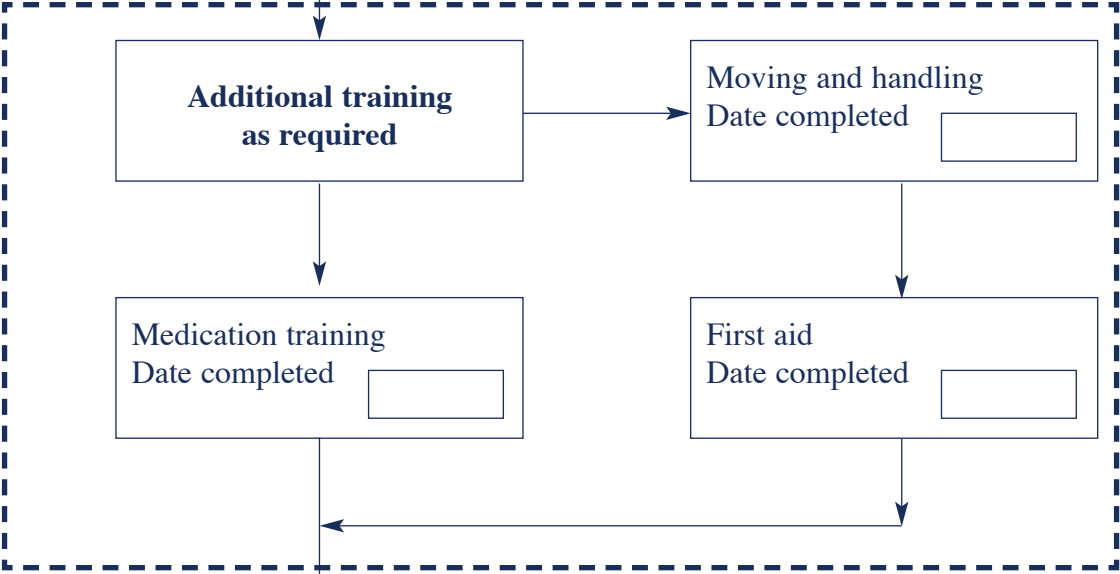
Ref 1.
Ref 2.
Ref 3.
Ref 4.

2 employment refs, one must be current employer. If only 1, then 2 character refs required. Minimum.

CRB required

Completed Forms
F NO:
Date received:
Date of issue:
CRB NO:

Company Induction Required
Date completed



Date ready for work: