


REG NO:	Temp	Perm	SAC 1:	SAC 2:	INPUT DATE: / /
		PLEASE COMPLETE THIS CONFIDENTIAL APPLICATION FORM AS FULLY AS POSSIBLE IN ORDER THAT THE INFORMATION MAY BE ENTERED INTO A COMPUTER DATABASE			
Type of Work Sought:	Availability: Days Nights Weekends		Minimum Pay Rate:	Geographical Location Preferred:	
Surname:		Maiden Name (if applicable)		First Name:	
Title: Mr Mrs Miss Ms Dr		Address:			
Town:		County:		Postcode:	
Home Tel. No:		Contact/ Mobile Tel. No:		E-mail Address:	
Emergency Contact Tel. No:		Emergency Contact Name:			
Date of Birth: / /		National Insurance No:		Nationality:	
Own Transport: Yes / No		Driving Licence: Yes / No		Licence Points:	
BANK DETAILS					
Bank/Building Society Name:		Branch Location:		Account Name:	
Account No:		Account Sort Code:		Building Society Roll Number:	
DECLARATIONS					
<p>I confirm that the information disclosed in this application form is relevant and correct and can be verified by references from previous employers and/or any professional bodies or character referees specified. I also undertake to inform Pertemps Recruitment Partnership Ltd of the outcome of all introductions / interviews to companies or agents. I understand that information I have disclosed may be held within a computer database. I hereby give my permission for information I have disclosed to be divulged to companies or agents as deemed necessary by Pertemps Recruitment Partnership Ltd in relation to my application for work.</p> <p>Should I become a Flexible Worker I confirm I will have read and accepted the issued Contract of Employment which also confirms the minimum hourly rate of pay I will be paid for temporary assignments. Whilst on assignment from Pertemps Recruitment Partnership Ltd I will ensure my signed timesheet is returned to the Branch by 9am on the Monday following the week of work. Whilst on assignment from Pertemps Recruitment Partnership Ltd I will regard all available information as confidential and I will not divulge it to any third parties plus I will comply to the Health & Safety regulations of all the companies/agents I am assigned to.</p>					
SIGNED:.....			DATE: / /		
<p>Persuant to the Rehabilitation of Offenders Act, I declare that I have no unspent convictions and there are no prosecutions pending at this time. I also undertake to inform Pertemps recruitment Partnership Ltd of any prosecution that occurs whilst my details are held by Pertemps Recruitment Partnership Ltd.</p> <p>If you have any unspent convictions or prosecutions pending please give details.....</p>					
SIGNED:.....			DATE: / /		
PERTEMPS RECRUITMENT PARTNERSHIP LTD OPERATES AN EQUAL OPPORTUNITIES POLICY					
Do you consider yourself to have a disability within the terms of the Disability Discrimination Act 1995? Yes / No					
Do you have any special requirements to enable you to attend for a job interview or to take up a position for which you are considered to have the minimum appropriate skills and/or experience? Yes / No Please state:					
Contract of Employment: Yes / No		Employee Handbook Signed: Yes / No		Health & Safety Declaration Signed: Yes / No	
48 hr Opt Out Agreement: Yes / No		Form of ID Taken – Please state:		Visa Expiry Date if applicable: / /	
MAP Agreement Form: Yes / No		Drivers Licence on File: Yes / No		Drivers Declaration Form Signed: Yes / No	
Interview Conducted by:			Interview Date:		

Have you enclosed your current CV? Yes / No.

If Yes, you do not need to complete this page. Please move onto the next page.

EDUCATION / QUALIFICATIONS / TRAINING – please include any training undertaken that may be relevant to your application for work	
Dates:	Details i.e. course / certificate gained / qualification gained:

Please give details of your work history below

1) Present/Last Employer:		Tel No:	
Address:			
Town:		Postcode:	
County:			
Length of Employment: From: / / To: / /		Reason For Leaving:	
Job Title:		What were your responsibilities/duties:	
Who should we contact to enable us to obtain a reference?		What is their job title?	

2) Previous Employer:		Tel No:	
Address:			
Town:		Postcode:	
County:			
Length of Employment: From: / / To: / /		Reason For Leaving:	
Job Title:		What were your responsibilities/duties:	
Who should we contact to enable us to obtain a reference?		What is their job title?	

If further space is required for Employment History please ask for an Additional Information Page

Please give the names of two individuals (not relatives) that we may contact in order to obtain references			
Name of Referee:		Name of Referee:	
Occupation:		Occupation:	
Company Name: (if applicable)		Company Name: (if applicable)	
Address:		Address:	
Tel. No:	Fax No:	Tel. No:	Fax No:
Email Address:		Email Address:	

Work Skills and Experience – Please tick appropriate box: 1 = Some Experience 2 = Fully Experienced

WAREHOUSE	1	2	MANUFACTURING	1	2	MANUFACTURING CONT'D	1	2
BONDED GOODS			ASSEMBLY			TURNING		
CRANE OPERATOR			ASSEMBLY – ELECTRICAL			WELDING – ARC		
DESPATCHING			CAPSTAN SETTING			WELDING – CODED		
EXPORT PACKING			CLERICAL ADMIN			WELDING – GAS		
FLT COUNTER BALANCE			CONTROL PANEL WIRING			WELDING – MIG/TIG		
FLT REACH			DRILLING / TAPPING			WELDING – PLATER		
GOODS INWARDS			ELECTRICIAN			WELDING – SPOT		
ORDER PICKING-COMPUTER			FABRICATIONS – LIGHT			ENVIRONMENT		
ORDER PICKING-MANUAL			FABRICATIONS – HEAVY			BUILDING / CONSTRUCTION		
PACKING			FITTER ELECTRICAL			CHEMICAL		
PALLET TRUCK			FITTER MECHANICAL			COLD STORE		
SIDE LOADER			GRINDING			DISTRIBUTION		
STOCK CONTROL-COMPUTER			GUILLOTINE OPERATION			EDUCATION SERVICES		
STOCK CONTROL-MANUAL			INSPECTION			ENGINEERING – HEAVY		
STOCK TAKING			MACHINE OPERATING (CNC)			ENGINEERING – LIGHT		
SUPERVISING STAFF			MACHINE OPERATING (OTHER)			FOOD PRODUCTION		
CATERING			MACHINE SETTING			HOTEL LEISURE SERVICES		
CATERING ASSISTANT			MAINTENANCE SETTING			LOCAL AUTHORITY		
CHEF			MAINTENANCE ELECTRICAL			MAIL ORDER		
COOK			METAL POLISHING			MEDICAL SERVICES		
MANAGEMENT			MILLING			PRODUCT MANUFACTURING		
PORTER			PAINT SPRAYING			RETAIL		
ROOM ATTENDANT			PLATING/COATING			STOCKHOLDING		
WAITING			PRESS OPERATOR (HAND)			TRANSPORT / HAULAGE		
HEALTH & HYGIENE CERT			PRESS OPERATOR (POWER)			GAS/WATER/ELECTRICITY CO's		
HOW DID YOU HEAR OF US?			PRODUCTION OPERATIVES			WAREHOUSING		
PREVIOUSLY WORKED FOR YOU			QUALITY CONTROL					
ADVERT			SHEET METAL WORKING					
RECOMMENDEED			SOLDERING					
PASSING BY OFFICE			SUPERVISING STAFF					
INTERNET			TOOLMAKING					
JOB CENTRE			TOOLSETTING					

WORKING TIME REGULATIONS 1998 - OPT OUT AGREEMENT

DEFINITIONS

- 1.1 In this agreement the following definitions apply:-
 "ASSIGNMENT" means the period during which the Flexible Employee is employed to render services to the Client.
 "CLIENT" means the person, firm or corporate body engaging the services of the Flexible Employee.
 "WORKING WEEK" means an average of 48 hours each week calculated over a 17 week reference period.
- 1.2 Reference to the singular include the plural and reference to the masculine include the feminine and vice versa.
- 1.3 The headings contained in these Terms are for convenience only and do not affect their interpretation.
- 2. RESTRICTION**
- 2.1 The Working Time Regulations 1998 provide that the Flexible Employee shall not work on an assignment with the client in excess of the working week unless he agrees in writing that this limit should not apply.
- 3. CONSENT**
- 3.1 The Flexible Employee hereby agrees that the working week limit shall not apply to the assignment.
- 4. WITHDRAWAL OF CONSENT**
- 4.1 The Flexible Employee may end this agreement by giving 3 months notice in writing.
- 4.2 For the avoidance of doubt, any notice bringing this agreement to an end shall not be construed as termination by the Flexible Employee of an assignment with a Client.
- 4.3 Upon the expiry of the notice period set out in clause 4.1 the working week limit shall apply with immediate effect.
- 5. THE LAW**
- 5.1 These Terms are governed by English Law and are subject to the exclusive jurisdiction of the English Courts.

SIGNED: **DATED:**.....

FLEXIBLE EMPLOYEE HEALTH & SAFETY DECLARATIONS

All employers must have a Health & Safety Policy stating who is responsible for Health & Safety and the Health & Safety arrangements in place. All Flexible Employees have a duty under the Health & Safety Act to take reasonable care to safeguard their own safety and the safety of anyone who may be affected by their work activities and actions and to co-operate with the Client and others in meeting statutory regulations. It is your responsibility to familiarize yourself with the Clients' policy, particularly the procedures for fire, first aid and accidents upon arrival at the Clients' premises. The Act also requires Flexible Employees not to interfere with or misuse anything provided to protect their health, safety or welfare in compliance with the Act. Please refer to the Health & Safety section in your Employee Handbook for further information.

Please complete the following questions to aid Pertemps in providing you with the right environment to work in and to cater for any special needs you may have.

1. Do you have any special needs or requirements relating to any medical condition(s) that the Client should be made aware of in case of emergency? **Yes / No**
 If Yes, what are they?
 (i.e. back problem, eye problem, diabetic, asthmatic, epilepsy etc.)
2. Are you a vegetarian or do you belong to a religion that prohibits you from working in a food environment? **Yes / No**
3. Do you have any allergies? **Yes / No** If Yes, what are they?

HEALTH SELF ASSESSMENT DECLARATION FOR NIGHT WORKERS

In compliance with the Working Time Regulations the purpose of this declaration is to assess your fitness to carry out night work whilst on assignment from Pertemps Recruitment Partnership.

Whilst there is no difference in the physical demands of night work compared to day work the human body is naturally programmed to sleep at night. The disruption to this sleep pattern can aggravate certain medical conditions, albeit often temporarily. Additionally the reduced access to services and facilities that may be apparent both inside and outside the workplace at night can have an effect.

Please answer the following questions. If your answers raise doubts about your fitness for night work, then unfortunately you may not be assigned to Clients for night work unless you are able to provide proof that you are physically able to do so having been assessed by a suitably qualified health care professional.

- | | |
|---|-----------------|
| Do you have any health concerns that you feel may prevent you from working at night?
If YES , are these based on: | Yes / No |
| a. The requirement to take medication (tablets, insulin injections etc) on a strict timetable | Yes / No |
| b. Heart or circulatory problems that could be aggravated by the additional stress/required stamina that night work may require | Yes / No |
| c. Stomach, intestinal or other disorders where the regularity/timing of meals are important | Yes / No |
| d. Medical conditions that affect the ability to sleep during the day or are affected by changing sleep patterns | Yes / No |
| e. Chronic chest or respiratory disorders whose night time symptoms are significantly worse than in the day time | Yes / No |
| f. Any other health related reason | Yes / No |
| g. Are you a new or expectant mother | Yes / No |
| h. Are you aged under 18 | Yes / No |

If you have indicated YES to any of the points above, please enter specific details:

I have read and completed the above Health & Safety Declarations to the best of my knowledge and understand that I must inform Pertemps Recruitment Partnership of any changes to the above personal information that may affect my ability to undertake assignments.

NAME: **SIGNED:** **DATE:**

INTERNAL USE ONLY - INTERVIEW NOTES

Agencies Registered with:	Companies Worked For & Type of Work:	Dates and Rates:

Safety Footwear	Yes / No	Preferred Hours of Work?
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Results of Skills Assessments Completed:

INTERNAL USE ONLY – PLEASE RECORD VERBAL REFERENCES

Verbal Ref. 1 Taken by:	Date: / /	Name of Referee:
Comment:	COMPANY:	
Verbal Ref. 1 Taken by:	Date: / /	Name of Referee:
Comment:	COMPANY:	