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PLEASE COMPLETE THIS CONFIDENTIAL APPLICATION FORM AS FULLY AS POSSIBLE IN ORDER THAT THE INFORMATION MAY BE ENTERED INTO A COMPUTER DATABASE

How did you hear about us? Previously Registered Advert Internet Passing by Office
 Job Centre Recommended Other - Please state

Type of Work Sought:	Current Salary: Salary Required:	Geographical Location Preferred:
Notice Period:	Date Available to Work:	Preferred Working Hours:
Surname:	Maiden Name (if applicable):	First Name:
Title: Mr Mrs Miss Ms Dr	Address:	
Town:	County:	Postcode:
Home Tel. No:	Contact/ Mobile Tel. No:	Business 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

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.

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.

SIGNED:..... DATE: / /

Pursuant 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.

If you have any unspent convictions or prosecutions pending please give details.....

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:
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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:
County:

Postcode:

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:
County:

Postcode:

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?

3) Previous
Employer:

Tel
No:

Address:

Town:
County:

Postcode:

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?

Work Skills and Experience – Please indicate your level of experience of the following Employment Skills by ticking the appropriate box: A = Some Experience B = Fully Experienced

EMPLOYMENT SKILLS	A	B	EMPLOYMENT SKILLS	A	B	IF YOU HAVE EXPERIENCE IN THE FOLLOWING WORKING ENVIRONMENTS PLEASE TICK BOX A	A	B
						TICK BOX A		
AUDIO TYPING			SWITCHBOARD LINES UP TO 10			ACCOUNTANCY		
AUDITING			11 - 20 LINES			ADVERTISING		
BANKING / CASHIERING			TELEMARKETING			ARCHITECTS		
BOOKKEEPING			TELESALES			BANK / BUILDING SOCIETIES		
BUDGETING			TRAINING			CALL CENTRE		
COMPUTER PROGRAMMING			TRIAL BALANCE			CHARITIES		
CONFERENCE ORGANISATION			VAT			CIVIL ENGINEERING		
CONSOLIDATIONS			WILLS / PROBATE			COMMUNICATIONS		
CONVEYANCING						CONSTRUCTION / BUILDING		
COPY TYPING			SOFTWARE			DISTRIBUTION / TRANSPORT		
CORPORATE LAW			ACCESS			ENGINEERING		
COSTING			EXCEL			ESTATE AGENCY		
CREDIT CONTROL			E-MAIL - LOTUS NOTES			FINANCIAL SERVICES		
CUSTOMER SERVICES			E-MAIL - OUTLOOK			FREIGHT FORWARDING		
DATA ENTRY			VISIO			HEALTH SERVICES		
DESK TOP PUBLISHING			PROJECT			HOTEL SECTOR		
FIELD SALES			PUBLISHER			INSURANCE		
FORECASTING			FRONTPAGE			LEISURE SERVICES		
HOUSEHOLD INSURANCE			PEGASUS			LOCAL AUTHORITY		
IMPORT/EXPORT/SHIPPING			POWERPOINT			MAIL ORDER		
INSOLVENCY			INFOPATH			MANAGEMENT CONSULTANCY		
INTERNAL SALES			SAGE			MANUFACTURING		
LIFE ASSURANCE/PENSIONS			SMART SUITE			MARKETING / PR		
LITIGATION			CRYSTAL REPORTS			MATERIAL HANDLING		
LOANS PROCESSING			MS WORD			MEDIA SERVICES		
MANAGEMENT ACCOUNTS			SAP			OFFICE EQUIPMENT		
MANAGEMENT OF STAFF			WORKS			PRINTING PRODUCTION		
MARKETING / PR						QUANTITY SURVEYORS		
MATRIMONIAL LAW			LANGUAGES			RETAIL		
MEDICAL ADMINISTRATION			FRENCH			SALES		
MORTGAGE ADMINISTRATION			GERMAN			SOLICITORS/ LEGAL SERVICES		
MOTOR INSURANCE			ITALIAN			SOFTWARE HOUSE		
NOMINAL LEDGER			JAPANESE			STOCK BROKERAGE		
PAYROLL / WAGES			SPANISH			STOCK HOLDING		
PC SUPPORT / HELPDESK			OTHER (PLEASE STATE)			TRAINING		
HR ADMINISTRATION						UTILITIES COMPANIES		
PRODUCTION PLANNING						VEHICLE HIRE /SALES		
PROFIT & LOSS ACCOUNTS						WASTE / WATER TREATMENTS		
PROPERTY INSURANCE						INTERNAL USE ONLY		
PURCHASING			SHORTHAND: 60 - 80 WPM			ALPHA D.E.: 3 - 4999 k/s		
PURCHASE LEDGER			80 - 100 WPM			5000 k/s		
QUALITY SYSTEMS ADMIN			100 WPM +			NUMERIC D.E.: 3 - 4999 k/s		
RECEPTION			COPY: 25 - 35 WPM			5000 k/s		
RECONCILIATION			35 - 45 WPM			LISTENING & KEYING 3-4999k/s		
SALES ADMINISTRATION			45 WPM +			5000 k/s		
SALES LEDGER			AUDIO: 25 - 35 WPM			AVAILABILITY: DAY		
SHORTHAND			35 - 45 WPM			NIGHT		
STATISTICS / REPORTS			45 WPM +			EVENING		
STOCK / MATERIALS CONTROL						WEEKEND		
						PART TIME		

REFERENCES

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:	

INTERNAL USE ONLY

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: _____

ASSESSMENT RESULTS

Alpha Data Entry		WP Packages	B%	I%	A%
Numeric Data Entry		Windows (please note package)			
Copy Typing		Excel			
Listening/Keying		Powerpoint			
Ironbridge		Other (please note)			
Spelling		Genesys			

INTERVIEW NOTES

Agencies Registered with:	Temped? Where/When/Rate	Interviews? Where/When/Outcome
MITs:	USPs:	
Market to:	Do NOT Market to:	
Keywords:		

INACTIVE INFORMATION

Reason:	Date: / /	Sig:
PERM PLACEMENT DATA		
Co Name	Contact:	Filled Job Title:
Order No:	Branch:	Consultant:
Salary:	%:	Fee:
		Acc No:
		Start Date: / /
		Input Date: / /