

APPLICATION TO REGISTER

Complete the enclosed Application Form and return it to us. (Please ensure sufficient postage is used for Large letters stamp required. If not enough postage has been used then it won't be delivered to us unless we pay the fine and additional postage. If we have to do this the money will be deducted from your first wage as the number we are paying for is continually increasing.

Please ensure you send copies of the following back with your completed application form. **Please note, the below must be a scanned copy as photographs are not acceptable.**

- ID Document – passport (photo page), National ID Card, driving license or provisional driving license.
- Right to Work Visa (where applicable)
- A utility bill confirming your address. This could be either a water bill, electric bill, bank letter or mobile phone bill.
- Please ensure you have provided at least 2 referees in your application form along with a full address and/or contact telephone and contact name.
- A copy of your National Insurance Card (or letter)

Any uncompleted forms will be automatically rejected.

If you have been successful we will contact you as soon as we have cleared your application.

Please return your form to:

Applications
Rekruit Limited
Academy House,
10 The Green,
Hersham,
Surrey,
KT12 4HW



APPLICATION TO REGISTER

Section 1.

Check list for applicant:

- **Please enclose a copy of ID, National Insurance Card and right to work documentation (details may be checked by the 'Home Office') and no job offers will be made without these documents**
- Ensure this form is complete

ALL sections of this form **MUST** be completed. You should be aware that it would be an offence to provide us with false information and this may lead to prosecution.

Please write clearly in **BLACK** ink and **BLOCK LETTERS**.

APPLICANTS DETAILS

Full Name: Mr/Mrs/Miss			
Full Address:			Postcode:
Telephone:	Home:		
	Mobile:		
Email:			
Date Of Birth:	/ /	Place of Birth	
Nationality:		Passport/ID No:	
N.I Number		Sex:	Male Female

Do you have a valid driving licence to drive in the UK?	Yes	No
Do you have access to a vehicle to drive yourself to work?	Yes	No
If your first language is not English, how good is your understanding of it?		
GOOD	MEDIUM	POOR
Have you ever been convicted of a criminal offence either in the UK or abroad?	Yes	No
If yes, please provide details:		
Are you eligible to work in the UK?	Yes	No
If you are not a British passport holder, what kind of work visa do you have?		



EDUCATION AND PROFESSIONAL QUALIFICATIONS

Please give the names and dates of the schools/ colleges/university/ further educations including training courses during the last 5 years

Name and Address of School	Type of school	Dates		Qualifications
		From	To	

5 YEARS EMPLOYMENT/UNEMPLOYMENT HISTORY

Please give us details of employment during the last 5 years. Please start with most recent position.

Name and Address of Employer	Job Title, Type of Work, Duties	Dates		Reason for Leaving
		From	To	
Telephone:				
Telephone:				
Telephone:				
Telephone:				

PERSONAL & EMPLOYMENT REFEREE DETAILS

Please give the name of two referees who we can approach for a character reference. The two personal references must be people who have known you well for at least 2 years and **NOT** related (blood or common law).

1st Referee (Employment)	
Name:	
Address:	
Postcode:	
Telephone:	

2nd Referee (Personal)	
Name:	
Address:	
Postcode:	
Telephone:	

I Consent to Rekrut Ltd contacting the people above in order to confirm these details.

Signed: _____ Date: ____/____/____



WORK CATEGORY

Please let us know the type of work you are interested in.(Circle appropriate)

- | | | | |
|------------------------|----------------------|---------------------|---------------------|
| Administration | Engineering | Recruitment | IT |
| Building/Constructions | Healthcare/Nursing | Leisure and Tourism | Transport/Logistics |
| Customer Service | Hospitality/Catering | Manufacturing | Warehouse |
| Education | HR/Training | Retail/Sales | General |

Other: _____

Type of work:	Part time		Full time		Weekends only	
From what date are you available?						
What is your notice period?						

MEDICAL QUESTIONNAIRE

Please circle your answer.

Have you ever:

Had an operation?	Yes	No
Been seriously injured? Eg. broken bones	Yes	No
Received in patient treatment for a physical or mental condition?	Yes	No
Been refused a position or dismissed due to health reasons?	Yes	No
Received a disability pension?	Yes	No
Been registered disabled?	Yes	No
Been made ill by your work?	Yes	No
Been refused a drivers license because of ill health?	Yes	No
Been denied a job on grounds of your health?	Yes	No
Have you experienced health problems that have been related to your work?	Yes	No
Do you take medicine regularly?	Yes	No
Do you need to wear glasses to read?	Yes	No
Do you need to wear glasses all day?	Yes	No
Have you ever worked in a dusty trade?	Yes	No
Have you ever had a head injury?	Yes	No
Do you suffer from any ailments?	Yes	No
Do you suffer from any allergies?	Yes	No

Do you suffer from or have you ever had:

Diabetes	Yes	No	Skin rashes/ eczema	Yes	No
High blood pressure	Yes	No	Swelling of legs/ ankles	Yes	No
Anaemia	Yes	No	Period or prostate problems	Yes	No
Asthma	Yes	No	Frequent Headaches	Yes	No
Varicose Veins	Yes	No	Frequent cough	Yes	No
Heart trouble	Yes	No	Rupture	Yes	No
Rheumatic fever	Yes	No	Chest trouble	Yes	No
Back trouble	Yes	No	Arthritis	Yes	No
Fainting/ Dizziness	Yes	No	Neck trouble	Yes	No
Eye trouble	Yes	No	Epilepsy/ fits	Yes	No
Hay fever	Yes	No	Nerve trouble	Yes	No
Shortness of breath	Yes	No	Jaundice	Yes	No
Ear trouble	Yes	No	Chest disease	Yes	No
Kidney Infection	Yes	No	Urine Infection	Yes	No
Chronic Diarrhoea	Yes	No	Tuberculosis	Yes	No
Conjunctivitis	Yes	No	Chronic Sinusitis	Yes	No
Tropical Disease	Yes	No	Nasal Discharge	Yes	No
Tonsillitis	Yes	No	Septic teeth	Yes	No
Gastro enteritis	Yes	No	Septic spots/ boils	Yes	No

If you have answered YES to any of the above, please give details below:



NIGHT WORKERS ONLY

Do you consider yourself to be fit enough to do night work?	Yes	No
Do you suffer from any sleep disorders?	Yes	No
Do you experience excessive drowsiness during normal working hours?	Yes	No

To the best of my knowledge and belief, the information I have given above is correct. I believe that if I am appointed and that this information is inaccurate, I am liable to dismissal.

I consent to attend a health examination if required.

Signed: _____ Date: ____/____/____

EMERGENCY CONTACTS DETAILS

Please fill in the following details, regarding the names and address' of contacts in case of an emergency.

Name:	
Relationship:	
Address:	
Telephone:	

Name:	
Relationship:	
Address:	
Telephone:	

BANK DETAILS

Please fill in your bank details below for your wages to be paid directly into your Bank Account.

Please ensure that all details are correct, as any incorrect information may cause a delay in your wages reaching your account.

Bank/Building Society:	
Branch Address:	
Sort Code:	- - - - - -
Account Number:	
Building Society Reference number:	
Account Holders Name:	

WORKING TIME REGULATIONS 1998

Individual Opt-out of 48 Hour Working Week Arrangement

Restriction

The Working Time Regulations 1998 provide that you shall not work in excess of an average of 48 hours each week calculated over a 17 week reference period (the 'Working Week') unless you agree in writing that this limit should not apply.

Consent

I (Print name) hereby agree / do not agree to opt out of the 'Working Week' limit. (delete as necessary).

I have/ have not got any other paid employment (delete as necessary). If you do have other paid employment, please give details of this to your manager. I agree that I will comply with any and all policies of the employer, from time to time in force, which relate to its maintenance of records of my hours of work.

Terms of Withdrawal of Consent

I understand, that I may end this agreement by giving 3 months-notice in writing.

I recognise that any notice bringing this agreement to an end shall not be construed as notice of termination of my employment. Upon the expiry of the 3 months-notice period, set out above, the Working Week limit shall apply with immediate effect . These terms are governed by English law and are subject to the exclusive jurisdiction of the English Courts.

Signed: _____ Date: ____/____/____

PERSONAL DECLARATION

I declare to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration or misleading statement or a significant omission may disqualify me from employment and render me liable to dismissal, and in some cases prosecution. I understand that any job offer is subject to references, evidence of eligibility to work in the UK, medical clearance and sight of original certificates as detailed in this application, all of which must be deemed by the Agency to be satisfactory.

Signed: _____ Date: ____/____/____