



RECRUITMENT DIRECT

APPLICATION FORM

Please fill out the application form, sign and date where indicated and return to your Recruitment Consultant via email, if you need any help filling out the form please call 01568 615262 so we may assist you.

Full Name		Mr/Mrs/Miss/Other	
Telephone No		Other Telephone No	
Address		Email Address	
		N.I. Number	
Post Code		Nationality	
Driving Licence	YES <input type="checkbox"/> NO <input type="checkbox"/>	Own Transport – taxed and insured	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you speak any other languages - If yes which			

AVAILABLE TO WORK DETAILS							
What date are you available to start work?	Locations you are willing to travel or distance?				Dates of any booked holidays		
Click or tap to enter a date.							
Please tick to show the days and times you are prepared to work IF YES TO ALL TICK HERE <input type="checkbox"/>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Although it is not necessary, please indicate if you have previous experience in any of the following areas:							
Factory	Yes <input type="checkbox"/> No <input type="checkbox"/>	Warehouse	Yes <input type="checkbox"/> No <input type="checkbox"/>	Production	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cleaning	Yes <input type="checkbox"/> No <input type="checkbox"/>
Food Service	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bar Work	Yes <input type="checkbox"/> No <input type="checkbox"/>	CPC/Digi card	Yes <input type="checkbox"/> No <input type="checkbox"/>	FLT (licence)	Yes <input type="checkbox"/> No <input type="checkbox"/>
HGV1 Driver	Yes <input type="checkbox"/> No <input type="checkbox"/>	HGV2 Driver	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reach Truck	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bendi Truck	Yes <input type="checkbox"/> No <input type="checkbox"/>
Office	Yes <input type="checkbox"/> No <input type="checkbox"/>	Accounts	Yes <input type="checkbox"/> No <input type="checkbox"/>	AAT	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ledger Work	Yes <input type="checkbox"/> No <input type="checkbox"/>
Payroll	Yes <input type="checkbox"/> No <input type="checkbox"/>	Telesales	Yes <input type="checkbox"/> No <input type="checkbox"/>	Audio	Yes <input type="checkbox"/> No <input type="checkbox"/>	Legal	Yes <input type="checkbox"/> No <input type="checkbox"/>

CANDIDATE DECLARATION	
<p>I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being obtained from previous employers and passed onto potential employers. I consent to Recruitment Direct contacting me in relation to employment opportunities. If, during a temporary assignment, the Client wishes to employ me directly, I acknowledge that Recruitment Direct will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).</p>	
<p>* Sign here </p>	<p>Date </p>

PLEASE GO TO THE NEXT SECTION

PROOF OF RIGHT TO WORK IN THE UK

Under the Asylum & Immigration Act 1996. If you are a British National or European Union Citizen, you must provide your passport or European Union identity card as proof of right to work before any work placement may be offered. *If you are neither a British National nor a European Union Citizen, you will need to provide a copy of your stamped passport or other relevant documents to prove your right to work in the UK.*

Please tick the items you have attached

Passport

☐

ID Card

☐

Official Document showing NI Number

☐

If you do not have a passport, we will need the following:

A full Birth certificate issued in the UK including the names of your parents. ☐

OR A certificate of registration showing you are a British Citizen. ☐

OFFICE USE ONLY

Recruitment Direct Signature:

Date:

HEALTH AND DISABILITY

The following questions on health and disability are asked to find out your needs in terms of reasonable adjustments to access our recruitment service and to find out your needs in order to perform the job or position sought.

Do you have any health issues or a disability that may make it difficult for you to carry out functions which are essential for the role you seek? YES ☐ NO ☐

If yes, please specify.....

If you have a disability, please specify what are your needs in terms of reasonable adjustments in order to access this recruitment service and to attend interview, or to take aptitude tests etc?.....

REHABILITATION OF OFFENDERS ACT 1974

Do you have any

Unspent criminal convictions?

YES ☐ NO ☐

Previous police cautions?

YES ☐ NO ☐

Impending prosecutions?

YES ☐ NO ☐

If YES, please give details.

This should exclude any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974. The information you give will be treated in the strictest confidence and only considered where, in the reasonable opinion of Recruitment Direct, the offence is relevant to the post for which you are employed.

Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if a conviction is not declared but later comes to light.

I confirm that the information is true and correct and shall inform the company of any changes which may arise.

Sign here 

Date 

PLEASE GO TO THE NEXT SECTION

TYPE OF WORK YOU ARE SEEKING

As an employment business we will endeavour to search for suitable assignments in the agreed types of work listed below. **Please mark which you are interested in.**


Factory/Labour <input type="checkbox"/>	Office/Admin <input type="checkbox"/>	Catering <input type="checkbox"/>	Cleaning <input type="checkbox"/>	Driving <input type="checkbox"/>	FLT <input type="checkbox"/>	Other <input type="checkbox"/>
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You are not obliged to accept any assignment offered by the employment business

If you are also interested in **Permanent** work, please mark here ☐

TERMS OF ENGAGEMENT FOR AGENCY WORKERS

I confirm that I have received and agree to the Terms of Engagement for Agency Workers. I have received a copy of the **Workers Handbook & Key Information Document** which explains how a recruitment agency works.

* Sign here  -

Date  -

*Please note** These are standard terms and conditions. For your own benefit and protection, you should read these terms carefully before signing them. If you do not understand any point, please ask for further information.*


Should you be offered a booking, the appropriate documentation will be provided to you. All agency workers are required to agree to these terms when accepting a booking

WORKING TIME REGULATIONS 1998

Agreement to dis-apply the 48-hour maximum working week

The Working Time Regulations 1998 provide that the average working time including overtime **should not exceed 48 hours of each 7-day period**. **Recruitment Direct and Temporary Worker agree that this limit shall not apply to the Temporary Worker.** This agreement will remain in force indefinitely subject to clause 3 herein

- The Temporary Worker or the Company may terminate clause 1-3 of this agreement at any time by giving us not less than 7 days written notice. Clause 4 will remain in force indefinitely
- The Temporary Worker will notify the Company if he/she has secondary employment (for example, weekend or evening work). The Temporary Worker will inform the Company the number of hours worked for the second employer and should the combined hours of work take the Temporary Worker above the statutory maximum, the Temporary Worker may be required to reduce the number of hours of work in the secondary employment or terminate the secondary employment.

* Sign here  -

Date  -

OFFICE USE ONLY

Recruitment Direct Signature: _____

Date: _____

NEXT OF KIN DETAILS

Who to contact in the case of an emergency

Next of Kin NAME	Telephone Number	What relationship to you Mother/Father/Friend etc.	Address If different to yours

PLEASE GO TO THE NEXT SECTION

DATA PROTECTION & RETENTION STATEMENT

The information that you provide on this form and on any CV given will be used by Recruitment Direct to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients.

We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties' information to prevent or detect crime, to protect public funds, or in other ways permitted or required by law. Our privacy policy is available for viewing on our website.

Recruitment Direct Leominster Ltd will retain your personal data only for as long as is necessary. Different laws require us to keep different data for different periods of time.

Work seeker records will be retained for as long as the work seeker requires work finding services, then the Conduct of Employment Agencies and Employment Businesses Regulations 2003, require us to keep work seeker records for at least one year from (a) the date of their creation or (b) after the date on which we last provide you with work-finding services (during which time the candidate will be able to re-open their records without having to attend a registration interview).

EQUAL OPPORTUNITIES STATEMENT

Recruitment Direct is committed to a policy of equal opportunities for all work seekers and shall always adhere to such a policy and will review on an on-going basis on all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat everyone equally irrespective sex, sexual orientation, gender reassignment, marital or civil partnership status, age, disability, colour, race, nationality, ethnic or national origin, religion or belief, political beliefs or membership or non-membership of a Trade Union and we place an obligation upon all staff to respect and act in accordance with the policy.

Recruitment Direct shall not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers. Recruitment Direct will ensure that each candidate is assessed only in accordance with the candidate's merits, qualification, and ability to perform the relevant duties required by the vacancy.

REFERENCES

Please provide contact details and number of your most recent employer so we are able to obtain a reference

*** For finance/accounts, we will need to obtain references to cover the past 3 years with no gaps.**

Company Name		Company Name	
Address		Address	
Contact Name		Contact Name	
Email /Telephone		Email /Telephone	
Start/End Date		Start/End Date	

PLEASE GO TO THE NEXT SECTION
HMRC and Bank Details

Please find below Bank details request along with the HMRC tax question (so we can pay you)
You do not need to do this now if you do not wish but we will need if you start.

HMRC EMPLOYEE STATEMENT

If you have not brought in a P45, please fill out the below

select only one of the following statements A, B or C

☐ **A** – This is my first job since 6 April 2021 and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Pension.

☐ **B** – This is now my only job but since 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit.

☐ **C** - I have another job or receive a State or Occupational Pension

Date of Birth * dd/mm/yyyy for HMRC purposes

BANK DETAILS

YOUR Name	
BANK Name	
ACCOUNT Holders Name	
SORT CODE (6 digits)	
ACCOUNT NUMBER (8 digits)	

Please note *We can only pay wages into UK bank accounts.

We can accept no liability if bank details are not correctly or promptly notified to us, any alterations must be done electronically, we will not accept alterations via a phone call.

Shift Workers Health Self-Assessment

This form is designed to help assess if you have any health condition, which could affect your ability to perform night work. The opportunity for an assessment is required by the Working Time Regulations 1998.

This form asks specific questions about your health.


Please complete to the best of your knowledge and tick the appropriate box(es). Please note that ticking “yes” does not necessarily mean you are unfit for night work simply that you will need to be referred for further assessment.

Surname		Date of Birth	
First Name		Telephone	
Employees Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	GP Name GP Address	

1	How long have you worked night shifts?	
2	Are you on permanent night shift?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Do you suffer from diabetes? <i>If yes, do you require insulin injections?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Do you suffer from a heart condition or a circulatory disorder? <i>If yes, does this affect your physical stamina and your ability to do physical work?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Do you suffer from any stomach or intestinal disorder such as peptic ulcers or duodenal ulcers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Do you have any condition where the timing of a meal is particularly important?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Do you suffer from any (medical) condition affecting your sleep?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Do you suffer from a chronic chest disorder (such as asthma) where night- time symptoms are particularly troublesome?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Do you suffer from any medical condition requiring regular medication at strict times e.g. epilepsy or thyroid disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Have you had depression, “stress”, nervous disorders or other mental illness, alcohol or drug addiction	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Are you aware of any other health factors that may affect your fitness to do night work or do you feel night shifts affect your health in any way?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please use the space below for any additional comments:

Declaration: I certify that the answers to the above questions are correct to the best of my knowledge and belief. I understand that if I have withheld information, this may adversely affect efforts to place me in suitable employment.

* Sign here 

Date 

Office Use Only

- Fit for night work ☐ Fit for night work with restrictions ☐ Unfit for work ☐