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APPLICATION FORM

PLEASE FILL APPLICATION IN FULL, FAILURE TO DO SO MAY RESULT IN DELAY OF INTERVIEW

Name:		Email Address:	
Address:		Mobile Number:	
Post Code:		Home Number:	
Date Of Birth:	Nationality:	Contact Preferences: Email <input type="checkbox"/> Telephone <input type="checkbox"/> Post <input type="checkbox"/>	

EMERGENCY CONTACT INFORMATION

Emergency Contact		Doctors Name	
Relationship to you		Doctors Telephone Number	
Telephone Number		Doctors Surgery & Address	

REFERENCES

Name of Contact	
Company	
Telephone Number	
Dates worked for company	

OTHER INFORMATION

Do you have your own transport to get to work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Driving License	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any avian pets at home?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Over 25	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Areas of Interest:	
Accounts	<input type="checkbox"/>
Agriculture	<input type="checkbox"/>
Transport	<input type="checkbox"/>
Warehouse	<input type="checkbox"/>
Automotive	<input type="checkbox"/>
Construction	<input type="checkbox"/>
Public services	<input type="checkbox"/>
Food and beverage	<input type="checkbox"/>
Health services	<input type="checkbox"/>
Hospitality	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>
Admin / office	<input type="checkbox"/>
Other (Specify)	

CANDIDATE DECLARATION

- I hereby confirm that the information given is true and correct.
- I consent to my personal data and CV being forwarded to potential employers and hirers.
- I consent to references being requested from my previous workplace (s) and to references being passed onto potential employers and hirers.

If, during the course of an assignment, the client (i.e. hiring company) wishes to employ me direct, I acknowledge that PB Recruitment Solutions will be either entitled to charge the Client and introduction fee, or to agree an extension of the hiring period with the Client.

Print Name: _____ **Signature of Candidate** _____ **Date:** _____



Applicant Agreement

1. Equal Opportunities Statement

PB Recruitment Solutions Ltd (PBRS Ltd) is committed to a policy of equal opportunities for all work seekers.

- We will review on an ongoing basis all aspects of recruitment to avoid unlawful or undesirable discrimination.
- We will treat everyone equally irrespective of sex, sexual orientation, gender reassignment, marital or civil partnership status, age, disability, color, 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.
- PBRS Ltd 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.
- PBRS Ltd will ensure that each candidate is assessed only in accordance with the candidate's merits, qualifications and ability to perform the relevant duties required by the vacancy.

2. Criminal Convictions

- Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases, particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given.
- The information given will be treated in the strictest of confidence and only taken into account where, in the reasonable opinion of PB Recruitment Solutions Ltd, the offence is relevant to the post to which you are applying.
- Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.

Do you have any unspent* criminal convictions? Yes No

If Yes, state convictions and dates _____

3. Permission to work in the UK

Do you have immigration permission to work in the UK? Yes No

In line with "UK Visas and Immigration" guidance on the prevention of illegal working, we will need to verify and take a copy of your original ID documentation as evidence of your right to work in the UK if you are to be engaged by PB Recruitment Solutions Ltd for temporary work.

4. Health and Disability

The following questions on health and disability are asked in order 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 disability which 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, 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?

5. Data Protection Statement

- The information that you provide on this form and on any CV given will be used by PB Recruitment Solutions Ltd 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 (hirers and potential employers).
- 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.

6. Candidate Declaration

- I hereby confirm that the information given is true and correct.
- I consent to my personal data and CV being forwarded to potential employers and hirers.
- I consent to references being requested from my previous workplace (s) and to references being passed onto potential employers and hirers.
- If, during the course of an assignment, the client (i.e. hiring company) wishes to employ me direct, I acknowledge that PB Recruitment Solutions will be either entitled to charge the Client and introduction fee, or to agree an extension of the hiring period with the Client.

Print Name: _____ **Signature of Candidate:** _____ **Date:** _____



Medical Questionnaire

Confidential

Full Name _____

Please provide the following medical information in order for us to assess whether you are able to carry out the requirements of the job, to ensure your personal safety and for us to comply with any statutory requirements. This information will be treated in the strictest confidence and will only be used in compliance with the Data Protection Act 1998.

Do you now, or have you ever suffered from any of the following? Please tick Yes or No in respect of each condition.					
Dermatitis/Eczema	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heart Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Skin Cancer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TB	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gastric Ulcers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sclerosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deafness/Ear Infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rheumatism/Arthritis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recurrent Back Pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Alcohol dependency	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sinusitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fibrosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tenosynovitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fits (e.g. epileptic)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chest Trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fainting attacks/giddiness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eye Disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Migraine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bronchitis/Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Nervous breakdown	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hay Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mental disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rheumatic Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Drug dependency	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer is yes to any of these conditions, please give dates and details in the space provided below:					

DO ANY OF YOUR BELIEFS RESTRICT YOU FROM WORKING IN ANY PARTICULAR JOB OR WORKING ENVIRONMENT? IF YES PLEASE GIVE DETAILS	YES / NO
WOULD YOU BE PREPARED TO TAKE A DRUG OR ALCOHOL TEST? (THIS IS A REQUIREMENT OF SOME OF OUR CUSTOMERS)	YES / NO
WOULD YOU BE PREPARED TO PARTICIPATE IN RANDOM SEARCHES AT THE CLIENT PREMISES BEFORE/AFTER OR DURING YOUR ASSIGNMENT (THIS IS A REQUIREMENT OF SOME OF OUR CUSTOMERS)	YES / NO

Do you have any health-related conditions that will require reasonable adjustments to be made to the selection process?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES GIVE DETAILS
UK and EC legislation puts the onus on employers to satisfy themselves that no food handler poses a hygiene risk to the product. Please answer the following questions if you will be working with food.		
At present, or in the last seven days, are you suffering from diarrhoea and/ or vomiting?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES GIVE DETAILS
At present, or in the last seven days, are you suffering from stomach pain, nausea or fever?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES GIVE DETAILS
At present, are you suffering from skin infections of the hands, arms or face e.g. boils, styes, septic fingers or discharge from eye / ear / gums / mouth?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES GIVE DETAILS
At present, are you suffering from jaundice?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES GIVE DETAILS
Do you suffer from recurring infections of the skin, ear or throat?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES GIVE DETAILS
Have you ever had typhoid or paratyphoid fever or are you now known to be a carrier of Salmonella Typhi or Para typhi?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES GIVE DETAILS
Are you a carrier of any type of Salmonella?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES GIVE DETAILS
In the last 21 days have you had contact with anyone, at home or abroad, who may have been a carrier of any type of salmonella?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES GIVE DETAILS
Have you been overseas in the last 6 weeks:	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES GIVE DETAILS OF WHICH COUNTRIES
How many times in the last 5 years have you had more than two consecutive weeks off sick from work.		
How many days have you had off sick in the last two years?		
Please give details of any medical treatment you are currently receiving?		
Please give details of any medication you are taking?		
Have you had any serious illness or operation in the last 5 years? Please give details.	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES GIVE DETAILS
Have you worked in an industry with high noise levels or been exposed to the use of hand held vibratory tools? Please give details and dates.	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES GIVE DETAILS
Have you ever made a claim for Industrial Disease or injury? Please give details	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES GIVE DETAILS

I certify that I have answered the questions in this questionnaire honestly and fully and that I am not otherwise aware of any physical or mental disability, which will or may affect my working capacity. I am aware that any false or incomplete statement may affect my appointment or future employment.

Print Name _____ **Signature of Candidate** _____ **Date** _____