

Linear Recruitment

LIMITED

WORK APPLICATION

PLEASE COMPLETE USING BLOCK CAPITALS GIVING AS MUCH INFORMATION AS POSSIBLE

Source					Payroll No.					
Surname			Mr	Mrs	Miss	Ms	Forenames			
D.O.B. - -		No. of Dependants		Nationality						
Full Address							N.I. Number			
Post code		Telephone No. (Home)					(Mobile)			

PLEASE TICK THE RELEVANT BOXES BELOW (WHERE APPLICABLE)

Do you have any <u>unspent</u> convictions? Yes <input type="checkbox"/> No <input type="checkbox"/>	Restrictions to Employment Student Yes <input type="checkbox"/> No <input type="checkbox"/> Visa Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---

GENERAL INFORMATION

CSCS CARD or CPCS Yes <input type="checkbox"/> No <input type="checkbox"/>	CANDIDATE INFORMATION
Driving Licence Yes <input type="checkbox"/> No <input type="checkbox"/>	Trade/Position:
Tools Yes <input type="checkbox"/> No <input type="checkbox"/>	Qualification/Tickets:
Motorbike / Car Owner Yes <input type="checkbox"/> No <input type="checkbox"/>	
UTR No. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Smoker Yes <input type="checkbox"/> No <input type="checkbox"/>	
Safety Equipment HAT <input type="checkbox"/> VEST <input type="checkbox"/> BOOTS <input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> SAFETY SHOES <input type="checkbox"/> OVERALLS <input type="checkbox"/>	

EMPLOYMENT HISTORY

Name & Address of Company	From / To	Job Title & Duties	Hourly Rate/Salary	Reference Contacts
1				
Reason for leaving				
2				
Reason for leaving				
3				
Reason for leaving				

FOR PAYE WORKERS

Please check your details are correct and return it along with your bank details below as soon as possible, failure to do so in time will result in incorrect payment of tax.

Your Bank Details

P45 Required

Name of Bank :

Branch:

Sort Code:

Account No:

Account Name:

Your declaration:

I confirm that the above details are correct and I am aware that I shall be deducted PAYE and National Insurance Contributions.

Your Signature.....

Date.....

Please print name.....

OPTION OUT OF 48 HOUR WORKING WEEK AGREEMENT

- 1.1 In this agreement the following definitions apply:
- 'Assignment' means the period during which the worker is engaged to render services to the client.
- 'Client' means the person, firm or corporate body engaging the service of the worker.
- 'Employment Business' means Linear Recruitment Ltd., 2, St. Peter's Close, Sheffield, S1 2EJ
- 'Temporary Worker' means *****
- '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 this agreement are for convenience only and do not affect their interpretation.
- 2 RESTRICTION**
- 2.1 The Working Time Regulations 1998 provide that the Temporary Worker 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 Temporary Worker hereby agrees that the Working Week limit shall not apply to the assignment.
- 4 WITHDRAWAL OF CONSENT**
- 4.1 The Temporary Worker may end this Agreement by giving the Employment Business 4 Weeks 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 Temporary Worker of an Assignment with a Client.
- 4.3 Upon the expiry of the notice period set 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.

Declaration **agree to opt out of working a maximum of 48 hour week.

Signed by*****

Date

Comments:.....

Linear Recruitment

LIMITED

CANDIDATE NAME:.....

RE : Group Personal Accident Insurance

The policy will insure against death, loss of limb or eye, loss of speech and hearing or disablement.

Please find this letter as written confirmation that I wish to opt in to the personal insurance policy.

I understand and agree to £3 a week administration charge to be deducted from my wages and will therefore be personally covered for accident or death under this policy.

Please ask for a full breakdown of the insurance policy and we will be happy to oblige.

SIGNED:.....

DATE:.....

REFEREE CONTACT INFORMATION

Candidate Name:

Linear Recruitment Ltd requires that you provide the contact details of two referees, both professional, one of which must be your current or most recent employer.

Please complete the details below:

REFEREE 1

(Your current or most recent employer)

Name:

Position:.....

Company:.....

Address:.....

Tel No.....

Dates of employment: From..... To.....

Your Position:.....

REFEREE 2

(A previous employer)

Name:.....

Position:.....

Company:.....

Address:.....

Tel No.....

Dates of employment: From..... To.....

Your Position:

Candidate Statement

I hereby agree to give permission to Linear Recruitment Ltd. to contact all of my prior employers for references. I consent to the release of such information orally and in writing, and hereby release them of all liability.

Signed:.....

Linear Recruitment

LIMITED

CONFIDENTIAL MEDICAL QUESTIONNAIRE

Are you prescribed medication by your doctor? Yes No Are you registered disabled? Yes No

If yes, please give details of dosage and medication taken

G.P. Tel. No..... Next of Kin & Tel. No:.....

Have you at any time:-	No	Yes	If 'yes' please give details and dates
Had an operation?			
Suffered with drug/alcohol abuse?			
Been seriously injured?			
Been refused or dismissed from employment for health reasons?			
Been registered disabled?			
Received disability pension?			
Been ill through your work?			
Been refused a driver's licence because of ill health?			
Had an injury to the head?			
Received in-patient treatment for a physical or mental condition?			
Had any spine / back injury?			
Been unable to work because of back pain?			
Do you suffer from dyslexia?			

Do you suffer or have you received medical treatment for :-

Asthma / chest trouble	Yes	No	Allergies / hayfever	Yes	No	Arthritis	Yes	No
Anaemia	Yes	No	Diabetes	Yes	No	Nerve trouble	Yes	No
Ear Trouble	Yes	No	Eye Trouble	Yes	No	Back problems	Yes	No
Jaundice	Yes	No	Cerebral Palsy	Yes	No	Cystic Fibrosis	Yes	No
Cough (Frequent)	Yes	No	Varicose Veins	Yes	No	Hernia	Yes	No
Leukaemia	Yes	No	Haemophilia	Yes	No	Upper limb disorders	Yes	No
Deafness / Partial hearing	Yes	No	Blindness / sight	Yes	No	Polio	Yes	No
Swelling of legs / ankles	Yes	No	Angina / heart trouble	Yes	No	Epilepsy / fits	Yes	No
Eczema / skin rash	Yes	No	High blood pressure	Yes	No	Rheumatic fever	Yes	No
Shortness of Breath	Yes	No	Headaches (Frequent)	Yes	No	Fainting and dizziness	Yes	No
Period / Prostrate problems	Yes	No	Spinal injury	Yes	No	Multiple Sclerosis	Yes	No
Muscular dystrophy	Yes	No	Spina Bifida	Yes	No	Repetitive strain injury	Yes	No

Do you wear glasses?	Yes	No
Have you ever worked in a dusty or noisy environment?	Yes	No
Do you suffer from any other ailment?	Yes	No

Declaration:

I declare the information I have supplied is true to the best of my knowledge. I understand that if I am placed by Linear Recruitment Ltd and the details that I have provided are inaccurate or not completed my assignment is liable to be terminated.

Your Signature:	Date:
------------------------------	--------------------

APPLICANT IDENTIFICATION FORM

Either ONE item in List 1 OR any TWO combinations in List 2

List 1 - ONE of the following (Please Tick)

1	UK Passport	
2	UK Passport Covering Colonies	
3	UK Passport with Right of Abode	
4	EU Passport	
5	UK Residence Permit	
6	National Identity Card	
7	Passport with Home Office Stamp	
8	IND Application Registration Card (Must have Employment Permitted)	

**List 2 - Must have a combination of TWO of the following Documents
Must include ONE of the following: (Please Tick)**

1	P45, P60, or N.I. Number Card	
2	A Pay Slip	
3	Inland Revenue Documents	
4	Dept. of Works and Pensions Doc.	
5	Job Centre Plus Doc.	
6	Employment Service Doc.	

AND also ONE from the following list: (Please Tick)

1	A FULL UK Birth Certificate	
2	An Irish or Channel Islands Birth Certificate	
3	Registration of Naturalisation Document	
4	Home Office Granting Indefinite Leave to remain in the UK	
5	Immigration Status Documents	
6	Work Permit issued in the UK	

If you are residing in this country for the purposes of further education, how many hours are you permitted to work each week?

Answer Not Applicable

I hereby state that the above information given is correct. I authorise Linear Recruitment Ltd to seek (if necessary) additional information regarding my status from the Immigration and Nationality Directorate.

Signed.....(applicant)

FOR OFFICE USE ONLY	CANDIDATE GRADE:
COMMENTS	
INTERVIEWERS NAME:	DATE: