

WORK APPLICATION FOR TECHNICAL CANDIDATES

PLEASE COMPLETE USING BLOCK CAPITALS GIVING AS MUCH INFORMATION AS POSSIBLE

Payroll Number:		NI Number:											
Surname:		Mr	Mrs	Miss	Ms	Forenames:							
D.O.B:		No. of Dependents:			Nationality:								
Full Address:								Email Address:					
Postcode:		Telephone (Home):						(Mobile):					

GENERAL INFORMATION

Position	
Temp / Perm / Both?	
Location you are willing to work	
Do you possess a driving license?	
CV Attached?	
Health & Safety Qualifications (Please list all)	
Professional Qualifications (Please list all)	
PPE / Safety Equipment (Please list all PPE you possess and its condition)	
Current Salary:	
Current / Most recent Rate:	
How did you hear about Linear Recruitment?	

REFERENCES

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.

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:
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CANDIDATE STATEMENT: I hereby 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: _____

OPTION OUT OF 48 HOUR WORKING 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 shall apply with immediate effect.

5. THE LAW

5.1 These terms are governed by English Law and are subject to the exclusion jurisdiction of the English Courts

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

Signed: _____

Date _____

Comments:: _____

GROUP PERSONAL ACCIDENT INSURANCE

This policy will insure against death, loss of limb or eye, loss of speech and hearing or disablement. Please find this part of the 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: _____

CRIMINAL CONVICTIONS

Do you have any unspent* criminal convictions? Yes / No (Delete clearly as appropriate)

If yes, state convictions and dates: _____

*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 Linear Recruitment, 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.

PERMISSION TO WORK IN THE UK

If you are not a UK national, do you have immigration permission to work in the UK? Yes / No (Delete clearly as appropriate)

In line with Home Office 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 Linear Recruitment for permanent work.

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 a disability relevant to the position or role you seek? Yes / No (Delete clearly as appropriate)

If yes, please specify: _____

If you have a disability, what are your needs in terms of reasonable adjustments to enable you to perform the role sought?

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?

Please 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 clients. I consent to references being passed onto potential employers. You authorise Linear Recruitment to seek on your behalf employment within your chosen field*.

Candidate Signature: _____

Print Name: _____

Date: _____

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 Name & 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 / hay fever	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: _____

Date: _____

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