

Application Pack (Umbrella / CIS)





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Personal Details

	RIANI: PLEASE I Please circle the a		OUT IN BLOCK	CAPITALS
Mr	Mrs	Miss	Ms	Other:
Surnar	me			Date of Birth
	Name(s) nality (As indicated ddress	d on your passpo	ort)	National Insurance Number Landline Number Mobile Number
Postco	ode]	Email Address Nearest Airport (In home country)
So we	e can match you t	o the right role,	please indicate t	below Prepared to work away from home?
	Weekends Weekdays Both			☐ Yes ☐ No

Competency Certification / Qualifications

Please complete the list below to show us which competencies	and qualifications you have:
CSCS Card	CPCS Card
☐ Yes ☐ No	☐ Yes ☐ No
Do you have other qualifications (i.e. NVQ's etc.)	SMSTS Card
☐ Yes ☐ No	☐ Yes ☐ No
If 'yes' please list them in the space provided:	Do you have any Health & Safety Qualifications: Yes No (Please list in the space provided)
General Information	
Do you have a full valid UK driving licence: Yes No	Have you ever been dismissed from an employer for being under the influence of alcohol / drugs:
Do you have your own transport: Yes No	Yes No (If 'Yes' please provide details)
How did you hear about Linear Recruitment:	

Employment History

Tell us about your previous roles. Include your 2 most recent role	es.
Company Name:	Job Title:
Company Address:	Job Duties:
Postcode:	Salary / Hourly Rate:
Reason For Leaving:	
	Dates From – To:
	From: DD/MM/YYYY
	To: DD/MM/YYYY
Company Name:	Job Title:
Company Address:	Job Duties:
Postcode:	Salary / Hourly Rate:
Reason For Leaving:	
	Dates From – To:
	From: DD/MM/YYYY
	To: DD/MM/YYYY

Referee Contact Information

Referee 2 Name: Their Position: Company: Telephone Number: Their Position: Telephone Number: Their Position: Telephone Number: Their Position: Telephone Number: Telephone Numb	Name:	Their Position:
Telephone Number: Telephone Number: Their Position: Telephone Number: Telephone Numbe	чинс	THEIR F OSIGIOTE.
Telephone Number: Telephone Number: Their Position: Telephone Number: Telephone Numbe		
Postcode: Referee 2 Name: Their Position: Company: Telephone Number: Telephone Number: If Yes' what reasonable adjustment(s) would assist you the most?	Full Address:	Company:
Postcode: Referee 2 Name: Their Position: Company: Telephone Number: Telephone Number: Telephone Number: If 'Yes' what reasonable adjustment(s) would assist you the most?		7
Postcode: Referee 2 Name: Their Position: Company: Telephone Number: Telephone Number: If Yes' what reasonable adjustment(s) would assist you the most?		Telephone Number:
Referee 2 Name: Their Position: Full Address: Company: Telephone Number: Telephone Number: If Yes' what reasonable adjustment(s) would assist you the most? Do you have a medical condition that requires us to make reasonable adjustments?		
Referee 2 Name: Their Position: Full Address: Company: Telephone Number: Telephone Number: Itelephone Number: Itelephon] [
Name: Their Position: Company: Telephone Number: Telephone Number: Telephone Number: If 'Yes' what reasonable adjustment(s) would assist you the most? Do you have a medical condition that requires us to make reasonable adjustments?	Postcode:	
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Full Address: Company: Telephone Number: Telephone Number: If 'Yes' what reasonable adjustment(s) would assist you the most? Do you have a medical condition that requires us to make reasonable adjustments?	Referee 2	
Postcode: Assisting Candidates So we can take positive action to assist all of our Candidates, please provide us with some basic detail: Do you have a medical condition that requires us to make reasonable adjustments?	Name:	Their Position:
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Do you have a medical condition that requires us to make reasonable adjustments?	assisting Candidates	
reasonable adjustments?		
☐ Yes ☐ No		
	Yes No	

Right to Work in the UK & Identification

Are yo	ou eligible to u	Jork in th	ne UK? Please read this section care	fully.				
UK Resident: (Are you a full time resident in the UK?)				Permission to Work: (Do you have immigration permission to work in the UK?)				
	Yes		No		Yes		No	
Emplo	yment Restric	tions						
Are yo	ou a student?			Do you	have a visa?			
	Yes		No		Yes		No	
			ntry for the purposes of further are you permitted to work each wed	ek:				
		Hours	per week					
	with the prevo		f illegal working we are required to	take cop	iies of your or	riginal do	ocumentation as evidence of your	
Wł	nat Evid	denc	e Do You Have?					
			y with an on-going right to work E OF THE FOLLOWING):					
	UK Passpor	t			Biometric R	Residenc	e Permit	
	Residence F	Permit			Passport or	Other	Fravel Documents	
	Registration	n Certific	rate or Document					
			y with an on-going right to work O OF THE FOLLOWING):					
	P45 or P60				Letter from	Govern	ment Agency	
AN	D							
	Immigration	Status I	Document		Certificate	of Regist	tration	
	FULL UK Bi	rth/Ado	ption Certificate		Naturalisati	on as a l	British Citizen	
	Letter Issue	d from t	he Home Office		Border & In	nmigrati	on Agency Letter	

	Right to work in the UK for up to 12 months; for example A Nationals (MUST HAVE ONE OF THE FOLLOWING):		
	Passport or Travel Documents		Biometric Residence Permit
	Resident Card		Letter Issued from the Home Office
	Border & Immigration Agency Letter		
	Right to work in the UK for up to 12 months; for example A Nationals (MUST HAVE A COMBINATION OF THE FOL	LOWII	NG):
	Work Permit issued by the Home Office, Border & Immig	ration	or UK Border Agency
AND			
	Passport or Travel Document		Letter Issued from the Home Office
	Border & Immigration Agency Letter		
	Right to work in the UK for up to 12 months; for example in the combination of the following):	non-EE	EA Nationals
	Evidence of verification of a right to work by the UK Bord Employer Checking Service	ler Age	ency's
AND			
	Certificate of Application issued by the Home Office, the to or for a family member of an EEA or Swiss national, statis less than 6 months old		
	Application Registration Card (ARC) issued by the Home C Agency stating that the holder is permitted to take emplo		
	Right to work in the UK for up to 12 months; for example HAVE A COMBINATION OF THE FOLLOWING):	non- E	EA Nationals
	P45 or P60		Letter from Government Agency
AND			
	Immigration Status Document		Letter Issued from the Home Office
	Border & Immigration Agency Letter		

Criminal Convictions

Do you have any unspent* convictions: Yes No If 'Yes' to the previous question what are the dates of the convictions	ions:
*Certain types of employment and professions are exempt from to particularly where the employment sought in relation to positions convictions must be given. The information given will be treated in where, in the reasonable opinion of Linear Recruitment, the offer Please use this box to provide details of any convictions that are U	s involving children or vulnerable adults, details for all criminal in the strictest of confidence and only taken into to account ince is relevant to the post to which you are applying.
Emergency Contact Details	
lame:	GP's Name:
ull Address	Surgery Name:
	Full Address
Postcode Pelationship to you:	Postcode Prescribed Medication: (By your GP or Doctor)
Contact Number:	☐ Yes ☐ No If 'Yes' please specify:

PPE Equipment

lf y	ou already have your	own Personal I	Protective Equip	ment, please	list it below so	we know	you will be	e adequately	protected
wh	ilst you are at work.								

If you require any PPE / additional PPE then you must let your Linear Consultant know immediately

Please list the PPE you currently have below confirming its condition: (Giving clear details i.e. "like new" or "ready for replacing" or "Safety boots have a good tread and are in excellent condition" etc.)

Equipment	Condition

Monitoring, Auditing & Data Protection

The Data Protection Act

The information you provide on this form and on any CV given will be used by Linear Recruitment Ltd to provide you work finding services. In providing this service, 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 information collected with third parties or with other information held by us.

Please note, we may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other way permitted or required by law.

Monitoring & Auditing

Linear Recruitment, from time to time, may randomly choose to check your compliance with your responsibilities as a Linear Recruitment worker as well as your competence in your place of work.

GDPR

In line with the General Data Protection Regulation do you consent to Linear Recruitment processing your data for work finding purposes? This may include, but is not limited to, your CV and other personal data being sent to clients and the contacting of your referees.

Yes No

Candidate Declaration

your Linear Recruitment Consultant I declare that all of the details given on this application form are a true and honest record I can confirm that I am fit and able to work П I can confirm that I know of no reason, be it medical or otherwise, why I should not be considered for roles / placement by Linear Recruitment Ltd I consent to my personal data and CV being forwarded to clients I consent to references being passed onto potential employers I understand by signing this Candidate Declaration that I have read and fully understood all of the information given to me within this Application Form I give permission to Linear Recruitment Ltd to contact my previous employers (as listed above in the References section). I consent to the release of such information orally and in writing and hereby release them of all liability I can confirm that the details I have provided regarding the PPE I currently have and the condition that it is in are a true П and accurate record I authorise Linear Recruitment Ltd to seek (if necessary) additional information regarding my status from the Immigration and Nationality Directorate I understand an offer of employment / an assignment is subject to me completing a confidential medical questionnaire after an offer has been made. I can confirm I have received policies, procedures and health and safety booklets which are relevant to the type of work I shall be performing/environment I shall be working in. Confirm one of the following: I have chosen the umbrella company I wish to use and I can confirm I have signed their T&Cs. I confirm I have completed the Supervision, Direction and Control (SDC) Questionnaire and signed CIS T&Cs. Signed: Print Name: Date:

Please read the following statements carefully; please tick each of the statements that you agree with. If you are unsure / have any questions or would like clarity on any of the statements please speak to