

**PERSONAL DETAILS**

Surname	
First Name	
Date of Birth	
Nationality	
NI Number	

Address	
Telephone	
Email Address	
Construction Card no	

**NEXT OF KIN**

In the event of an emergency, please provide us with the details of at least one person that you would like us to contact.

Name of Contact	
Relationship to You	
Telephone Number	

Name of Contact	
Relationship to You	
Telephone Number	

**GENERAL INFORMATION**

Do you have a valid driving licence?	Yes / No
Do you have your own transport?	Yes / No
Have you ever been dismissed from an employer for being under the influence of alcohol/drugs?	Yes / No
If yes, please provide details	

Do you have any unspent criminal convictions?	Yes / No
If yes, please provide details	

Do you take regular medication or/have a medical condition that requires us to make reasonable adjustments to your place of work?	Yes / No
If yes, please provide details	

**WORK HISTORY**

Please let us know the names of your two most recent employers below.

Name of Company	
Name of Manager	
Address and Telephone Number	

Name of Company	
Name of Manager	
Address and Telephone Number	

**REFERENCES**

I consent to references being passed to potential employers

**48 HOUR OPT OUT**

If you're over 18, you are able to choose whether to opt out of the 48-hour working week. By opting out it could mean that you work over an average of 48 hours per week.

This is your choice and is entirely voluntary. Whatever your decision it will not have an impact on the service you have from us and how we treat you. If you want to change your mind you can do so by writing to us and giving us three months' notice.

Once you have made your decision, please sign and date below. Only sign and date in **one of the boxes.**

I <b>wish to opt-out</b> of the 48-hour working week restriction under the Working Time Regulations 1998.	Signed:
	Date:
I <b>do not</b> wish to opt-out of the 48-hour working week restriction under the Working Time Regulations 1998.	Signed:
	Date:

**PAY TYPE**

Please specify how you would like to be paid:

PAYE                      Umbrella                      Umbrella CIS                      Own Limited

**BANK DETAILS**

Account Holder	
Bank Name and Address	
Sort Code	
Account Number	

**DATA PROTECTION DECLARATION**

In order to help you find work, we need your permission to process some of the information that you have given us. Please read the information below and then sign and date if you agree to us processing your data. **Should you wish to withdraw your consent at any point then you can do so by contacting the offices of Linear Recruitment Limited.**

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 computerized 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.

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.

Signed		Date	
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**DECLARATION**

I confirm that all of the information I have provided in this document is true and accurate at the time of completion. Should any of my personal details change, I will notify Linear Recruitment's offices immediately.

Signed		Date	
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**HEALTH & SAFETY**

I have read and understood the candidate handbook provided and shall abide by all the guidelines

Signed		Date	
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**FOR OFFICE USE ONLY - NOTES**