

Date:



Your Details

Mr/Mrs/Miss (Please circle) FORENAME:

SURNAME:

TELEPHONE NUMBER:

MOBILE NUMBER:

Full Address:

Postcode:

NI NUMBER:

EMERGENCY NUMBER:

FORM OF ID:

DO YOU HAVE ANY UNSPENT CRIMINAL CONVICTIONS?YES/NO

IF YES STATE CONVICTIONS AND DATES.....

FULL DRIVING LICENSE.....YES/NO

DO YOU HAVE YOUR OWN TRANSPORT?YES/NO

TRAVEL TO WORK DISTANCE?

MODE OF TRANSPORT?

HOW LONG UNEMPLOYED?

ARE YOU A STUDENT?YES/NO

NATIONALITY:

D.O.B.

CONSULTANT: **SUITABLE: YES / NO**

DIVISION:

Medical/Health Declaration

I will make Fleet Personnel aware of any medical condition or physical state that will affect my own, or other's health and safety or hygiene at work

Signed:

Date:

Please sign as confirmation to the above.

What kind of work are you looking for?			
MINIMUM SALARY £.....		ARE YOU A MEMBER OF ANY UNION?	
HOW DID YOU HEAR ABOUT US?			
WHAT AREAS CAN YOU WORK? (Please give 3 areas)			

Reference

Company Name and Address

Contact Name

Telephone No

Position Held

Salary

Company Name and Address

Contact Name

Telephone No

Position Held

Salary

Previous Work Record / Experience

Company Name and Location	Type of Work/Job Title	Dates from / to	Reference contact details	Reason for Leaving	Wages / Salary

Previous Work Record / Experience Continued

Company Name and Location	Type of Work/Job Title	Dates from / to	Reference contact details	Reason for Leaving	Wages / Salary
Qualifications	Where achieved/gained	Dates from / to		Other Information	
Hobbies / Interests					

DECLARATION

By Signing below I agree to the following:

I confirm that the above details are true and correct and I have completed this form personally. I consent to my personal data and CV being forwarded to clients. I understand that if I am appointed and this information is inaccurate my contract may be terminated.

I give permission for my information to be verified and also shared with Fleet's clients if required. Fleet will conduct a full reference check based on information given.

I will notify Fleet Personnel immediately in writing should there be any changes to any personal details.

Signed:

Date:

Fleet Believes in Equal Opportunities

Fleet Personnel supports equal opportunities in the workplace, which is why we want to monitor our recruitment procedures. We will separate this part of the form from the application. It will not form part of the selection process.

PLEASE CIRCLE WHERE APPROPRIATE

GENDER : Male Female

WHAT AGE GROUP DO YOU BELONG TO? 18-25 26-35 36-45 46-55 over 55

Do you consider that you have a disability?

- Cerebral palsy
- Physical impairment
- Dyslexia / dyspraxia
- Speech impairment
- Mental health conditions current or previous (e.g. depression)
- Blind or impaired vision not correctable by glasses
- Deaf or hard of hearing
- Wheelchair user
- Autism
- Learning difficulties
- Long-term medical condition or illness (including anything for which you take regular prescribed medication or need regular medical treatment e.g. diabetes, cancer, epilepsy, asthma etc.)

(THIS LIST IS NOT EXHAUSTIVE)

How would you describe your ethnic origin:-

White / Mixed

White White and black Caribbean White and black African White and Asian

Asian

Indian Pakistani Bangladeshi

Black

Caribbean African

Chinese

Chinese

Other (Please describe)

How would you describe your religion?



Interview Notes

Date:

Consultant:

Clothing	Rating		Build	Attitude	Hours
Smart	Very Good		Heavy Build	Attentive	Full Time
Smart Casual	Good		Athletic Build	Professional	
Sports Apparel	Average		Medium Build	Out Going	
Scruffy	Below Par		Slim Build	Introvert	Part Time
Hair Description			Petite Build	Aggressive	
Visible Tattoos YES / NO			Visible Piercings YES / NO		Lasisee Fair
Facial Hair YES / NO					Unprofessional

Current Situation

Holidays booked?

Other interviews pending?

Agencies registered with?

Companies approached?

Top 4 companies you would like to work for?

Suitable vacancies?	CV Sent?	Interview Booked?	Feedback?

