

Date:



Your Details

Mr/Mrs/Miss (Please circle) FORENAME:
 SURNAME:
 TELEPHONE NUMBER:
 MOBILE NUMBER:
 EMAIL ADDRESS:

Full Address:

Postcode:

NI NUMBER:
 EMERGENCY NUMBER:

FORM OF ID:
 DO YOU HAVE A CRIMINAL CONVICTION?YES/NO
 DETAILS OF CONVICTION.....
 FULL DRIVING LICENSE.....YES/NO
 DO YOU HAVE YOUR OWN TRANSPORT?YES/NO
 TRAVEL TO WORK DISTANCE?
 MODE OF TRANSPORT?
 (It is your responsibility to inform us if your mode of transport changes during your employment)
 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 RATE £.....		ARE YOU A MEMBER OF ANY UNION?		
HOW DID YOU HEAR ABOUT US?				
STEEL TOE CAPS? YES / NO	SHOE SIZE:	HI VIZ? YES / NO	HARD HAT? YES / NO	GLOVES? YES / NO
WHAT AREAS CAN YOU WORK? (Please give 3 areas)				

Banking Information

COMPLETE FULLY THE AREAS BELOW

BANK OR BUILDING SOCIETY NAME:-

SORT CODE:-

ACCOUNT NUMBER:-

ADDRESS:-

ACCOUNT HOLDERS NAME:-

REFERENCE NUMBER:-

WHAT IS YOUR LEGAL TAX STATUS: Please circle

PAYE

LTD COMPANY

SELF-EMPLOYED

I confirm that I have completed the details above. I understand if there are any incorrect details it could result in the delayed payment of my wages

Signed:

Date:

Reference

Company Name and Address

Contact Name

Telephone No

Position Held

Salary

Company Name and Address

Contact Name

Telephone No

Position Held

Salary

DECLARATION

By Signing below I agree to the following:

I confirm that the above details are correct and I have completed this form personally. 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:

Previous Work Record / Experience

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					

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?

Muslim Hindu Sikh Judaism Christianity Other or N/A

Working Time Regulations

The Working Time Regulations 1998 states that a worker shall not work an average of more than 48 hours in any 17 week period unless agreement is obtained in writing that this limit should not apply.

I _____ agree that I wish to opt out of the Regulations and may work for more than an average of 48 hours a week. If I change my mind, I will give Fleet Personnel one months' notice in writing to end this agreement.

Signed.....

Print.....

Dated.....

Suitable vacancies?

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Companies Approached?

Follow Up Date

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Induction Required? When?

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