

Platinum Personnel Solution (UK) Ltd.

APPLICATION FORM		Payroll No:
Surname:		Forenames:
Address:		
Telephone No:		Mobile Number:
Date of Birth:		N. I. Number
Your e-mail address:		
EEC National Yes / No		
If No to above are your eligible to work in the UK? Yes / No		

Previous Agency Experience		
Agency	Place of Work	Job Description & Rates

Next of Kin Details	
Name:	Relationship:
Address:	Contact Telephone Numbers:

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 Platinum personnel Solutions UK ltd, 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.**

Have you ever been convicted of a Criminal offence?	Yes / No	Details:
Are there any Prosecutions Pending	Yes / No	Details:

General Information
How did you hear about us?
Do you have you own transport?
Do you have safety footwear?
What jobs are you best suited to?
What jobs are you least suited to?

Interviewers Comments
Interviewed By:

Signature:..... **Date:**.....

Employment Record

From: To: Job: Title: Salary:	Co. Name Address: Tele No: Contact:	Job Description: Reason For Leaving:
From: To: Job: Title: Salary:	Co. Name Address: Tele No: Contact:	Job Description: Reason For Leaving:
From: To: Job: Title: Salary:	Co. Name Address: Tele No: Contact:	Job Description: Reason For Leaving:
From: To: Job: Title: Salary:	Co. Name Address: Tele No: Contact:	Job Description: Reason For Leaving:

Reference 1:	Reference 2:
Personal Reference 1:	Tele No:
Personal Reference 2:	Tele No:

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.

Information required	Details
1. Do you have any health issues or a disability relevant which may make it difficult for you to carry out functions which are essential for the role you seek?	Yes/ no If yes, please specify
2. 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

Data Protection Statement

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

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.

Candidate/ Temporary worker 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.

If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Platinum Personnel Solutions UK Ltd will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

Signed by candidate / temporary worker:

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Date:.....

Platinum Personnel Solutions (UK) Ltd.

Payment Details

Name:	Start Date	Payroll No:
Address:		
Date of Birth:	N.I. Number:	

Method of Payment	BACS Bac	
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Bank/Building Society Name:
Address:
Name of Account Holder:
Account Number:
Sort Code:
Building Society Roll No:

I HEREBY AUTHORISE MY WAGES TO BE PAID INTO THE ABOVE ACCOUNT.

Signed:...

Date: