

Commercial Application Form

Office use only:
Interviewed by:
Have you signed all copies of candidate documentation: Yes / No
Has the candidate signed all relevant sections where applicable: Yes / No
Do we hold copies of the current right to work documentation: Yes / No

Interviewers comments:

Applicant No. _____ **Date available:** / / **Date started:** / /

Personal details

Last name:	First names:	Title: Mr / Mrs / Ms / Miss
Address:	D O B:	Age:
	Home Tel no.	
	Mobile Tel no.	
	@:	Nationality:
Do you smoke: Yes / No	Valid driving licence: Yes / No	
Criminal conviction: Yes / No / Pending	Own transport: Yes / No	
National Insurance No:	Transport:	
		Do you consider yourself disabled: Yes / No
		Identification: Passport: Yes / No Birth Certificate: Yes / No Work Permit or Visa: Yes / No

Education

School / College / University name	Certificates / memberships achieved
Additional qualifications	

Skills tick the box in which you have experience and the equipment and clothing you possess

Office	<input type="checkbox"/>	Secretarial	<input type="checkbox"/>	Reception	<input type="checkbox"/>	Administration	<input type="checkbox"/>	Cust service	<input type="checkbox"/>
IT	<input type="checkbox"/>	Audio type	<input type="checkbox"/>	Data Entry	<input type="checkbox"/>	Call centre	<input type="checkbox"/>	Short hand	<input type="checkbox"/>
Telemarketing	<input type="checkbox"/>	Purchasing	<input type="checkbox"/>	Credit control	<input type="checkbox"/>	Inbound	<input type="checkbox"/>	Outbound	<input type="checkbox"/>
Business to business	<input type="checkbox"/>		<input type="checkbox"/>	Business to customer	<input type="checkbox"/>		<input type="checkbox"/>	Legal	<input type="checkbox"/>

Microsoft packages	Advanced	Competent	Intermediate	Beginner
Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet explorer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please state any other skills you think may be relevant to your application for temporary work

Do you have safety equipment	Yes	No	If yes, please state below
Safety Shoes	<input type="checkbox"/>	<input type="checkbox"/>	Hard hat
	<input type="checkbox"/>	<input type="checkbox"/>	Work gloves
	<input type="checkbox"/>	<input type="checkbox"/>	Other

Please state any other skills you think may be relevant to your application for temporary work

Availability - Please tick the days and shifts you are available to work

Hours available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Overtime
06:00 - 14:00								
07:00 - 15:00								
08:00 - 16:00								
09:00 - 17:00								
14:00 - 22:00								
15:00 - 00:00								
22:00 - 06:00								
23:00 - 07:00								
00:00 - 08:00								

Employment

From (month & year)	To (month & year)	Job title, name of supervisor, main address of employer, nature of business	Reason for leaving	Final salary and benefits

References

Work: Name, address, occupation, relation to applicant	Personal: Name, address, occupation, relation to applicant

48-hour waiver limitation

The Working Time Directive 1998 (The regulations) require the Company to limit average weekly working time to 48 hours unless you agree in writing with the Company that the limit should not apply. The Company wants to have an agreement with you. It proposes an agreement which applies until finished in writing by you on the basis that:

- 1) The 48-hour limit will not apply to you.
- 2) You may terminate the agreement thus rendering the 48-hour limit null and void by giving the Company 4 week's written notice of your intent to terminate the agreement

Under the regulations the Company must keep records relating to your working time. This applies whether you do or do not agree to waive the working time limits. If you accept the Company's offer, please sign below, this will be a record of agreement between you and the Company.

Signed:

Date:

Personal declaration

To the best of my knowledge the information given on my application is correct, I am in good health and there is nothing further about which I am aware that should be taken in to account when offering me work. I understand that should any information prove inaccurate I am liable to dismissal. I hereby authorise Solutions Recruitment Limited to seek references and the information provided may be used to assist with my application for work. I agree that the information given on my application may be used for registration purposes under the Data Protection Act. I also agree that should "stop & search" be used on Solutions Recruitment Limited client's premises I shall comply fully with their instructions.

Signed:

Date: