Technical Application Form

Office use only: Interviewed by: Have you signed all copies of candidate do Has the candidate signed all relevant secti Do we hold copies of the current right to v Interviewers comments:	ons where applica	ble: Yes / No		
Applicant No.	Date available:	: / /	Date	e started: / /
	Pers	onal details		
Last name:	First names:			Title: Mr / Mrs / Ms / Miss
Address:	DOB:		Age:	Do you consider yourself
	Home Tel no.		12800	disabled: Yes / No
	Mobile Tel no.			Nationality:
	@:			Identification:
Do you smoke: Yes / No	Valid driving lic	ongo Vas / Na		Passport: Yes / No
Criminal conviction: Yes / No / Pending	Own transport:			Birth Certificate: Yes / No
National Insurance No:	Transport:	1 es / No		Work Permit or Visa: Yes / No
National Insurance No.	Transport:			
	E	ducation		
School / College / University name		C 1.60 1 1	1 1.	1. 1
Additional qualifications		Certificates / 1	memberships a	icnievea
Skills: tick the box in	which you have exp	perience and the	equipment and	clothing you possess
Engineering		61.10		
CNC operator CNC setter		CNC progr		Programmes used
Sheet metal Brake press		Design engineer Mechanical engineer		Quality engineer
Production engineer Automotive	engineer	Mechanica	i engineer	Electrical engineer
Production & Manufacturing				
	embly		Oual	lity inspection: automotive / other
Machine setter Machine operator		Types of machines used:		
Electronics				
	dering (through hole	e) So	oldering (flow)	Assembly
	Harnesses		riring (iio ii)	Pick & place
	Engineering		ther (please stat	
Engineering			. Transpose	,
Other engineering disciplines (please state)				
Do you have safety equipment	Yes / No		ease circle belo)W
Safety shoes Hard hat Gloves Other (please state) Tools (please state)				
Please state any other skills you think may be relevant to your application for 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: