

Please complete in **CAPITAL LETTERS** using a **BLACK** ballpoint pen

CONFIDENTIAL

KL Recruitment Ltd *Make the Team Work*



Date	Own Transport	Employee No.
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Position Applied for	How did you hear of this vacancy?
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Surname: (Mr / Mrs / Miss)		First Name(s)
Present address and permanent address if different		Home Tel. No. Contact Mobile Postcode
Nationality	National Insurance No.	Email Address
Next of Kin		Contact No.

PERSONAL DETAILS

Other Agencies worked for	Companies worked for	How long?	Hourly rate	Position

SKILLS / EXPERIENCE

Please tick where you have experience and state length of time.

ASSEMBLY			FLT (COUNTER BALANCE)		
MACHINE OPERATION			FLT REACH		
SOLDERING			FLT DIESEL		
DATA INPUT			FLT ELECTRIC		
SITE LABOURING			GOODS INWARD		
SUPERVISING STAFF			ORDER PICKING (MANUAL)		
BUILDING / CONSTRUCTION			ORDER PICKING (COMP)		
COLD STORE			STOCK CONTROL (MANUAL)		
FOOD PRODUCTION			STOCK CONTROL (COMP)		
CLEANING			STOCK TAKING		
FURNITURE REMOVAL			7.5 TONNE DRIVER		
STREET CLEANING			VAN DRIVING		
GARDENING / LANDSCAPING			HGV 1		
DESPATCHING			HGV 2		
PACKING			QUALITY CONTROL		
HANDBALLING			DO YOU OWN SAFETY BOOTS AND HI-VIS VEST?	YES / NO	

REFEREES

Please provide the name and addresses of two most recent business referees.

Name:	Name:
Occupation:	Occupation:
Address:	Address:
Telephone:	Telephone:

EQUAL OPPORTUNITY IN EMPLOYMENT POLICY MONITORING

Position Applied for

KL Recruitment's policy is to recruit, employ and promote people on the basis of their suitability for the work to be performed. To this end, we aim to ensure that no applicant or of age, sex, disability, status, creed, colour, race or ethnic origins, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

To assist with the continuing implementation and monitoring of this policy, applicants for posts with the Group are asked to provide the information requested opposite. **This information will be used solely for monitoring purposes.**

Please Note:

- a) Ethnic origin is not a matter of nationality, right of abode in the UK or your place of birth.
- b) Disability is a physical or mental impairment which has a substantial and long term affect on your ability to carry out normal day to day activities.

SEX	Male <input type="checkbox"/>
	Female <input type="checkbox"/>
MARITAL STATUS	Single <input type="checkbox"/>
	Married / Living with Partner <input type="checkbox"/>
ETHNIC ORIGIN	White - UK <input type="checkbox"/>
	White - European <input type="checkbox"/>
	Black - Caribbean <input type="checkbox"/>
	Black - African <input type="checkbox"/>
	Pakistani <input type="checkbox"/>
	Bangladeshi <input type="checkbox"/>
	Indian <input type="checkbox"/>
	Chinese <input type="checkbox"/>
	Other (please specify) <input type="checkbox"/>

DISABILITY	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
	Nature of Disability.....

FOR OFFICE USE ONLY

1. INTERVIEWER'S ASSESSMENT

(1 = Poor, 3 = Average, 5 = Excellent)

- 1.1 Appearance 1 2 3 4 5
- 1.2 Health/Physical capability for job 1 2 3 4 5
- 1.3 Relevance of previous experience 1 2 3 4 5
- 1.4 Motivation and dependability 1 2 3 4 5

REFERENCE CHECKS

- 1) Reference Supplied Yes No
- 2) Reference Supplied Yes No
- Enquiries Sent Yes No
- Enquiries Sent Yes No
- Received Yes No
- Received Yes No

2. Maths Test(s) taken (enter percentile score)

Practical Test(s) / Inductions

3. OVERALL ASSESSMENT

1 2 3 4 5

Additional Notes (eg: preferred shifts / acceptable pay rates)

Temp Benefits Scheme
Opt In / Opt Out

48hr Opt Out Agreement - SIGNED
YES / NO

Name of Interviewer Signed Date / /

EMPLOYMENT HISTORY

Please give details of your work history. Specify any promotions, **giving your present (or most recent) employer first.** If you have worked in an unpaid capacity and would like to give details, please do so. Give reasons for any periods not accounted for.

Name and address of Employer and nature of business	Dates From - To	Position held and responsibilities	Salary / Hourly Rate	Full reasons for leaving or wanting to leave

MEDICAL HISTORY

Do you have or have you suffered from any of the following in the last 12 months?

	YES	NO		YES	NO
Fainting			Varicose Vein Trouble		
Fits or Blackouts			Back Trouble		
Giddiness			Other Muscle or Joint Trouble		
Mental Illness			Skin Trouble		
Recurring Headaches			Diabetes		
Ear Trouble or Deafness			Stomach Trouble		
Recurring Chest Disease			Bowel Trouble		
Asthma			Allergies		
Hay Fever			Do you wear glasses?		
Heart Trouble			Do you wear contact lenses?		
High Blood Pleasue			When did you last visit a dentist		

Any other information relevant to your medical history:.....

CONVICTIONS

Have you ever been convicted of any offence involving dishonesty, or other reason, in the last 5 years? if "YES", please give details.

Some clients may ask for a PNC check. Do you object to this? Yes No

PNC checked? Yes No

DATA PROTECTION ACT

The information that you provide on this form and on any CV given will be used by KL Recruitment Ltd personnel to provide you employment 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 present or detect crime, to protect public funds, or in other way permitted or required by law.

ANY OTHER INFORMATION

Any other information that you may wish to include (optional)

PLEASE READ BEFORE SIGNING

I confirm that the information given in this document is true and correct and that I have received a copy of the Temporary Workers Terms of Engagement.

I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers. I understand that a misleading or false statement or unsatisfactory reference could be cause for rejection or, if employed dismissal.

Signature _____ Date _____