**CONFIDENTIAL APPLICATION FORM**

**PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK** Position Applied for:……………………..……………….

Title Mr/Mrs/Ms/Other .………………. FirstName:…………….………………… Surname:……………………………………………

Maiden/Former name (list all previous first names and surnames):…………………..……………………………..

Current address:…..………………………………………………………………………………………………Post Code:………….……………..

Home Tel ……………………..……………………… Work Tel: ……………………..……………………………..

Mobile:……………………….. E-mail:…………………………………….. Date of birth:………………………

Nationality: ……………….………………………….. National Insurance No:……………………..………………………………………

|  |  |
| --- | --- |
| NEXT OF KIN DETAILS | |
| Name |  |
| Contact Details |  |
| Relationship To You |  |

* Do you hold a current full/provisional\* driving licence? Yes [ ] No [ ] (\*Delete as appropriate)
* State any driving conviction in the past five years …………………………………………………………………….
* Do you hold a current Personal licence? Yes [ ] No [ ]
* Personal licence number ……………………………………………. Expiry date ……………………………………….
* Are you subject to Immigration Control? Yes [ ] No [ ]
* If yes, do you have an unrestricted entitlement to take up employment in the UK? Yes [ ] No [ ]

* Have you, ever been fined, cautioned, sentenced to imprisonment or placed on probation for a

criminal act (subject to the Rehabilitation of Offenders Act)? Yes [ ] No [ ]

* Are there any alleged offences outstanding against you? Yes [ ] No [ ]

If yes to either question, give details…………………………………………………………………………………………………..……

* Have you, ever been made bankrupt or have any Court Judgements against you, whether satisfied or not, within the last 6 years? Yes [ ] No [ ]

* Has any order been made against you by a Civil or Military Court or Public Authority? Yes [ ] No [ ]

If yes give details …………………..……………………………………………………………………………………...

**Who recommended us to you**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Name:**  **Telephone No:** | **Name:**  **Telephone No:** |

**HEALTH**

* Are you registered disabled? IF YES, please give details of your disability:

IF YES, what is your RDP No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Have you ever suffered from any illness, IF YES, please give details & dates:

disability or injury which caused you to be

absent from work for 4 weeks or more?

* Are you currently receiving treatment for IF YES, please give details:

any medical condition?

**Have you had/do you have any of the following? (Please delete as applicable)**

**Hearing Defect YES/NO Back Trouble YES/NO Chest Trouble YES/NO**

**Heart Trouble YES/NO Joint Trouble YES/NO Stomach Trouble YES/NO**

**Skin Trouble YES/NO Hernia YES/NO Nervous Trouble YES/NO**

**Vision Defects YES/NO Epilepsy, diabetes, or any form of giddiness YES/NO**

**Do you wear glasses/contact lenses? YES/NO**

**Do you suffer from any other illness or disability which could affect you work ability or attendance?**

**RECRUITMENT POLICY**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

It is **Quickbar Ltd** policy to employ the best qualified personnel and provide equal opportunities for the advancement of employees, including promotion and training.

We will not employ persons whose history indicates that they would be unlikely to resist the opportunities for illicit personal gain, or the possibilities of being compromised, or the opportunities for creating any other improper breach of security, which such employment might offer.

Equally we will endeavour to provide a neutral working environment in which no worker feels threatened or Intimidated.

We will not discriminate against any person because of race, colour, ethnic or national origin, sex or marital status, religious belief or Disability.

This policy will be assessed at regular intervals to ensure that any opportunity of quality improvement is afforded to ALL employees.

**CONDITIONS OF APPLICATION & EMPLOYMENT**

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When you sign this form it is important you understand and accept the following:

**Quickbar Ltd** will not offer employment to any person who, with the intention of misleading the Company, provides false or incomplete information on their application form, during interview, or otherwise in the course of obtaining employment.

If any employee is found to have obtained employment by providing false or incomplete information, he/she will be liable to dismissal.

If there is a good reason why you cannot complete this form yourself, another person may help you. However, you must ensure that you fully understand the requirements set out herein and the person who helps you must complete a note explaining why the form was not completed by you.

**WORKING TIME REGULATIONS 1998**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I accept that in the statutory limit on my average working time of 48 hours for EACH seven day period in any reference period which may be applicable, set out in Regulation 4 of the above regulations, will not apply in my case.

I understand that my acceptance of this waiver does not alter any terms of my contract of employment, nor does it commit me to undertake any new obligations concerning my working time.

I acknowledge that my agreement to apply the weekly working time limit may be terminated by my giving eight weeks’ notice in writing to the employer, as required under the terms of the Collective Agreement on the application of the Working Time Regulations which applies to my employment.

Under the Working Time Regulations 1998 you may be classed as a night worker. You are entitled; if you wish to a free health assessment to ensure that you are suited to working at night.

If you wish to have a free health assessment, please complete all the boxes below. If you do not wish to have a free health assessment, please complete the questions below. All information you provide will be kept confidential

**Authorization and compliance**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DECLARATIONS**

I certify that to the best of my knowledge, the information that I have given in my application for employment with **Quickbar Ltd** is true and complete and I understand that any false statement or omission to this company or its representatives may render lead to termination of employment without notice. I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835 in confirmation of previous employment or unemployment. I authorize **Quickbar Ltd** or its agents to approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment/unemployment record. I consent to **Quickbar Ltd** reasonable processing of any personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by **Quickbar Ltd**. Subject to the Access to Medical Reports Act 1988, I consent to the results of such examinations to be given to **Quickbar Ltd** and authorize them to make a consumer information search with a credit reference agency, which will keep a record of that search and may share that information with other credit reference agencies. I further declare that any documents that I provide as proof of my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined under a UV scanner or similar device. I acknowledge that any falsified documents may be reported to the appropriate authority.

**DATA PROTECTION ACT 1998**

**Quickbar Ltd** will use the information you have given on your application form (together with any information which they obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers.

By returning this form to the **Quickbar Ltd** you consent to our processing personal data about you where this is necessary, for example information about your credit status, ethnic origin or criminal offences. You also consent to the transfer of your information to your current and future potential employers where this is necessary (this may be to companies operating abroad if you apply for work outside of the United Kingdom).

Your information will be held on our computer database and/or in our paper filing systems. By signing below you agree to this process and confirm that you do not have a criminal record subject to the current Rehabilitation of Offenders Act and any amendments. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

**DISCLOSURE**

You are applying for a position of trust and in the event of being offered employment by **Quickbar Ltd**; we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from employment. For more information ask a member of staff for a copy of their Disclosure and Barring Service (DBS) Code of Practice/Disclosure Scotland and/or **Quickbar Ltd** our policy statement regarding ex-offenders. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document you allow **Quickbar Ltd** to see a copy of the Disclosure. The Disclosure information is not retained i.e. it is disposed of within the timescales recommended in the DBS Code of Practice. By signing below you agree to this process.

Applicant signature: …………………………………………. Date: …………………………………………….……