



Tax forms: P45 P46 P38 (STUDENTS ONLY) New Starter Details. w/e that changes apply: _____

recruitment solutions (south-west) ltd

REGISTRATION FORM

TITLE	Surmane	First name(s):	Today's Date:
Current Address:		Tel Home:	
Postcode:		Tel Other:	
		Mobile:	
		Orange /02 / 3 / vodaphone / other (PLEASE TICK)	
Email address:		Contact in case of emergency:	
		Tel no:	Relationship:
Date of birth:	Age:	Nationality:	National Insurance No:
Preferred job status: <i>(Delete as appropriate)</i> Temporary / Full-Time / Part Time / Ongoing		Work applied for:	
Preferred work location:		Days Available: <i>(Delete as appropriate)</i> Mon / Tues / Wed / Thurs / Fri / Sat / Sun	
Own Transport: Y / N Car / Motorbike / Pushbike	Full licence Y / N	When are you available to start work: From: To: Indefinite <input type="checkbox"/>	

Because employment agencies often share workers and contracts, it is essential that we are aware of contracts you have previously worked on.

Agency name:	Agency name:	Agency name:
Contracts worked:	Contracts worked:	Contracts worked:

FIVE YEARS EMPLOYMENT HISTORY - NO GAPS LONGER THAN ONE MONTH. LIST LATEST EMPLOYER FIRST.

Dates <i>(lastest first)</i>	Employer:	Duties/training:	ON LEAVING
From:	Name: Town:		Reason:
To:	Telephone: Contact name:	Reference (TICK BOX)* <input type="checkbox"/>	Salary/pay rate:
From:	Name: Address:		Reason:
To:	Telephone: Contact name:	Reference (TICK BOX)* <input type="checkbox"/>	Salary/pay rate:
From:	Name: Address:		Reason:
To:	Telephone: Contact name:	Reference (TICK BOX)* <input type="checkbox"/>	Salary/pay rate:

**By ticking the 'Reference Box' I hereby notify Recruitment Solutions that I am agreeable to references being taken up with my past employer/s.*

For BACS Payment: (PLEASE WRITE CLEARLY AS INCORRECT DETAILS GIVEN BY YOU WILL RESULT IN DELAYED PAYMENT OR EVEN WAGES PAID BY CHEQUE)			
Bank Name and Address:	Sort Code	Account number	Name of Account Holder:
	BUILDING SOCIETY REF:		

Education Details:

Dates:		Name of Town and College Attended:	Course(s) Taken:	Exams/Certificates etc Obtained with Grades:
From	To			

Where did you hear about us? (PLEASE TICK):

<input type="checkbox"/>	INTERNET	<input type="checkbox"/>	NEWSPAPER ADVERTISING	<input type="checkbox"/>	ANOTHER WORKER (PLEASE NAME):
<input type="checkbox"/>	JOB CENTRE	<input type="checkbox"/>	ELECTRONIC SIGN	<input type="checkbox"/>	ANOTHER AGENCY (PLEASE NAME):
<input type="checkbox"/>	YELLOW PAGES	<input type="checkbox"/>	PASSING BY OFFICE	<input type="checkbox"/>	OTHER (PLEASE SPECIFY):

Do you have any medical conditions that could affect your ability to work? _____

ARE YOU A SMOKER:	YES / NO	SPOKEN ENGLISH (FOREIGN NATIONALS): FLUENT / GOOD / BASIC / NONE (PLEASE CIRCLE)
SAFETY BOOTS:	YES / NO	WORK PERMIT (DELETE AS APPROPRIATE): NOT NEEDED / EXPIRES ON _____
FLOURESCENT VEST:	YES / NO (PLEASE CIRCLE)	CERTIFICATION AWARDED: _____

ALL APPLICANTS MUST COMPLETE THIS SECTION
 REHABILITATION OF OFFENDERS ACT - PLEASE GIVE DETAILS OF ANY UNSPENT CONVICTIONS AND/OR PROSECUTION, WHICH IS PENDING (SEPARATE SHEET PROVIDED)
IF NONE, STATE "NONE" BELOW.

WHAT SALARY/RATE OF PAY DO YOU SEEK?
 £
 PER HOUR/WEEK/MONTH/YEAR

I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT. I HEREBY AUTHORISE RECRUITMENT SOLUTIONS (SOUTH WEST) LTD TO USE THIS INFORMATION OR MY CURRICULUM VITAE EITHER ORALLY OR IN WRITING AS THE BASIS OF APPLYING ON MY BEHALF FOR ANY SUITABLE JOB(S)/CONTRACT(S). I ALSO CONFIRM THAT THE BANK DETAILS GIVEN ARE CORRECT. I AM AGREEABLE TO REFERENCES BEING TAKEN UP WITH MY PAST EMPLOYERS, AS INDICATED. I HAVE READ, UNDERSTOOD AND RECEIVED A COPY OF RECRUITMENT SOLUTION'S TERMS OF ENGAGEMENT FOR TEMPORARY WORKERS. I UNDERSTAND THAT HOLIDAY PAY IS ACCRUED ON AN HOURLY BASIS WHICH IS FULLY DESCRIBED IN THE TERMS OF ENGAGEMENT FOR TEMPORARY WORKERS (SECTION 10).

SIGNED _____ PRINT NAME _____ DATE _____

OFFICE USE ONLY

COMPANY NAME & TEL NO.	TYPE	DATE (S)	COMMENTS
Ref name/position	Verbal/ Written	Sent for: Received:	
Ref name/position	Verbal/ Written	Sent for: Received:	
Ref name/position	Verbal/ Written	Sent for: Received:	

INTERVIEWER'S COMMENTS

ID CHECK (please circle): Passport / Birth Certificate / Photocard Driving Licence / Utility Bill / other (please specify) _____.

LICENCE EXPIRY	DATE CHECKED	DATE CHECKED	DATE CHECKED	DATE CHECKED	DATE CHECKED