

DPC

Detail Personnel Care

APPLICATION FOR EMPLOYMENT

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SECTION 1 PERSONAL INFORMATION

Title: Mr Mrs Miss Ms First Name(s)

Last Name Any Former Names

Sex Male Female Marital Status

NATIONALITY

British / EC National Yes No Passport No

Permanent Resident Status Yes No Issued at
(evidence required)

Holder of Work Permit Yes No Expiry Date
(evidence required)

Evidence required – please enclose copies

Passport Pages Letter Work Permit Visa

CURRENT ADDRESS

Street

Town/City County Postcode

Tel: Home Tel Work Ext./Bleep

Tel Mobile Email

JOB TITLE

Title Grade

Specialty

AVAILABILITY

Preference Permanent Temporary Preferred Locations

Nights Odd Days Weekends Long Term Sessions Permanent Holidays Full Time

National Insurance No. P45 Enclosed Yes No P46 Enclosed Yes No

Tax Status PAYE Ltd. Company VAT Registered Yes No

Own Transport Yes No Licence Type Full Provisional None

Registered with other agencies Yes No

If yes, which

BANK DETAILS

Sort Code	<input type="text"/>	Account Number	<input type="text"/>
Account Name	<input type="text"/>	Bank Name	<input type="text"/>
Branch	<input type="text"/>	B. Soc Roll No.	<input type="text"/>
Address	<input type="text"/>		

EDUCATION / TRAINING

Please submit copies of all Vocational Certificates (please list additional qualifications on a separate sheet if necessary)

Training Institution	Qualification	Date of Award
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2

SECURITY VETTING

Do you hold a current Driving Licence Yes No *If yes, please forward a copy*

Please provide a copy of two forms of identification e.g. Passport, bill showing address

Please provide us with two photographs of yourself, signed on reverse, for use on identification badges

REFERENCES

Please give name and address of two work related referees. One referee should be your current or most recent employer / line manager and not a colleague. Please note that we do not accept references from relatives or friends

Job Title	<input type="text"/>	Job Title	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Company Name	<input type="text"/>	Company Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Tel Number	<input type="text"/>	Tel Number	<input type="text"/>
Email Address	<input type="text"/>	Email Address	<input type="text"/>

*NB Both of the above must be professional referees, one must be from your last employer

EMPLOYMENT AND EDUCATION EXPERIENCE

Please provide us with a full history of your work experience and education in chronological order since leaving secondary education. This must include any periods of post secondary education or training, any part-time and voluntary work, as well as full time employment, with start dates, explanations for periods not in employment or education and reasons for leaving employment.

Please continue on a separate sheet if necessary, and enclose a CV to cover the last ten years.

Name of Education Institution/Employer	Start Date	End Date	Role/Qualification	Reason for Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Education Institution/Employer	Start Date	End Date	Role/Qualification	Reason for Leaving

PROFESSIONAL SOCIETY / UNION DETAILS

Name of Society/Union

Professional Registration e.g. GMC/HPC

Professional Indemnity Insurance e.g. MDU

Type of memberships/DBS Disclosure

Membership Numbers

Renewal Dates

Any other Relevant Experience/Post qualification training?

SKILLS AND ABILITIES

Please provide a statement of the skills and abilities that you possess, as well as the competencies and experience that are relevant to your suitability for the post and how you meet the person specification.

DECLARATION OF CRIMINAL RECORD

You are required to disclose details of any criminal record. Only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining this position.

Have you ever been convicted by the courts or cautioned, reprimanded, or given a final warning by the police? **(Please Note that the work you have applied for is exempt from the Rehabilitation of Offenders Act 1974, which means that all convictions, cautions, reprimands, final warnings and bind-overs on your criminal record need to be disclosed)**

Yes No Please initial If yes, please give details

Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes No Please initial If yes, please give details

Have you ever had a DBS Enhanced Level check?

Yes No Please initial If yes, please give details

I understand that a DBS Enhanced Level Disclosure will be sought in the event of a successful application

Signed

Date

SECTION 3

WORKING TIME REGULATIONS

The Working Time Regulations 1998 (The regulations) require DPC to limit your average weekly working time to 48 hours unless you agree with the Company that the limit shall not apply to you. DPC wishes to have an agreement with you. It proposes an agreement (which will apply until terminated by notice) on the basis that:

1. The 48 hour limit on average weekly time will not apply to you.
2. You may terminate the agreement (so that the 48 hour time limit would apply to you) by giving the person at DPC to whom you usually report 4 weeks written notice.

Under the Regulations, DPC must keep records relating to you working time. This is the case whether or not you reach an agreement with DPC about waiving working time limits. If you accept DPC's proposals, please sign below. This document will then be the record of agreement between you and the Company.

Signed

Print Name

National Insurance Number

Date

DECLARATION

I hereby declare that the information herein is true and complete and is not presented in a way intended to mislead. I am not aware of any condition, medical or otherwise, which would affect or limit my employment or performance. I agree that if I have given false or misleading information or omit to give relevant information now or in the future, this may result in termination without notice, as well as a claim for recovery of any payments I have received, together with a claim for loss of profits to DPC. I acknowledge that I have been given a copy of the Current Terms and Conditions of Service issued by DPC which is mine to keep, and furthermore that I have read those Terms and Conditions and agree to abide by them.

Signed

Date

Submit