**APPLICATION FOR EMPLOYMENT**

**INDUSTRIAL**

**TITLE:** **SURNAME:** **FORENAMES:**

**DATE OF BIRTH:** **NATIONAL INSURANCE NUMBER:**

**ADDRESS:**

**TEL:** **MOBILE/OTHER:**

 / /

 **POSTCODE:**

**Driving licence Details : Points &Convictions & Date Obtained**

**Driver**

**Number**

**Date**

**Past**

**IN CASE OF EMERGENCY CONTACT:**

***Name:* *Relationship:***

***Tel*: *Mobile/Other:***

**NATIONALITY**

**CAN YOU REPORT TO WORK THE SAME DAY WE CALL YOU?** ***Yes*** ***No***

**TRANSPORT:** ***Bus*** ***Car*** ***Train*** ***Other***

**DRIVING LICENCE:** ***Provisional Full Endorsed None***

**DO YOU HAVE ANY PHYSICAL LIMITATIONS WE SHOULD KNOW ABOUT? *Yes*  *No***

**IF YES PLEASE GIVE DETAILS:**

**CRIMINAL CONVICTIONS: *Yes* *No Details***

**ANY CAUTIONS: *Yes* *No Details***

**DO YOU HAVE PROTECTIVE FOOTWEAR? *Yes* *No***

**STATUS: *Married* *Single* DEPENDANTS: *Yes* *No***

***From:***

***To:***

***Position:***

***Rate of Pay:***

***Company:***

***Manager:***

***Tel Number:***

***Company:***

***Manager:***

***Tel Number:***

***From:***

***To:***

## EMPLOYMENT

## EMPLOYER

## DATES

***Position:***

***Rate of Pay:***

**EMPLOYMENT HISTORY: (most recent first)**

**REASON FOR LEAVING LAST EMPLOYMENT:**

# Date

# Location

# Subject / Course

**QUALIFICATIONS:**

**WHICH AGENCIES HAVE YOU PREVIOUSLY WORKED FOR AND WHERE DID YOU WORK?**

***Agency Name* *Where You Worked* *Pay Rate***

**I certify that this information is true and complete**

**I have approached LF UK Recruitment Services Ltd for employment of my own free will.**

**Signed: Date:**

### I agree to Lfuk Recruitment Services Ltd keeping my data on File for 10 years

I Authorise you to take my photograph to be held on file.

I Authorise you to share my personal data/information with current and prospective companies

**COMMENTS: CV: Yes No**

**KEYWORDS:**

 **FLT C/B FLT Reach Recycling Cleaner Packer**

**Production Operative Machine Operator Assembly Worker**

**OTHER SKILLS:**

#

**NEW STARTER FOR L.F.U.K**

|  |
| --- |
| **Personal Details** |
| Title | Mr / Miss / Mrs / Ms / OTHER |
| Surname |  |
| Forename |  |
| EMail Address |  |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| NI Number |  |
| D.O.B |  |
| Bank Details |  |
| Sort Code |  |
| Acc Number |  |
| ACCOUNT HOLDER |  |

* *Holidays run from Jan1st – Dec 31st . All holidays must be pre booked a week in advance. All holidays must be used by December 31st*
* *Holidays must be pre booked 1 week in advance*

ADDITIONAL REQUIREMENTS ………………………………………………….

………………………………………………………………………………………….

………………………………………………………………………………………….

Corona Virus - Health Questionnaire

We take Health & Safety of our staff, guests, and visitors very seriously. Due to the current situation with the corona virus, please answer the following questions by Indicating yes (Y) or No (N)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you displayed any symptoms of COVID 19 in the last 14 days i.e. Y N

 (Fever, difficulty in breathing, persistent cough, loss of taste & smell)?

Has anyone in your household displayed any symptoms of COVID 19 in the last 14 days?

Do you have any underlying medical conditions that fall into the government?

categories for being clinically or extremely clinically vulnerable?

Have you returned from any country outside of the United Kingdom in the last 14 days?

Have you been in close contact with anyone who has returned from outside of the

United Kingdom within the last 14 days?

Signature…………………………………………………………………

Date………………………………

Thank you for your cooperation

LFUK Recruitment Services Literacy & Numeracy Assessment

|  |
| --- |
| Please fill in below with your name, address, post code and date of birth |
| Name: |
| Address: |
|  |
|  |
| Postcode: |
| Date of Birth: |

|  |  |  |  |
| --- | --- | --- | --- |
| A = Alpha | H= Hotel | O = Oscar | V = Victor |
| B = Bravo | I = India | P = Papa | W = Whiskey |
| C = Charlie | J = Juliet | Q = Quebec | X = X-ray |
| D = Delta | K = Kilo | R = Romeo | Y = Yankee |
| E = Echo | L = Lima | S = Sierra | Z = Zulu |
| F = Foxtrot | M = Mike | T = Tango |  |
| G = Golf | N = November | U = Uniform |  |

|  |
| --- |
| Using the phonetic alphabet above provided, please complete the questions below. |

|  |  |
| --- | --- |
| Example | Kevin = Kilo, Echo, Victor, India, November |
| 1. | Simon =  |
| 2. | Jennifer = |
| 3. | September = |

|  |
| --- |
| Please complete the following numeric questions |
| 5 x 8 = | 6 x 9 =  | 7 x 4 = | 8 x 6 = | 3 x 12 |
| 14 + 3+ 9 – 2= | ½ + ¼ = | 1.5 x 4 =  | 15 x 100= | 1000 / 4 = |

**LFUK GPDR and KID Acceptance**

I give my consent to the below

I allow LFUK Recruitment to store my details and documents

I allow LFUK Recruitment to share my relevant details with third parties

I allow LFUK Recruitment to send me serviced & marketing communications directly

I allow LFUK Recruitment to hold my Picture on file holding my own ID

I am also aware thatLFUK Recruitment Services Ltd are a Recruitment Agency who source temporary working assignments for casual workers. LFUK Recruitment services Ltd do not pay nor employ temporary workers.

We have Terms of Business in place with Charter red Limited for the supply of employment and payroll services – they source employment and payroll services for our temporary workers through several different suppliers.

I have read the Key information document example regarding what expect regarding payment. I have also been asked if I want to take a copy with me.

**PRINT NAME:……………………………………………………………………………..**

**SIGNED:……………………………………………………………………………………**

**DATE:………………………………………………………………………………………..**

# LFUK RECRUITMENT SERVICES - Health questionnaire to assess if you are fit to work nights

The purpose of this questionnaire is to make sure that you are suited to working at night. All the information you provide will be kept confidential.

### About you

**Surname:**

**First and second name/s:**

**Sex:** M [ ] F [ ]

**Date of birth:**

**Permanent address:**

**Job title:**

**National Insurance number:**

### Health conditions:

**Do you suffer from any of the following health conditions?**

**Diabetes**  Yes [ ] No [ ]

**Heart or circulatory disorders**  Yes [ ] No [ ]

**Stomach or intestinal disorders** Yes [ ] No [ ]

**Any condition which causes difficulties sleeping**  Yes [ ] No [ ]

**Chronic chest disorders (especially if night-time**

**symptoms are troublesome)**  Yes [ ] No [ ]

**Any medical condition requiring medication to**

**a strict timetable**  Yes [ ] No [ ]

**Any other health factors that might affect fitness**

**at work** Yes [ ] No [ ]

If you have answered 'yes' to any of the above questions, you may be asked to see a doctor or nurse

I, the undersigned, confirm that the above is correct to the best of knowledge

Signed ……………………………………………………………………………..

Date ………………………………………………………………………………..

## Employer's assessment

Your employer should complete the next section with their assessment.

After reviewing the questionnaire, my assessment is that you

* can work nights
* cannot work nights
* should see a doctor or nurse for a medical examination to assess whether you can work nights

Signed: ...................................................... Date: ..........................................