



Name:
Applicant No:
Date:

Driving APPLICATION FORM

Senior Salmon is committed to supporting all their workers, protecting them from any form of exploitation and operating in accordance with UK legislation.

As part of this commitment we inform all new recruits that it is against UK law to ask workers to pay anything in order to gain work in the UK. As of April 2009 this also extends to paying money to people outside of the UK to gain work in the UK. Senior Salmon does not utilise or associate with companies in or outside the UK who charge jobseekers to help gain work placements.

For this reason we would ask workers who have been asked to pay any money to any individual, company or agency to enable them to find work with Senior Salmon, to inform us below or if you prefer you can inform Senior Salmon directly by calling our Workers Support Team on 01623 85 75 85. Please supply full details of any such payments and who you have paid monies to and leave your contact information.

I hereby confirm I have not paid any monies to Senior Salmon or any company associated to Senior Salmon to gain work placements in the UK and agree to inform Senior Salmon should I be approached by any person in the future asking for similar requests. I understand I may have to pay UK government agencies such as the Home Office to gain a workers permit in the UK which I am required to pay a fee for, Senior Salmon may apply for this on my behalf and request the required fee.

Signed _____ Print Name _____

Dated _____

I have been charged to gain work in the UK below are all the detail of the charge and the person I have paid:

Name of person I paid : _____

Name of agency I paid : _____

Date paid : _____

Amount paid in GBP: £ _____

Address of person or agency I paid : _____

Contact telephone numbers and email for the person or agency I paid : _____

I hereby give Senior Salmon permission to contact the above to investigate on my behalf.

Signed _____ Print Name _____

Dated _____

Personal Details**MANDATORY, PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS**

Surname (Mr/Mrs/Miss/Ms) _____

Forenames _____

Permanent address _____

_____ Postcode _____

Telephone (home): _____ (mobile): _____

Email address: _____

Your Payslip will be emailed to this address.

Gender: _____ Date of Birth: _____

National Insurance Number: Do you hold a full current UK driving licence? YES NO

Give details of any endorsements: _____

Do you have regular use of a car motorcycle bicycle Do you have any motoring convictions in the last 10 years? YES NO

(if 'YES') please give details: _____

Nationality (this information is required by The Employment Agencies Act): _____

Next of Kin: _____

Contact Name: _____ Relationship: _____

Tel No: _____

To be completed by non-British and non-EEA nationals only

Date of entry into the UK _____

Do you require a work permit? YES NO

If yes, what type and expiry date: _____

Banking Details

Bank/Building Society: _____ Account No: _____

Sort Code: _____ Building Society Reference No: _____

Name of Account Holder: _____

Is this your personal account? YES NO Pay Type: PAYE Third Party Ltd Company

Signature: _____ Date: _____

Work Requirements

Work you have done previously, or have knowledge of: (Please tick)

Tachographs		Multi-drops		Collection		Delivery	
Rope & Sheet		Tipplers		ADR		HIAB	
Skips		Drawbar		Refrigerated		Plant Vehicles	
Tankers		Mixers		Furniture		Roll on/off	
Tail Lifts		FT - Reach		FT - Counterbalance		FT - Other	

What Driving Licence do you hold? _____ Expiry Date: _____

Driving Licence No. _____

Do you hold a digital tacho graph card? YES NO Start Date: _____ Expiry Date: _____

Do you have any other transport qualifications? YES NO

Type/Group(s): _____

Expiry Date(s): _____

How far are you prepared to travel? _____

Please indicate days and hours that would suit you best: (Please tick)

MON		TUES		WED		THURS		FRI		SAT		SUN			
DAYS				NIGHTS				EARLIES				LATES			

Other information relevant to your application: _____

Qualifications & Experience

Professional Qualifications

Name of Professional Body	Membership Grade	Was Membership gained by examination	Date

Further/Secondary Education

Name of School/College	Subject	Qualification (GCE, CSE, GCSE etc.)	Grade	Date

Recent Assignments

Agency	Client	Contact	Job Type	Pay Rate

Employment History

Please list your last two positions or the last five years, whichever is greater

Previous Employer

Name of Previous Employers	Position Held	To	From	Salary/Rate of Pay	Reason For Leaving

48 Hour Waiver

The Working Time regulations 1998 ('the regulations') require the Company to limit your average weekly working time to 48 hours unless you agree with the company that the limit shall not apply to you.

The Company wishes to have an agreement with you. It proposes an agreement (which shall apply until terminated by notice) on the basis that:

1. the 48 hour limit on average weekly working 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 the Company to whom you usually report 3 month's written notice

Under the Regulations, the Company must keep records relating to your working time. This is the case whether or not you reach an agreement with the Company about waiving working time limits.

If you accept the Company's proposal, please sign below. This document will then be a record of agreement between you and the Company.

I agree

I disagree

Signed _____ Print name _____ Date _____

Criminal Record and Security Checks This information will be used to identify appropriate opportunities for you and NOT as a short listing tool in the recruitment process

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Do you hold a Disclosure and Barring Service or overseas police check carried out within the last 3 years?

If yes, please give details

Yes No

Have you ever been convicted of a criminal offence which is not spent under the Rehabilitation of Offenders Act 1974?

If yes, please give details

Yes No

You may be offered an opportunity to work within an environment or establishment where you may come into contact with children or other vulnerable groups, or your profession/occupation may fall within certain excepted categories. Where this is likely to apply, the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 requires us to ask you for additional information.

A criminal record check from the Disclosure and Barring Service formally the Criminal Records Bureau may be required where this type of work is sought.

Do you have any previous convictions, whether or not they are "spent" within the Act, including any cautions, reprimands, final warnings, bind-overs or any convictions from overseas?

If yes, please give details

Yes No

Do you hold any form of current security clearance?

Yes No

Date granted _____

Expiry date _____

Level of clearance _____

Place of work when granted _____

I confirm that the information I provided on this form and within my CV, if applicable, is both truthful and accurate. I have omitted no facts that could affect my future work placement. I understand that any engagement entered into is subject to documentary evidence of my right to work in the UK, verification of any professional qualifications and, in the case of temporary assignments, subject to satisfactory references. I understand that the Data contained in this document will be used in accordance with the Agreements and Privacy Notice of the Agency.

I will inform Senior Salmon immediately of any circumstances that may affect my work, such as changes to health, personal details, subsequent pending prosecutions or convictions, which may arise whilst I am registered for permanent or temporary work. I understand that Senior Salmon has the right to request a Disclosure and Barring Service check where they consider it necessary and that any details from this, or any other police checks provided, may be forwarded to a potential employer.

Signed _____ Print name _____ Date _____

DRUGS, CONTROLLED SUBSTANCES AND ALCOHOL POLICY

Senior Salmon operates a strict zero tolerance policy on the use of drugs, controlled substances and alcohol.

Temporary workers are strictly forbidden from driving or working while under the influence of drugs, alcohol or any controlled substances unless prescribed by a Doctor and have no adverse affect upon your ability to perform your duties in-line with current health and safety regulations.

Neither should they sell, distribute or possess any drugs or alcohol while working on a Senior Salmon assignment.

All Senior Salmon temporary workers are required to adhere to this policy. Failure to comply will result in immediate termination of your temporary assignment and any further work with the organisation.

I _____ hereby confirm that I have read and understood the company's policy on drugs, alcohol and controlled substances and agree to adhere to this.

Signed _____ Print name _____ Date _____

SENIOR SALMON MOBILE PHONE POLICY

The use of mobile phones in certain circumstances produces a risk not only to the user but also to others in the vicinity, when the attention of the user may be distracted.

In order to reduce the risk, the following policy must be adopted.

- The use of hand-held mobile phones whilst driving is illegal and employees must not use a hand-held mobile phone under any circumstances whilst driving, as this presents a danger not only to the driver but also to other road users.
- Where it becomes necessary to use a hands-free mobile, drivers should consider bringing their vehicle to a stop at a safe location, giving due regard to the classification of the road conditions at the time.
- Should the facility allow, drivers should consider switching off their mobile phone whilst driving and activate the voicemail facility on the mobile phone. This will allow messages to be delivered at a convenient time when conditions allow.
- Where stipulated, certain vehicle manufacturers indicate that mobile phones without an external aerial attached should not be operated under any circumstances within their vehicles due to the possible effects on vehicle electronics and other devices, e.g. air bags. Vehicle handbooks should be referred to for further information.
- Due to the potential lapse of concentration which would place an individual, and others, at risk, mobile phones should not be used whilst operating any item of work equipment or whilst undertaking servicing or repair of vehicles.
- Mobile phones should not be operated under any circumstances in potentially flammable or explosive atmospheres. This includes areas for storage of flammable liquids, including petrol station, and storage areas for explosive devices e.g. air bags.
- With regards to possible health effects from radiation whilst using mobile phones no prescriptive and definitive information has yet been produced.

Declaration

I, the undersigned, have read the above Mobile Phone Policy and I fully understand and agree to comply with the policy.

Signed _____ Print name _____ Date _____

Quarterly Driving Licence Check Dates

Date	Copy taken & checked by:	Date	Copy taken & checked by:
Date	Copy taken & checked by:	Date	Copy taken & checked by:
Date	Copy taken & checked by:	Date	Copy taken & checked by:

Data Protection & Declaration

The company is a recruitment business which provides work-finding services to work-seekers/candidates. In order for us to perform our contract with you, the company must process personal data so that it can provide these services – in doing so, the company acts as a data controller.

We may use the personal information collected for the following purposes:

- To provide you with temporary and permanent recruitment, work finding and related services such as administration, payroll and employment
- In order to fulfil a contract with you
- To comply with legal or regulatory requirements
- To protect the legitimate interests of the company or third parties

We may use your personal information to pass on to clients, employers and payroll providers that we contract with to provide you with work-finding services. This may be by email notifications or other communications such as mail, telephone, SMS on the basis that such use is necessary for the purposes of the legitimate interests pursued by us, or in order for us to perform our contract with you. You may be contacted directly by these companies for the purpose of work-finding services, employment or payroll services.

We do not share personal information with third parties unrelated to the recruitment/work-finding services, employment or payroll services.

Full details of our Privacy Notice are available publicly on our company website.

Declaration

I understand that my details will remain on file to be considered for any current or future positions. I will inform the company if I wish this to change.

I declare that I have answered the questions honestly and fully. I realise that any false or incomplete statements on my part could result in my registration or temporary work being withdrawn. I acknowledge my personal data will be used as outlined above and in accordance with the company's full Privacy Notice.

Signed _____ Print name _____ Date _____

Referees

Please give the name of your present employer and the next most recent employer. College/School leavers should give the name of lecturers/teachers as appropriate. If this is not possible, please give names of persons best able to write a reference in support of your application. This must not be a friend, relative or co-worker.

I understand that Senior Salmon will contact my previous employers

Workers Signature _____ Print name _____ Date _____

Referee Details

Company _____ Name: _____ Email Address _____

Address: _____

Postcode: _____ Tel No: _____

Reference request form

EXPLICIT CONSENT FOR TO RELEASE INFORMATION

I hereby authorise my current / prior employer to release personal information relating to my previous employment with them.

I understand that any information released by my current/ prior employers will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision including if necessary any third parties.

Workers Signature _____ Print name _____ Date _____

Employed as: _____ Dates of Employment: From: _____ To: _____

Reasons for leaving: _____

Would you re-employ? Yes No If no, please state the reason: _____

Has the applicant been subject to any disciplinary action? Yes No

Do you know of any reason why we should not offer employment in a position of trust or responsibility?

Please circle below your genuine opinion on how you would assess this person for the following

Work Performance	Excellent	Very Good	Good	Satisfactory	Poor
Attendance	Excellent	Very Good	Good	Satisfactory	Poor
Timekeeping	Excellent	Very Good	Good	Satisfactory	Poor
Reliability	Excellent	Very Good	Good	Satisfactory	Poor
Honest & Integrity	Excellent	Very Good	Good	Satisfactory	Poor
Ability to work with others	Excellent	Very Good	Good	Satisfactory	Poor
General Conduct	Excellent	Very Good	Good	Satisfactory	Poor

Signed _____

Print name _____ Position _____

Date _____

Company Stamp Here