

Passport
Photo

Name: _____

Applicant No: _____

Date: _____

(If applicable)

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 workers to help gain employment.

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 01362 65 61 65. 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 employment 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 follow 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.Male Female (please tick) 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 convictions, other than those spent? YES NO

(if 'YES') please give details: _____

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—EC 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 Composite Company 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 better: (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, which ever is greater

Previous Employer

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

Referees

Please give name of present employer and 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.

You should not give friends/relatives as referees.

Referee 1

Company: _____
Name: _____
Position: _____
Address: _____

Postcode: _____
Tel No: _____
Dates of Employment: _____

Referee 2

Company: _____
Name: _____
Position: _____
Address: _____

Postcode: _____
Tel No: _____
Dates of Employment: _____

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

Do you hold a Criminal Records Bureau Disclosure 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 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 employment. 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 expressly consent to any sensitive or personal data, disclosed as part of my application, being used in connection with the search for work, subject to the relevant Data Protection legislation.

I will inform Senior Salmon immediately of any circumstances that may affect my work, such as changes to health, 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 Criminal Records Bureau Disclosure 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 _____

Data Protection & Declaration

Use of Personal Information

I fully consent to my agency using personal information and data concerning myself in the legitimate pursuit of the company's interests. This includes the supply of such information to third parties outside of the company who are engaged in legitimate business activities with my agency's business.

I also accept that should I wish to rescind this agreement I shall give my agency a minimum of three months notice.

Declaration

I declare that I have answered the questions honestly and fully. I realise that any false or incomplete statement on my part will render me liable to my registration or temporary work being withdrawn. I agree that the information given on this form may be used for registered purposes under the data protection legislation.

I declare I have been supplied with the agency workers handbook and health and safety information.

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 voice mail facility on the mobile phone. This will allow messages to be delivered at a convenient time when conditions allow.
- Where stipulated, certain vehicle manufactures 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.

Employee Declaration

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

Employee Name _____ Date _____

Signature: _____

Registration Checklist

THE FOLLOWING MUST BE COMPLETED BEFORE PUTTING INTO WORK

- Application form completed and declaration signed
 - Proof of Identification photocopied, signed and dated
 - Proof to work in UK photocopied, signed and dated (Visa, Work Permit)
 - Terms and Conditions for Temporary workers issued & signed
 - Health Assessment questionnaire completed & signed
 - Banking details completed
 - Manual Handling Regulation Handout given *
 - Driver's supplementary form completed, signed & dated *
 - References

	1. Sent <input type="checkbox"/>	Received <input type="checkbox"/>
	2. Sent <input type="checkbox"/>	Received <input type="checkbox"/>
 - Driving Licence checked, photocopied
 - DVLA check complete
 - DVLA check reference Number _____
 - P46/P38 Completed or P45 received
- Name: _____ Date of Completion: _____

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: