



Name:
Applicant No:
Date:

Passport Photo
<i>(If applicable)</i>

Industrial 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.

Sex: _____ Date of Birth: _____

Alternative/Next of Kin: _____

Contact Name: _____ Relationship: _____

Contact Address: _____

_____ Contact No: _____

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: _____

Are you a Student? YES NO P38 Completed: YES NO

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

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

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

MON		TUES		WED		THURS		FRI		SAT		SUN	
DAYS		EVENINGS			NIGHTS			ROTATING SHIFTS					

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

Employment History

Previous Employer

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

Recent Assignments

Agency	Client	Contact	Job Type	Pay Rate

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.

Company: _____
Name: _____
Position: _____
Address: _____ _____
Postcode: _____
Tel No: _____
Dates of Employment: _____

Company: _____
Name: _____
Position: _____
Address: _____ _____
Postcode: _____
Tel No: _____
Dates of Employment: _____

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 _____

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 tick and sign below. This document will then be a record of agreement between you and the Company.

I agree

I disagree

Signed _____ Date: _____

Print Name _____

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 _____ Date: _____