

Candidate Registration Form

ONLY INFORMATION ON THIS APPLICATION WILL BE CONSIDERED BY THE PANEL

Candidates must outline clearly how their qualifications and experience meet both the essential and desirable requirements. All information given will be treated with the strictest confidence.

PERSONAL DETAILS

First Name: Last Name:

Full Address:

Home Phone: Mobile Phone:

E-mail:

Permanent Address:

(if different from above)

Ni No.

Date of Birth:

RESIDENTIAL STATUS

You must bring the original documentation if invited to an interview as evidence of your entitlement to work in the United Kingdom. Failure to do so will invalidate your application. Please confirm which of the following documentation you have:

British Passport or UK Birth Certificate and Letter Certificate or Registration of
Naturalisation as a British Citizen

Passport showing right to live and
work in the UK EEC Passport or Identity Card plus
require work registration letter

Non-European Passport with Relevant
Work Visa Any other documentation that support your
eligibility to work in the UK

DRIVING INFORMATION

Driving License
Number:

Driving License
Number:

How long have you
held your driving
licence for?

Do you hold a
TACHO CARD:

Do you hold a
CPC ?

E-mail:

Provide details of
any other
qualification you
may have
(including ADR
Card, HIAB
Certificate, Level-
D Certificate,
Forklift Certificate

REFERENCES

Please give the details of two people (not related to you), who can be contacted to provide a reference for you.
At least one should be work related. If this is your first job, please provide a tutor/lecturer's contact.

REFERENCE 1

Name:

Position:

Company:

Address:

Telephone/Mobile:

REFERENCE 2

Name:

Position:

Company:

Address:

Telephone/Mobile:

Relationship:

Relationship:

BANK DETAILS

The following information should be provided at your earliest possible convenience it is essential to enable ourselves to setup your personal / pay files on our systems.

You may be required to provide evidence that the bank account details provided belongs to you, such as: bank statement, debit card.

Name of Bank:

Bank Address:

Account Name:

Sort Code:

Account Number:

DECLARATIONS

Have you ever ben convicted of a criminal offence which is not a spent conviction within the terms of the Rehabilitation of the Offenders Act 1974? Yes No

If yes, provide full details:

I agree that Focal Point Recruitment can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998.

I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

Pre-Employment Health Declaration

This form is issued to help identify any health problems or disability that may be relevant to your application.
Any specific medical questions will be asked by the occupational health advisor if there is any need to contact you.

IDENTIFY & PROOF OF ADDRESS INFORMATION

Passport Number:

Passport Expiry
Date:

You will be required to also provide proof of address. This will need to include any of the following documents; (bank statement, utility bill, council tax bill)

HEALTH QUESTIONS

Please answer the following questions, giving dates and full details where appropriate:

Are you in good health at present?

Yes

No

Are you at present attending a doctor or hospital for any reasons?

Yes

No

Are you taking any medicines or tablets or having any other treatment regularly prescribed by a doctor or hospital?

Yes

No

Have ever had any of the followings?

Yes

No

- 1 Depression, nerves or similar illness
- 2 Diabetes
- 3 Thrombosis
- 4 Back problems
- 5 Black outs epilepsy or faints
- 6 Tuberculosis

Have you ever had any of the following?

Yes

No

- 1 Contact with anyone with Tuberculosis
- 2 An illness which causes problems with mobility

3. Heart disease or disorder

Have you been admitted to hospital in the last two years or have
suffered any serious illness in the last five years?

Yes

No

If you have answered yes to any of the above, please provide details.

How many days of sickness leave have you had in the last 2 years? Please provide details.

DECLARATION

I confirm that to the best of my knowledge, the answers given above are true and correct. I also confirm that I have read and understand the guidance notes before making the above declaration and understand that failure to disclose any relevant information may result in serious action including dismissal.

I also agree to notify the company of any changes that may necessitate the completion of a further health declaration.

I agree that I may be asked to pay a fee that my doctor/medical practitioner may charge for a medical report.

Name:

Signature:

Date:

Note: If your application is successful, this document will be held in secure storage in your personnel file. If your application is unsuccessful, it will be held in secure storage for 6 months then destroyed.

Guidance Notes

Name:

Signature:

Date: