

Le Breton Recruitment – Commercial Application Form

Lonsdale House
52 Blucher Street
Birmingham
B1 1QU

Tel No. 0121 616 5013
Fax No. 0121 616 5014

Title (Mr/Miss/Mrs/Ms)	Home Tel No.
Surname	Mobile Tel No.
Forename	Email
Maiden Name	N.I Number
D.O.B	Profession
Address	Grade/Level
.....	Nationality
.....	No. Of Dependants
Post Code.....	

If your address has changed in the last five years please supply previous address's below.

.....
.....

Date From..... To.....

Person to be contacted in case of emergency / Next of kin

Name:..... Tel No.

Relationship to you

CURRENT AND PREVIOUS EMPLOYMENT

Please give details of employment covering the last 3 years stating most recent first.

Name & Address of Employer	Job Title/Grade and Duties/Experience	Date From To

RELEVANT QUALIFICATIONS AND TRAINING

Qualification/Training Obtained	Name of College/ University	Date From To

GENERAL INFORMATION

Preferred geographical area

Position applying for

Do you have use of your own transport for work use? YES/NO

Do you have a driving licence? YES/NO

Do you require Full-time work? YES/NO

If part-time please state hours available for work.....

Preferred start date.....

Please state any other languages you are fluent in.....

Any agencies currently registered with 1.

2.

3.

REHABILITATION OF OFFENDERS ACT 1974

Due to the nature of the work for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 (exemptions) (amendments) Order 1986. Applicants are therefore not entitled to withhold information about convictions, which for other purpose are considered “spent” under the provisions of the Act and in the event of employment, failure to disclose any convictions will result in the immediate removal from Le Breton Recruitment’s Register.

Have you ever been convicted of a criminal offence in the past? YES/NO

If yes, please specify.....

.....

Any information you have given will of course remain strictly confidential.

I declare that all that all the information provided to be truthful and correct to the best of my knowledge

Signature

Date

REFERENCES

At least one professional/employment reference is required.

Surname.....	Surname.....	Surname.....
Forename.....	Forename.....	Forename.....
Title.....	Title.....	Title.....
Position	Position	Position
Address.....	Address.....	Address.....
.....
.....
.....
Tel No.....	Tel No.....	Tel No.....

PERSONAL HEALTH QUESTIONNAIRE

Please indicate if you have ever suffered or had problems relating to any of the following.

Fainting Attacks/Fits or Blackouts	YES/NO
Mental Illness	YES/NO
Recurring Headaches/Migraines	YES/NO
Asthma	YES/NO
Chest Pain	YES/NO
Hay Fever	YES/NO
Diabetes	YES/NO
High Blood Pressure	YES/NO
Back Problems	YES/NO
Dermatitis/Skin Condition	YES/NO
Have you any disabilities affecting	YES/NO
Standing	YES/NO
Walking	YES/NO
Lifting	YES/NO
Stair Climbing	YES/NO
Use of Hands	YES/NO
Ability to Drive	YES/NO

If you have answered **yes** to any of the above please give details;

.....

.....

Please answer YES/NO to the following questions concerning your present health:

Are you currently seeing your doctor about a problem?	YES/NO
In the last two years have you been off work due to illness or injury?	YES/NO
If yes how many working days did you lose?	
Have you made a full recovery from illness or injury?	YES/NO
Do you smoke?	YES/NO
Do you have any allergies?	YES/NO
If yes, please specify.....	

Please state whether you have had the following immunisations:

Rubella	YES/NO
Tetanus	YES/NO
Hepatitis B	YES/NO
Polio	YES/NO
Tuberculosis	YES/NO

EQUAL OPPORTUNITIES POLICY

Le Breton Recruitment operates an equal opportunity policy. To help us monitor the effectiveness of this policy we request all candidates to provide the information requested. Thank you for your co-operation.

Name..... Male/Female

D.O.B..... Age.....

Please tick the box which best describes your ethnic origin. As this could be the origin of your background, it is not necessarily the same as nationality.

Ethnic Origin	Specify if you wish
White	
Black-African	
Black-Caribbean	
Black-Other	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Other	

Are you registered disabled? YES/NO

If yes, please give details.....

WORKING TIME DIRECTIVE

The new regulations enforcing the EU Working Time Directive are designed to promote Health and Safety. Under the new legislation a maximum average working week consists of 48 hour over a 7 day period, normally worked over a period of 17 weeks. Any worker can agree to work over 48 hours, provided that the agreement is in writing, The worker can at any time end this agreement to work extra hours.

Please circle the statement that is relevant to you:

Yes, I am happy to work more than 48 hours.

No, I am not happy to work more than 48 hours.

I cannot work more than 48 hours for other reasons.

Signature..... Date.....

ABUSE POLICY

I understand that I must be aware of the prevention of abuse policies that are enforced by the governing council in any placement that I may work in.

DATA PROTECTION ACT

We believe it is important to support a culture in which respect for private life, data protection, security and confidentiality of personal data are seen as the norm. Data protection compliance is seen as an integral part of our business practice. Information provided on this application form will be used by Le Breton to consider your suitability for jobs.

Are you willing for your details to be held on file/database for consideration for suitable vacancies: YES NO

Are you willing for your details to be forwarded to a third party if thought suitable for vacancies: YES NO

DECLARATION

I authorise Le Breton Recruitment to take up references and to communicate the details of such references as necessary in the course of finding me suitable temporary assignments or permanent employment.

I agree that copies of my qualifications/certificates may be forwarded to clients on their request.

If Le Breton Recruitment has previously placed me in a position of permanent employment, I confirm that I re-registered with Le Breton Recruitment of my own free will.

I agree to abide by all Health and Safety, Quality and Environmental requirements as defined by Le Breton Recruitment or its clients.

I declare that all the information contained in this application is true. I understand that any incorrect or false statement may disqualify me from temporary assignments or permanent employment, or instigate termination of temporary assignment.

Applicants Signature..... Date.....