

PREVIOUS EMPLOYMENT/CONTRACTS

Please give details of your employment for the last five years, with details of at least two referees who may be contacted.

Employer:

Address:

Date: From: To:

Job Title: Reason for leaving:

Referee: Daytime Telephone No:

Position:

Employer:

Address:

Date: From: To:

Job Title: Reason for leaving:

Referee: Daytime Telephone No:

Position:

Employer:

Address:

Date: From: To:

Job Title: Reason for leaving:

Referee: Daytime Telephone No:

Position:

QUALIFICATIONS

| Date From/To | Institution | Subject/Course | Qualifications Attained |
|----------------------|----------------------|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

INTERVIEW NOTES

Signature: _____ Date: _____

YOUR HEALTH & SAFETY

The purpose of this questionnaire is to ensure that you are suited for the work associated with your application. All the information you provide will be kept confidential.

| Please tick in the correct column | | Yes | No | | | Yes | No | | | | | | | | | | | | |
|-----------------------------------|--|--------------------------|--------------------------|---|---|--------------------------|--------------------------|----------|---------|--|--|--|--|--|--|--|--|--|--|
| 1 | Do you have any impairment, which may affect your ability to work safely? | <input type="checkbox"/> | <input type="checkbox"/> | | Do you now, or have you ever suffered from or received treatment for: | | | | | | | | | | | | | | |
| 2 | Do you have any conditions of vision, hearing or speech, which might affect your ability to work? | <input type="checkbox"/> | <input type="checkbox"/> | 21 | Respiratory symptoms, disorders or diseases (including asthma, bronchitis, pleurisy, pneumonia or other chest illness)? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 3 | Are you pregnant? | <input type="checkbox"/> | <input type="checkbox"/> | 22 | Cardiovascular symptoms, disorders or diseases (including chest pain, high blood pressure, low blood pressure)? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 4 | Do you have any difficulty in standing, bending, lifting, turning or any other movements? | <input type="checkbox"/> | <input type="checkbox"/> | 23 | Epilepsy, fits, frequent fainting attacks, giddiness or migraine? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 5 | Are you currently or regularly taking any prescribed medication? | <input type="checkbox"/> | <input type="checkbox"/> | 24 | Skin symptoms, disorders, diseases (including reactions to gloves and glove powder)? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 6 | Are you taking any medication that is causing you dizziness or drowsiness? | <input type="checkbox"/> | <input type="checkbox"/> | 25 | Any kind of back or joint problem (including pain, swelling or stiffness)? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 7 | Are you having any treatments or investigations of any kind at the moment? | <input type="checkbox"/> | <input type="checkbox"/> | 26 | Tuberculosis (TB)? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 8 | Is there any aspect of your medical history, which an employer should or might wish to know? | <input type="checkbox"/> | <input type="checkbox"/> | 27 | Diabetes, thyroid or other glandular problems? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 9 | Are there any reasonable adjustments that an employer should make to enable you to work? | <input type="checkbox"/> | <input type="checkbox"/> | 28 | Chicken pox? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 10 | Do you have diabetes needing insulin? | <input type="checkbox"/> | <input type="checkbox"/> | 29 | German measles? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 11 | Do you have heart or circulatory disorders? | <input type="checkbox"/> | <input type="checkbox"/> | 30 | Hepatitis A, B or C or Jaundice? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 12 | Do you have any condition which causes difficulties in sleeping? | <input type="checkbox"/> | <input type="checkbox"/> | 31 | Any other serious illness/operations? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 13 | Do you have chronic chest disorders, especially if night time symptoms are troublesome? | <input type="checkbox"/> | <input type="checkbox"/> | Please give detail of any of the questions where you answered Yes to. (Continue on a separate sheet of paper if necessary) | | | | | | | | | | | | | | | |
| 14 | Have you ever suffered with any stress related disorder or diseases, mental illness/or psychological problems? | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <thead> <tr> <th>Question</th> <th>Details</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | | | | Question | Details | | | | | | | | | | |
| Question | Details | | | | | | | | | | | | | | | | | | |
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| 15 | Have you ever had alcohol or drug problems? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 16 | Do you have any allergies? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 17 | Have you any reason to believe you may be infected with a communicable or high-risk infection or disease? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 18 | Have you knowingly been in contact with MRSA or worked within an MRSA environment? | <input type="checkbox"/> | <input type="checkbox"/> | <p>HEALTH</p> <p>I declare that the answers given with this Declaration of Health on this form are true and complete to the best of my knowledge and belief. I understand that making false statements or failure to declare health problems could lead to my removal from Venian Recruitment Ltd. I give Venian Recruitment Ltd permission to contact my GP to obtain further information if necessary.</p> | | | | | | | | | | | | | | | |
| 19 | Do you have difficulty in moving rapidly over short distances, including on slopes, steps or rough ground? | <input type="checkbox"/> | <input type="checkbox"/> | <p>Signature: _____ Date: _____ / _____ /20</p> | | | | | | | | | | | | | | | |
| 20 | Do you get discomfort or pain in the chest or shortness of breath during exercise? (e.g. climbing a single flight of stairs) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |

Health and Safety in the workplace starts with you! Venian Recruitment Ltd puts the health and safety of all Workers and Contractors first and foremost – ***'If it is not safe don't do it'***. Regardless of what type of job you are doing, you should follow proper procedures and safety guidelines. Furthermore you have a duty to report all injuries and accidents no matter how small. Please ensure you are familiar with Venian Recruitment's incident reporting procedure and follow it. Venian Recruitment's confidential safety reporting telephone number (07710 070155) is available to you 24/7, 365 days a year should you feel you wish to disclose any Health and Safety issues.

DECLARATION

- I can confirm that the information provided within this application form is complete and correct and that any untrue or misleading information will give Venian Recruitment Ltd the right to terminate any contract offered.
- I accept that my previous employers may be approached for references and unless I have stated otherwise, this may be prior to interview. I also agree that I will, if required, apply to the Criminal Records Bureau for a standard or enhanced (as appropriate) disclosure. I understand that if I fail to do so, or if the disclosure or references are not satisfactory, any contract may be withdrawn and terminated.
- I give my consent to Venian Recruitment Ltd to verify Driving Licence details by supplying information from this application, including National Insurance (NI) number, to the Driver and Vehicle Licensing Agency (DVLA) who will check all personal details with the Department for Work and Pensions and Her Majesty's Revenue and Customs.
- The information provided within this application form will be processed in compliance with the Data Protection Act. The data will be processed sensitively and confidentially. If all or parts of it are revealed to other departments within the Company or external bodies in the course of our normal day-to-day business activity, your confidentiality will be maintained. The data will be kept manually and electronically. In signing the declaration you also sign to accept that your data may be used as detailed in this note.
- I agree that Venian Recruitment Ltd retains the right to hold this application and any other data required to process it and to pass on to any authorised third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.
- For the purpose of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week. I understand that I may withdraw this consent by giving Venian Recruitment Ltd no less than 4 week's notice in writing.
- I agree that if a Venian Recruitment Ltd vehicle is issued to me it will be used for no other purpose than work related and returned in same condition as when issued. I accept I will be liable for damage incurred and insurance excesses relevant to said vehicle. I accept any damages highlighted on vehicle at hand-back to Venian Recruitment Ltd will be charged to me with amount deducted from weekly pay or final invoice.
- I confirm that the information disclosed in this application form is relevant and correct and can be verified by references from previous employers and/or any professional bodies or character referees specified. I also undertake to inform Venian Recruitment Ltd of the outcome of all introductions/interviews to companies or agents. I understand that information I have disclosed may be held within a computer database. I hereby give my permission for information I have disclosed to be divulged to companies or agents as deemed necessary by Venian Recruitment Ltd.

Signature: _____

Date: / / 20

CHECKLIST

Please ensure you send back all the necessary information with your application form, failure to do so may result in a delay.

- Completed Venian Recruitment Ltd application form and signed declaration
- Cash/cheque for £45 for CRB application (if required)
- Up to date CV (if available)
- Valid Visa for Non EU Citizens
- P46 (if P45 not available)
- National Insurance Number (card, P45 or past pay slip)
- Passport (please return photograph page and front cover of passport)
- Original birth certificate and driving licence (UK citizens only – in absence of passport)
- Proof of address (required to verify your current address for your CRB application – must include previous 5 years address history and not be less than 3 months old)

Once again thank you for requesting a Registration Form. If you need any help completing the form then please telephone the our Head Office on 01924 802252 or contact our Recruitment Team at Venian Recruitment Ltd, The Potting Shed East, The Nostell Estate, Wakefield, West Yorkshire, WF4 1AB. E: applications@venian.co.uk W: www.venianrecruitment.co.uk