

ANCHOR CONZULT LIMITED

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APPLICATION FOR EMPLOYMENT

Please complete all sections in BLOCK CAPITALS and BLACK INK.

PERSONAL INFORMATION

DATE OF APPLICATION: ___/___/___
For Office Use. DO NOT FILL.

Title: Mr [] Mrs [] Miss [] Ms [] Other _____

Surname: _____ Forename(s): _____

Address: _____

Postcode: _____

Correspondence Address: _____

Postcode: _____

Contact Information: Home _____ Mobile _____

Email _____

Date of Birth: DD/MM/YYYY Gender: [] Male [] Female [] Other _____

Marital Status: Single [] Married [] Divorced [] Widowed []

Nationality: _____ National Insurance No: _____

POSITION APPLIED FOR: _____ Available Start Date: _____

Are you currently employed? Yes [] No [] *If Yes, are you* Fulltime [] Part time [] Agency []

Do you hold a Valid Passport? Yes [] No []

Do you require a Work Permit or permission from the Home Office before you take employment in the UK?
Yes [] No [] *If Yes, please state the expiry date* _____

Have you ever been convicted of any criminal offence? Yes [] No []

If you have answered yes, please give full details on a separate sheet and in a sealed envelope if you wish.

EQUAL OPPORTUNITIES

White

- [] English, Welsh, Scottish, Northern Irish
- [] Irish
- [] Gypsy or Irish Traveller
- [] Other

Mixed

- [] White & Black African
- [] White & Black Caribbean
- [] White & Asian
- [] Other

Asian or Asian British

- [] Indian, Pakistani, Bangladeshi
- [] Chinese, Japanese, Korean
- [] Other

Other Ethnic Group

- [] Arab
- [] Iraqi
- [] Kurdish
- [] Other

Black, Black British, Caribbean or African

- [] African
- [] Caribbean
- [] Other Black, Black British or Caribbean

WORK HISTORY

Preferably provide us with your CV or start below with your most recent job – continue on a separate sheet if necessary.

| Start (MM/YY) | End (MM/YY) | Employer Name | Position Held and description of duties | Reason for leaving |
|------------------|----------------|---------------|---|--------------------|
| | | | | |

EDUCATION & TRAINING

Please start with your most recent qualification.

| University, College, School name (or other) | Course(s) and/or qualification(s) achieved | Year |
|---|--|------|
| | | |

REFERENCE DETAILS

Please give full details of at least two references. Friends and family are not allowed.

| PRESENT OR MOST RECENT EMPLOYER | |
|---------------------------------|-----------|
| Name: | Position: |
| Company name: | |
| Company address: | |
| Email: | |
| Tel: | Mob: |

| SECOND REFERENCE | |
|------------------|-----------|
| Name: | Position: |
| Company name: | |
| Company address: | |
| Email: | |
| Tel: | Mob: |

MEDICAL HISTORY

Have you suffered from any of the following? *Please circle YES or NO where applicable.*

Yes / No Chest trouble (incl. asthma or hayfever)

Yes / No Nervous or Psychiatric Disorder

Yes / No Heart disease or High Blood Pressure

Yes / No Disorder of eye, ear or nose

Yes / No Backache or Sciatica (requiring time off)

Yes / No Are you on the disabled register?

Yes / No Blackouts, fits, migraine, fainting or epilepsy

Yes / No Are you receiving medical attention at present

Yes / No Have you ever been dismissed from or refused employment on health grounds?

If you have answered YES to any of the above, please give details below:

May we contact your doctor? Yes [] No []

Doctor's name: _____

Doctor's address: _____

Postcode: _____

Provide the following documents with your application form (*circle yes or no for documents provided*)

Original Passport **Yes / No**

Original National Insurance Card/Letter **Yes / No**

P45 or P60 **Yes / No**

2 Proofs of Address (*Bank statement, Utility bill, letter from council etc.*) **Yes / No**

Two current passport photographs **Yes / No**

DBS (*formally known as CRB check*) **Yes / No**

Relevant Qualifications **Yes / No**

DATA PROTECTION ACT 1988 (*please read, date and affix signature*):

We take our obligations under the Data Protection Act seriously. Any data about you will be held in secure conditions with access restricted to those who need it in connections with dealing with your application and selection. Data will be used for the purpose of monitoring the effectiveness of the recruitment scheme and held on the computer. If you are unsuccessful, your data relating to your application will be kept for one (1) year and then discarded.

I give permission for all the information on the form, including that which is considered sensitive under the Data Protection Act 1988, to be solely used for the purpose of monitoring recruitment process.

Signed: _____

Date: DD/MM/YY

CONFIDENTIALITY UNDERTAKING (*please read, date and affix signature*):

1. I am involved in the delivery of services ("the services") to Anchor Conzult Ltd clients in connection with the provision of temporary staff.
2. I acknowledge that in the course of the provision of the services, I may be provided with access to information which is confident to Anchor Conzult Ltd clients.
3. I also acknowledge and under take that in consideration of the disclosure of the relevant information to me, I will use it only to carry out my duties involved in the provision of services, I will not use the information for any other purpose and I will not disclose the information to anyone other than within the place I work as staff of Anchor Conzult Ltd.
4. I understand the obligation of the confidentiality set out above do not apply to any information:
 - a) Which is (or which becomes) available to the public otherwise than by breach of this agreement of any other duty
 - b) Which is trivial or obvious

Name: _____

Signed: _____

Date: DD/MM/YY

DECLARATION (*please read, date and affix signature*):

I have answered the entire question on this application for employment honestly and to the fullest of my understanding. I have not omitted any relevant information and acknowledge that my application will be rendered invalid should it be discovered that I have deliberately misled the Agency. I understand that any offer of employment will be conditional upon the Agency receiving satisfactory work-related references and that may be required to attend a pre-employment medical examination. I hereby give the Agency permission to carry out any investigation that they deem appropriate in order to verify the information I have provided in the application. I hereby apply to the Agency for employment.

Signed: _____

Date: DD/MM/YY

