ANCHOR CONZULT LIMITED

420 Mare Street, Hackney, London E8 1HP Tel: 0208 985 0233 Email: admin@anchorconzult.com

APPLICATION FOR EMPLOYMENT

Please compete all sections in BLOCK CAPITALS and BLACK INK.

PERSONAL INFORMATION	DATE OF APPLICATION://_
Title: Mr [] Mrs [] Miss [] Ms [
Surname:	Forename(s):
Address:	
	Postcode:
Correspondence Address:	
	Postcode:
	Mobile
Email	
Date of Birth: DD/MM/YYYY	Gender: [] Male [] Female [] Other
Marital Status: Single [] Married [] Divor	ced[] Widowed[]
Nationality:	National Insurance No:
POSITION APPLIED FOR:	Available Start Date:
	f 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 Yes [] No [] If Yes, please state the	ne Home Office before you take employment in the UK? <i>expiry date</i>
Have you ever been convicted of any criminal offend If you have answered yes, please give full details on	ce? Yes [] No [] a separate sheet and in a sealed envelope if you wish.
EQUAL OPPORTUNITIES White	
White [] English, Welsh, Scottish, Northern Irish [] Irish	Mixed [] White & Black African
[] Gypsy or Irish Traveller	White & Black Caribbean
[] Other	[] White & Asian
Asian or Asian British	[] Other
[] Indian, Pakistani, Bangladeshi	
[] Chinese, Japanese, Korean	Other Ethnic Group
[] Other	[] Arab [] Iraqi
Black, Black British, Caribbean or African	[] Kurdish
[] African	[] Other
[] Caribbean	

] Other Black, Black British or Caribbean

WORK HISTORY

	nnovido us with	your CV or start below with	n your most recent job – continue on a separate sheet	t if waaassam	
Start	End	Employer Name	Position Held and description of duties	Reason for	r leavins
MM/YY)	(MM/YY)	raya	r		
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	L				
EDUCA	TION & TR	<u>AINING</u>			
		t recent qualification.	Course(a) and/an qualification(a) ash	iovad	Year
University	, College, Sc	chool name (or other)	Course(s) and/or qualification(s) ach	ieved	1 ear
	ENCE DETA		nds and family are not allowed.		
Please give	juu aetaus oj a		A MOST RECENT EMPLOYER		
Name:		TRESERVI OR	Position:		
Compan	y name:		r osmon.		
	y address:				
Email:					
Tel:			Mob:		
> T		SEC	COND REFERENCE		
Name:	*********		Position:		
Compan	y address:				
Compan	y 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 Blackouts, fits, migraine, fainting or epilepsy Yes / No Are you on the disabled register? 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 b) Which is trivial or obvious Signed: Date: DD/MM/YY

<u>DECLARATION</u> (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



P46: Employee without a Form P45

Section one To be completed by the employee

Please complete section one and then hand back the form to your present employer. If you later receive a form P45 from your previous employer, please hand it to your present employer.

Name Title – enter MR, MRS, MISS, MS or other title Surname or family name Rest of address including house name or flat name Rest of address including house name or flat name First or givenname(s) Are you male or female? Male Female Your present circumstances Please read all the following statements carefully and tick the one that applies to you. A—This is my first job since last 6 April and I have not been receiving taxable Jobseeker's or a state or occupational pension. OR B—This is now my only job, but since last 6 April 1 have had another job, or have received taxable Jobseeker's Allowance or incapacity Benefit. I do not receive a state or occupational pension. OR C—I have another job or receive a state or occupational pension. DIAME Address Phostroda House or flat number House or flat number Student Loans If you left a course of Higher Education before last 6 April and received your first Student Loan installment on or after 1 September 1998 and you have not fully repaid your student loan, tick box D. (If you are required to repay your Student Loan through your bank or building society account do not tick box D.) Signature and date I can confirm that this information is correct		Date of birth
Title—enter MR, MRS, MISS, MS or other title House or flat number	This is very important in getting your tax and benefits right.	D D M M Y Y Y Y
Title—enter MR, MRS, MISS, MS or other title	Nama	Address
First or givenname(s) Are you male or female? Male		Postcode
Rest of address including house name or flat name Print or givenname(s) Print or givenname(s)	Title — enter MR, MRS, MISS, MS or other title	
Rest of address including house name or flat name Print or givenname(s) Print or givenname(s)		
Rest of address including house name or flat name First or givenname(s)	Surname or family name	House or flat number
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