**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: \_\_\_/\_\_\_/\_\_\_

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 [ ] I*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 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

**Asian or Asian British**

[ ] Indian, Pakistani, Bangladeshi

[ ] Chinese, Japanese, Korean

[ ] Other

**Black, Black British, Caribbean or African**

[ ] African

[ ] Caribbean

**Mixed**

[ ] White & Black African

[ ] White & Black Caribbean

[ ] White & Asian

[ ] Other

**Other Ethnic Group**

[ ] Arab

[ ] Iraqi

[ ] Kurdish

[ ] Other

[ ] 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** Heart disease or High Blood Pressure

**Yes / No** Backache or Sciatica (requiring time off)

**Yes / No** Nervous or Psychiatric Disorder

**Yes / No** Disorder of eye, ear or nose

**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:
5. Which is (or which becomes) available to the public otherwise than by breach of this agreement of any other duty
6. 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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

**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.

**Your details** Please use capitals

**National Insurance number**

This is very important in getting your tax and benefits right.

**Date of birth**

**Name**

Title – enter MR, MRS, MISS, MS or other title

**Address**

Postcode

House or flat number

Surname or family name

Rest of address including house name or flat name

First or given name(s)

**Are you male or female?**

Male

Female

M

M

D

D

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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 Allowance or taxable Incapacity Benefit

or a state or occupational pension.

A

**OR**

**B** – This is now my only job, but since last 6 April I **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.

B

C

**Student Loans**

If you left a course of Higher Education before last 6 April and received your first Student Loan instalment 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* D

*society account do* ***not*** *tick box D.)*

**Signature and date**

I can confirm that this information is correct

**Signature**

**Date**

M

M

D

D

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |