**APPLICATION/REGISTRATION FORM**

ID CARD NUMBER………………………................. DATE OF REGISTRATION…………………………………….

***TEMPORARY/PERMANENT/BOTH (please delete as applicable)***

|  |  |
| --- | --- |
| Surname: | Forenames: |
| Address: |
| Postcode: |
| Home Phone: |  Mobile Phone: |
| D.O.B |  Email: |
| Nationality: |  N.I. No: |
| Next of Kin: |  Relationship: |
| Address: |
|  Phone No: |

|  |
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| Personal References: Please give the name & address of someone who has known you for at least 5 years, who is NOT a relative, who can give you a personal reference: |
| Name: Relationship: |
| Address: |
| Phone No: |
| Do you hold a full drivers licence? YES/NO Are you eligible to work in the UK? YES/NO |
| Do you have your own transport? YES/NO (delete as applicable) |
| Is your health good? YES/NO (delete as applicable) |
| Have you ever had treatment for diabetes, epilepsy, heart disease,any form of blackout or any contagious disease? YES/NO (delete as applicable) |
| If yes please give full details: |
| Do you require any special adjustments to your working environment? YES/NO |
| If yes, what are they? |
| Do you have any allergies? YES/NO |
| If yes, what are they? |
| Do you wear spectacles? YES/NO (delete as applicable) |
| Would you agree to a medical examination? YES/NO (delete as applicable) |
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| Schools and colleges attended: (please state below) |
| • |
| • |
| • |
| Continuous previous employment **for the last 5 years (minimum):**Please give Names/ Address & Phone Number for all employers giving the most recent first |
| Company: Date from: Date to: |
| Position: Phone No: |
| Address: |
| Contact: Reason for leaving: |
|  |
| Company: Date from: Date to: |
| Position: Phone No: |
| Address: |
| Contact: Reason for leaving: |
|  |
| Company: Date from: Date to: |
| Position: Phone No: |
| Address: |
| Contact: Reason for leaving: |
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| Company: Date from: Date to: |
| Position: Phone No: |
| Address: |
| Contact: Reason for leaving: |
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| Company: Date from: Date to: |
| Position: Phone No: |
| Address: |
| Contact: Reason for leaving: |
|  |
| Company: Date from: Date to: |
| Position: Phone No: |
| Address: |
| Contact: Reason for leaving: |

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| Do you hold any of the following? |
| LGV /PCV/PSV Licence: YES/NO (please state classes below} |
| Class: Date passed: |
| Forklift Licence: YES/NO (please list type of licence held) |
| Type: |
| ADR Dangerous substances certificate: YES/NO  |
| Aviation Security Certificate Level: A, B, D, E, F, G, None (delete as applicable) |
| Other relevant qualifications: \* |
| \* \* |
| \* \* |
| Have you ever held a British Airports Authority Pass? YES/NO |
| If yes, which Airport was it issued: |
| What areas were you permitted to enter? |
| Was the pass returned at the end of your employment? YES/NO |
| If no, state the reason why: |
| Have you ever been convicted for a criminal offence (including outside the UK)? YES/NO |
| If yes, please give full details: (you must declare convictions that are not spent under the provisions of the Rehabilitation of Offenders Act 1974) |
| **PLEASE READ CAREFULLY:**I understand that it is an offence under the Aviation & Maritime Security Act 1990, to give false information regarding my application for employment with Invicta Staffing Ltd.I declare that the information given in this application form is true, accurate and complete.I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating or refusing further consideration to be given to my employment.I will notify Invicta Staffing if I receive any endorsements on my driving licence.  Failure to notify the company will breach my Contract with Invicta Staffing. I understand and agree that Invicta Staffing will make approaches to former employers, educational establishments, government agencies and personal referees for verifications of the information I have given.Applicant’s Signature ....................................................................... Date ………………………………….The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment. |

**WTR OPT OUT AGREEMENT FOR TEMPORARY WORKERS.**

(Hereinafter called the Employment Business) acting as an agent for the client.

And.................................................................... Hereinafter called the temporary workers.

1. **DEFINITION**
	1. In this agreement the following definitions apply.

Assignment means the period which the temporary worker is engaged to render services to the client. Client means the person, firm or corporate body engaging the service of the temporary worker. Working week means an average of 48 hours each week calculated over 17 week references period

* 1. Reference to the singular include the plural and reference to the masculine include the feminine and vice versa.
	2. The heading contained in the three terms are for convenience only and do not affect their interpretation
1. **RESTRICTION**
	1. The working time regulations 1998 provide that the temporary worker shall not work on an assignment with the client in excess of the working week unless he agrees in writing that the limit should not apply.
2. **CONSENT**
	1. The temporary worker hereby agrees that the working week limit should not apply to the assignment
3. **WITHDRAWAL OF CONSENT**
	1. The temporary worker may end this agreement by giving 3 months notice in writing
	2. For avoidance of doubt, any notice bringing this agreement to an end shall not be constructed as termination by the temporary worker of an assignment with the client.
	3. Upon expiry of the notice period set out in clause 4.1 the working week limit shall apply with immediate effect
4. **THE LAW**
	1. These terms are governed by English Law and are subject to the exclusive jurisdiction of the English courts

Signed................................................................................... Date ...............................................................

**HEALTH SELF ASSESSMENT DECLARATION FOR DAY & NIGHT WORKERS**

In compliance with the working time regulations the purpose of this declaration is to assess your fitness to carry out work whilst in assignment for

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Whilst there is no difference in the physical demands of night work compared to day work the human body is naturally programmed to sleep at night. The distribution to this pattern can aggravate certain medical conditions, albeit often temporary, additionally the reduced access to the services and facilities may be apparent both inside and outside the workplace.

Please answer the following questions: if your answers raise doubts about your fitness for night work, then unfortunately you may not be assigned to clients for night work unless you are able to provide proof that are physically able to do so having been assessed by a fully qualified health care professional.

Do you have any health concerns that you feel may prevent you from working at night? If YES are these based on:

|  |  |  |
| --- | --- | --- |
| a)b) | Requirement to take medication (tablets, insulin, injections etc) on a strict timetableHeart or circulatory problems that could be aggravated by additional stress required | YES/ NO |
|  | stamina that night work may require. | YES/NO |
| c) | Stomach or intestine disorders where the regularity/timings of meals are important | YES/NO |
| d) | Medical conditions that affect the ability to sleep during the day or are affected by changing sleep patterns | YES/NO |

|  |  |  |
| --- | --- | --- |
| e) | Chronic chest or respiratory disorders whose night time symptoms are significantly |  |
| f) | worse than in the day timeAny other health related problem | YES/NOYES/NO |
| g) | Are you aged under 18 | YES/NO |

If you have indicated YES to any of the above points, please enter specific details

……………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………... I fully understand that this declaration may be submitted to or viewed by any prospective client to whom I may be assigned in order that I may undertake night work

Name.................................................... Signed ............................................... Date……………………………….

**TEMPORARY WORKER HEALTH & SAFETY DECLARATION**

All employers must have a health and safety policy stating who is responsible for health and safety and the health and safety programs in place. It is your responsibility to familiarise yourself with the policy, particularly the proceeds upon arrival at the clients premises. All temporary workers have a duty under the health and safety act to take responsible care to safeguard their own safety and the safety of anyone who may be affected by their work activities and actions and to co-operate with the client and others in meeting statuary regulations. The client also requires the temporary worker not to interfere with or misuse anything provided to protect their health, safety and welfare in compliance with the act.

Information should be available on the following as appropriate

Noise at work regulation

Provision and use of work equipment and regulations (PUWER) 1998 Health & Safety Manual handling operations regulations 1992 The fire precautions (workplace) regulations 1997 Personal protective equipment (PPE) regulations 1992

Control of substance hazardous to health and safety regulations (COSHH) 2002

Workplace (Health and Welfare) regulations 1992

Signed. …………………………………………………………………………………………………………

Date.............................................................................................................................................................



**BANK DETAILS**

|  |
| --- |
| Account Name: |
| Bank/Building Society Name: |
| Address: |
|  |
| Sort Code: |
| Account No: |
| Building Society Reference: |

|  |  |
| --- | --- |
| Leaving Date: | P45 Required: |
| Reason for Leaving: |

REGISTERED BY……………………………………………………………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days |  | Trunking |  | London |  |
| Nights |  | Tramping |  | Multidrop – 10 |  |
| Weekends |  | Fridge |  | Multidrop – 20 |  |
| Nights Out |  | Double Decks |  | Multidrop – 30 |  |
| HIAB |  | Airport |  | Multidrop – 40 |  |
| ADR |  | London |  | Multidrop – 60 + |  |
| Roller bed |  | Tipper |  |  |  |

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| NOTES:  |