

Position Applied For:

# Registration Form



Kwik Staff require Proof of your Identity prior to placement - No Exceptions!

Passport / Birth Certificate / Driving License (For all Driving roles).

Please Complete both sides of the Form and return to the consultant.

It is Important that you read and sign sections where you see a **X**.

Try to be as detailed as you can - extra sheets are available if you require.

## Personal Details

|            |  |               |  |
|------------|--|---------------|--|
| Surname    |  | Date of Birth |  |
| First Name |  | NI Number     |  |
| Address    |  | Post Code     |  |
|            |  | Home Tel No   |  |
|            |  | Mobile No     |  |
|            |  | E-Mail :      |  |

## Education / Skills


Please give brief details of Education. (Eg GCSE's / A Level / Btec / C&G etc)

|                       |  |
|-----------------------|--|
| School / College      |  |
| Qualifications        |  |
| Skills / Certificates |  |

## Employment History

Starting with most recent, if employed via agency please state agency as your employer

|                   |  |                             |  |
|-------------------|--|-----------------------------|--|
| Employer / Agency |  |                             |  |
| Full Address      |  | Position                    |  |
|                   |  | Telephone No                |  |
|                   |  | Pay Rate                    |  |
|                   |  | Shift / Hours               |  |
| Duties            |  |                             |  |
| Start Date        |  | Manager / Supervisors Name  |  |
| Leave Date        |  | Reason for Leaving Position |  |
| Employer / Agency |  |                             |  |
| Full Address      |  | Position                    |  |
|                   |  | Telephone No                |  |
|                   |  | Pay Rate                    |  |
|                   |  | Shift / Hours               |  |
| Duties            |  |                             |  |
| Start Date        |  | Manager / Supervisors Name  |  |
| Leave Date        |  | Reason for Leaving Position |  |

|  |   |  |               |  |
|--|---|--|---------------|--|
| Employer / Agency  |   |  |               |  |
| Full Address   |   |  | Position      |  |
|  |   |  | Telephone No  |  |
|  |   |  | Pay Rate      |  |
|  |   |  | Shift / Hours |  |
| Duties   |   |  |               |  |
| Start Date   |   | Manager / Supervisors Name   |               |  |
| Leave Date   |   | Reason for Leaving Position  |               |  |
| <b>I Give Permission for Kwik Staff Ltd to seek references on my behalf.</b>   |   |  |               |  |
| Signed   | X |  |               |  |
| Dated  | X |  |               |  |
| <b>Next of Kin</b>   |   | <i>Please let us know details of a family member we can call in an emergency.</i>                          |               |  |
| Name   |   |  | Relationship  |  |
| Address  |   |  |               |  |
| Telephone No   |   |  | Mobile No     |  |
| <b>Health and Safety</b>   |   | <i>For H &amp; S reasons it is important that you advise us of any restrictions on your place of work.</i> |               |  |
| <b>Please answer the following questions</b>   |   |  |               |  |
| Do you suffer from Asthma or any other respiratory / breathing illness ?   |   | YES / NO   |               |  |
| Do you suffer from fits or Convulsions ?   |   | YES / NO   |               |  |
| Are You taking any Medication ? (if YES please state what)   |   | YES / NO   |               |  |
| Do you suffer from any physical impairment that affects work ?   |   | YES / NO   |               |  |
| Are there any environments you should NOT work in?   |   | YES / NO   |               |  |
| How many days off due to illness have you had in the last year?  |   |  | Days          |  |
| <b>Declaration</b> <i>It is your responsibility to inform us of any changes to details you have given (inc Bank)</i>   |   |  |               |  |
| I confirm the above details are correct and that I am in good health and that I have NO CRIMINAL CONVICTIONS (other than those considered spent). Kwik Staff Ltd have my permission to seek references and to circulate my CV to companies on my behalf. |   |  |               |  |
| I Confirm that I am able to prove eligibilty to work in the UK. Kwik Staff may send details to the Department for Immigration and associated as requested by them.   |   |  |               |  |
| I understand the above terms and agree to abide by them.   |   |  |               |  |
| Print Name   | X |  |               |  |
| Signed   | X | Dated  | X             |  |
| By Post: Kwik Staff Limited, 23 Nursery Grove, Kidderminster, DY11 5BG* <a href="http://www.kwik-staff.co.uk">www.kwik-staff.co.uk</a>   |   |  |               |  |
|   |   | * Private address - NO CALLERS Please.   |               |  |
| Fax To. 0121 6153343   |   | Tel. 08458 621448  |               |  |
| PLEASE COMPLETE AND RETURN ASAP along with Proof of ID Via email to <a href="mailto:jobs@kwik-staff.co.uk">jobs@kwik-staff.co.uk</a>   |   |  |               |  |