

Registration Form



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	
I Give Permission for Kwik Staff Ltd to seek references on my behalf.			
Signed	X		
Dated	X		
Next of Kin		<i>Please let us know details of a family member we can call in an emergency.</i>	
Name		Relationship	
Address			
Telephone No		Mobile No	
Health and Safety		<i>For H & S reasons it is important that you advise us of any restrictions on your place of work.</i>	
Please answer the following questions			
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
Declaration		<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
Kwik Staff Limited, 2nd Floor, 3 Brindley Place, Birmingham, B1 2JB www.kwik-staff.co.uk			
		Fax To. 0121 6153343	Tel. 0121 2711182
PLEASE COMPLETE AND RETURN ASAP along with Proof of ID Via email to jobs@kwik-staff.co.uk			