

Position Applied For:



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		CRB Number	
Surname		Date of Birth	
First Name		NI Number	
Address		Post Code	
		Home Tel No	
		Mobile No	

Education / Skills		<i>Please give brief details of Education. (E.g. GCSE's / A Level / Btec / C&G etc)</i>	
School / College			
Qualifications			
Skills / Certificates			

Employment History		<i>Starting with most recent, if employed via agency please state agency as your employer</i>	
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 eligibility 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
<i>By Post: Kwik Staff Limited, Anglo House, Worcester Road, Stourport on Severn, DY13 9AW.</i>			
			Tel. 01562 745573