



# UVC Personnel

## TEMP STAFF APPLICATION FORM

Passport Size Photo here

PLEASE COMPLETE ALL SECTIONS:

### 1. PERSONAL DETAILS

Title----- First & Middles Names: \_\_\_\_\_ Last Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Post Town \_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport No: \_\_\_\_\_ Start Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

Do you need a visa: \_\_\_\_\_ Visa Type \_\_\_\_\_

Visa Start date: \_\_\_\_\_ Visa Expiry date \_\_\_\_\_

National Insurance number \_\_\_\_\_

### 2. How did you know about us?

Kindly provide name and contact details of the person who referred you to us

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Referrals

Kindly provide name and contact details if any, of any person you have referred to us

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UVC personnel. 410 Laurie House, Colyear Street, Derby DE1 1LA: Tel: +44 203 239 1228 Mob: +44 7983 897 224.

EM: admin@uvcpersonnel.net

WEB: www.uvcpersonnel.net





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### 3. Emergencies

Kindly provide names and contact details of the persons we may contact in case of an emergency

Next of Kin Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile Tel: \_\_\_\_\_ Email \_\_\_\_\_

### 4. RESTRICTIONS TO WORK

Please use this space to let us know any issues (Children, education, medical, disabilities ect) that would restrict your working pattern.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## 5. PREFERRED WORK

Please Tick: Full-Time  Part-Time  Day Duty  Night Duty

Preferred areas: \_\_\_\_\_

Do you hold a current UK drivers' licence?

Yes  No

Do you have a car available for use?

Yes  No

## 6. REFERENCES

Please give the names of two referees from your last two places of work

	1 <sup>st</sup> Referee	2 <sup>nd</sup> Referee
Year of Employment		
Company		
Manager's Name		
Address		
Post Code		
Post Code		
Town		
Country		
Tel: Contact		
Email		
Website		

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## 7. Criminality

Do you have any criminal/Civil record, reprimands, warning including motoring offenses?

Dates (00/00/00 format)		Nature of Crime	Sentence served	Country
From	To			

## 8. WORK HISTORY

Dates (00/00/00 format)		Employer	Address	Position
From	To			

Work history is required or write 'See CV' if appropriate. Please explain any breaks in employment.

## 9. Issues that could affect your working patterns

Information	Briefly explain
Family	
Medical	

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2 <sup>nd</sup> Employment	
Others	

## 10. EDUCATION & TRAINING

Year	Institution	Course	Qualifications gained including grades

Use a separate sheet of paper if necessary or write 'See CV' if appropriate

## 11. YOUR BANK DETAILS

Bank Name: \_\_\_\_\_ Bank Address: \_\_\_\_\_

Post Town \_\_\_\_\_ - Post Code: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account No: \_\_\_\_\_ Sort Code \_\_\_\_\_

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## 12.ADDITIONAL INFORMATION

Are there any immigration restrictions limiting your freedom to work in this country?

Yes  No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Do you have and convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013 by SI 2013 1198)  Yes  No

If yes, please give details of offences, penalties and dates: \_\_\_\_\_

Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?  Yes  No

If yes, please give details: \_\_\_\_\_

c) The following questions on health and disability are asked in order to find out your needs in terms of reasonable adjustments to access our service and to find out your needs in order to perform the job or position sought.

Do you have any health issues or a disability which may make it difficult for you to carry out functions which are essential for the role you seek?  Yes  No

If yes, please give details: \_\_\_\_\_

If you have a disability, what are your needs in terms of reasonable adjustments in order to access our services and to attend interview, or to take aptitude tests etc?

Please specify: \_\_\_\_\_

Kindly indicate with an asterisk, documents you are providing. Email them to [employ.lpa@gmail.com](mailto:employ.lpa@gmail.com)

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1. Passport (If not EEC or British, you must also send all pages with rights to work in the UK)		
2. Biometric Resident card		
3. Birth Certificate		
4. Passport size photos		
5. National Insurance Card or number		
6. P45		
7. P60		
8. Biometric Residence Card		
9. Academic Qualifications		
10. Training certificates		
11. DBS		
12. Referees		

## 13. DECLARATION

I confirm that the information I have given on this form is correct and complete, and that misleading statements may be sufficient for cancelling any agreements made. Because of the sensitive nature of the duties the postholder will be expected to perform, I understand that I will have to undertake a DBS Enhanced Disclosure and ISA Adult First check. In order to comply with the Conduct of Employment Agencies and Employment Businesses Regulations 2003, I consent to personal data being shared with clients and other public bodies where required by law. If a Client wishes to employ me direct, I acknowledge that EVANMIKE Personnel will be entitled either to charge the client an introduction/transfer fee or agree to an extended period of supply.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form, when completed, by email or to our head office address at:

UVC Personnel  
410 Laurie House  
Colyear Street  
Derby DE1 1LA  
Tel: 0203 239 1228

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