

REGISTRATION FORM

Please complete this form answering all questions in full, using BLOCK CAPITALS and in black or blue ink.

Return to: **CSA Recruitment, Llanelli Gate Business Park, Dafen, Llanelli SA14 8LQ**
 FAX: **01554 749 993**
 E-mail: jobs@csarecruitment.co.uk

POSITION APPLIED FOR

| |
|-------------------|
| Job Title: |
|-------------------|

PERSONAL INFORMATION

| | |
|---|--------------------------|
| Surname: | Forename(s): |
| Current Address: | |
| Postcode: | |
| Home Telephone: | Mobile Telephone: |
| Email: | |
| Emergency Contact Name and Number: | |

| | | |
|---|-------------|------------------------|
| Date of Birth: | Age: | NI Number: |
| Nationality: | Sex: | Marital Status: |
| Do you require a Home Office Work Permit to work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

| |
|---|
| Full UK Driving Licence ? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other UK Driving Licences i.e LGV, HGV, Plant etc |
| Own Transport ? (please state car, motorbike etc) |
| Detail any endorsements: |

| | |
|---|---|
| Have you ever been fined, imprisoned, placed on probation, discharged on payment of costs or had any order made against you by a criminal, civil, military or public authority (excluding motoring offences) ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you answered YES above please give full details: | |
| All declarations are subject to the Rehabilitation of Offenders Act | |

EDUCATION & QUALIFICATIONS

| | | |
|------------------------------------|-------------------|-----------------|
| Secondary School: | Date From: | Date To: |
| College / University: | Date From: | Date To: |
| Exams & Qualifications: | | |
| | | |

EMPLOYMENT HISTORY

Starting with your MOST RECENT period of employment, self employment or unemployment please provide details of your employment history. Include all dates, showing months and years. Where there are gaps, explain what you were doing and give a personal reference for the time in question. Give complete addresses including postcodes.

| | |
|------------------------------|----------------------|
| Date From: | Date To: |
| Company Name: | |
| Address: | |
| Postcode: | Telephone: |
| Position Held: | Reporting To: |
| Salary / Hourly Rate: | |

| | |
|------------------------------|----------------------|
| Date From: | Date To: |
| Company Name: | |
| Address: | |
| Postcode: | Telephone: |
| Position Held: | Reporting To: |
| Salary / Hourly Rate: | |

| | |
|------------------------------|----------------------|
| Date From: | Date To: |
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| Postcode: | Telephone: |
| Position Held: | Reporting To: |
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|------------------------------|----------------------|
| Date From: | Date To: |
| Company Name: | |
| Address: | |
| Postcode: | Telephone: |
| Position Held: | Reporting To: |
| Salary / Hourly Rate: | |

PERSONAL REFERENCES

Please give details of two people, other than family, and former employers, who have known you for at least five years, whom we may approach for a character reference.

| | |
|--------------------|--------------------|
| Name: | Name: |
| Address: | Address: |
| Telephone: | Telephone: |
| Time Known: | Time Known: |

EQUAL OPPORTUNITIES

CSA Recruitment operates an equal opportunities policy, which means that we will not knowingly discriminate, directly or indirectly, against people on the grounds of their sex, marital status, age or disability, or on the grounds of race, colour, national origin or political opinions or religious beliefs. CSA Recruitment will not discriminate in advertising, selecting, offering training or providing benefits and services. Every vacancy will be open to those who have the required qualifications. The following is for monitoring purposes and is voluntary. If you do not wish to complete this section it will in no way prejudice your application.

| | | | | |
|--------------------------------------|--|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Black African | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Black Other | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Irish | <input type="checkbox"/> Pakistani | <input type="checkbox"/> White | <input type="checkbox"/> Other |

DECLARATION

I authorise CSA Recruitment to take references and to give clients information relating to my employment details for this application. I give CSA Recruitment permission to obtain a credit reference for the purpose of assignment to work involving access to cash or valuables. I give CSA Recruitment permission to use information given on this form for any purpose other than that directly related to the employment applied for. I confirm that to the best of my knowledge the information given on this form is correct. I understand that any misrepresentation or omission of any material fact or deception will be cause for immediate cancellation of consideration for employment or dismissal if I am already in employment. I agree for my payslip to be sent to the email address I specified in this registration form.

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| I certify that the information given is to the best of my knowledge both true and correct. I understand that if I am appointed and this information is inaccurate, I am liable for dismissal. | |
| Signed: | Date: |

SKILLS AND EXPERIENCE

| | | | | |
|---|--|--|---|---|
| OFFICE / CALL CENTRE | | | | |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Accounts | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Payroll | <input type="checkbox"/> Credit Control |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Call Centre | <input type="checkbox"/> Telesales | <input type="checkbox"/> Customer Services | <input type="checkbox"/> Secretarial |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Reception Duties | <input type="checkbox"/> Switchboard | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Personal Assistant |
| SOFTWARE & APPLICATIONS | | | | |
| <input type="checkbox"/> Microsoft Word™ | <input type="checkbox"/> Microsoft Excel™ | <input type="checkbox"/> Lotus™ | <input type="checkbox"/> Powerpoint™ | <input type="checkbox"/> Sage™ |
| Please give details of any further skills, experience or professional qualifications you may have which are not listed above: | | | | |
| PRODUCTION / WAREHOUSING | | | | |
| <input type="checkbox"/> Picking and Packing | <input type="checkbox"/> Light Assembly | <input type="checkbox"/> Inspection / Fault Finding | <input type="checkbox"/> Production Line | |
| <input type="checkbox"/> Stock Control | <input type="checkbox"/> Goods Inward | <input type="checkbox"/> Goods Outward | <input type="checkbox"/> Stores | |
| <input type="checkbox"/> Heavy Assembly | <input type="checkbox"/> Electronics | <input type="checkbox"/> Food Manufacturing and Handling | | |
| Please give details of any further skills, experience or professional qualifications you may have which are not listed above: | | | | |
| CONSTRUCTION | | | | |
| <input type="checkbox"/> Bricklaying | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Roofing Welding | |
| <input type="checkbox"/> Pipework | <input type="checkbox"/> Site Management | <input type="checkbox"/> Fabricating | <input type="checkbox"/> General Labouring | |
| <input type="checkbox"/> Concrete Finishing | <input type="checkbox"/> Dry Lining | <input type="checkbox"/> Painting and Decorating | <input type="checkbox"/> Shuttering | |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Foreman | <input type="checkbox"/> Highway Maintenance | <input type="checkbox"/> Mechanical & Engineering | |
| <input type="checkbox"/> Plastering | <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Contracts Management | <input type="checkbox"/> Surveyors | |
| <input type="checkbox"/> Works Engineering | | | | |
| ARE YOU IN POSSESSION OF ANY OF THE FOLLOWING CARDS / PERMITS?: | | | | |
| <input type="checkbox"/> CSCS CARD | <input type="checkbox"/> CPCS CARD | <input type="checkbox"/> Site Safety Passport to Work | | |
| Please give details of any other courses attended, further skills, experience or professional qualifications you may have which are not listed above: | | | | |

| | | | | |
|---|--|--|--|-----------------------------------|
| DISTRIBUTION / LOGISTICS | | | | |
| <input type="checkbox"/> LGV Class 1 | <input type="checkbox"/> LGV Class 2 | <input type="checkbox"/> Non-LGV 7.5 Tonne | <input type="checkbox"/> Non-LGV 3.5 Tonne | <input type="checkbox"/> ADR |
| <input type="checkbox"/> HIAB | <input type="checkbox"/> Rigid Vehicle | <input type="checkbox"/> Light Van | <input type="checkbox"/> PSV | <input type="checkbox"/> Flat Bed |
| <input type="checkbox"/> Low Loader | <input type="checkbox"/> Plant Operators | <input type="checkbox"/> Excavators | <input type="checkbox"/> Dump Driving | |
| <input type="checkbox"/> Fork Lift Truck (if yes, please specify licence and type of truck used) | | | | |
| Please give details of any other courses attended, further skills, experience or professional qualifications you may have which are not listed above: | | | | |

ADULT TRAINING ELIGIBILITY

| | |
|--|--|
| <input type="checkbox"/> Have you been registered unemployed for six months or more ? | <input type="checkbox"/> Have you been the victim of large scale redundancy in the last six months ? |
| <input type="checkbox"/> Are you registered disabled, or do you have a long-term health problem e.g asthma etc ? | <input type="checkbox"/> Have you recently left the armed forces ? |
| <input type="checkbox"/> Are you returning to work after a break of 2 years or more ? | <input type="checkbox"/> Are you a single parent ? |

Office use only

HEALTH DETAILS

Are you in a good state of health Yes No If no, please give full details on a separate sheet

Please complete the following medical questionnaire below. The information is required with your interests in mind. As a result of the information you have given you may be referred to a doctor appointed by the company so that a medical examination can be carried out. If you wish, you may request an interview with the company's medical officer/nurse, either as an alternative to completing this section of the form or to provide supplementary information or explanation.

| A. HAVE YOU EVER (please tick as appropriate) | Yes | No | PLEASE GIVE DETAILS |
|---|--------------------------|--------------------------|---------------------|
| Been seriously injured whilst at work? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Become ill as a result of your work? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had an operation? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Been refused or dismissed from work for health reasons? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Been refused a drivers licence because of ill health? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Received in-patient treatment for physical or mental illness? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Received a disability pension? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Been registered disabled? | <input type="checkbox"/> | <input type="checkbox"/> | |

B. DO YOU SUFFER FROM OR HAVE YOU EVER HAD (please tick yes or no)

| | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|
| High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | Anaemia | <input type="checkbox"/> | <input type="checkbox"/> |
| Swelling of legs or ankles | <input type="checkbox"/> | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| Headaches (frequent) | <input type="checkbox"/> | <input type="checkbox"/> | Period or prostate problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Chest trouble | <input type="checkbox"/> | <input type="checkbox"/> |
| Varicose veins | <input type="checkbox"/> | <input type="checkbox"/> | Stress | <input type="checkbox"/> | <input type="checkbox"/> |
| Hay fever | <input type="checkbox"/> | <input type="checkbox"/> | Rupture / Hernia | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy / fits | <input type="checkbox"/> | <input type="checkbox"/> | Skin rashes / eczema | <input type="checkbox"/> | <input type="checkbox"/> |
| Back trouble | <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart trouble | <input type="checkbox"/> | <input type="checkbox"/> | Ear trouble | <input type="checkbox"/> | <input type="checkbox"/> |
| Arthritis | <input type="checkbox"/> | <input type="checkbox"/> | Fainting or dizziness | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye trouble | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatic fever | <input type="checkbox"/> | <input type="checkbox"/> |
| Jaundice | <input type="checkbox"/> | <input type="checkbox"/> | Nerve trouble | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you take medicine regularly? | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever worked in a dusty trade? | <input type="checkbox"/> | <input type="checkbox"/> | Do you need glasses to read? | <input type="checkbox"/> | <input type="checkbox"/> |
| Vibration white finger | <input type="checkbox"/> | <input type="checkbox"/> | Repetitive strain injury (RSI) | <input type="checkbox"/> | <input type="checkbox"/> |

Do you suffer from any ailments not specified? Yes No (if yes please give full details on a separate sheet)

C. To the best of my knowledge and belief the information given above is correct. I understand that if I am appointed and the information is inaccurate, I am liable to dismissal.

| | |
|----------------|-----------------------|
| Signed: | Date: |
| Name: | Date of Birth: |

In order to work at CSA Recruitment, we may require your doctor to confirm that they know of no reason why you should not work. Please give your doctors name and address below, and sign the authority. Please note that some surgeries make a charge for this. Any costs incurred by CSA Recruitment will be passed on to you and will be deducted from your first week's pay.

FORM OF AUTHORITY

| | | | |
|---|----------------------|--|-------------------|
| I: (print name) | | have read and agreed with the information written above, and consent to | |
| Doctor: | of: (address) | | |
| | | | Post code: |
| to release information regarding my health in connection with my application for a job with CSA Recruitment of Llanelli Gate Business Park, Dafen, Llanelli. Carmarthenshire. SA14 8LQ | | | |
| Signed: | Date: | | |
| Address: | | | Post code: |

BANK DETAILS

| | |
|--|------------------------|
| CSA Recruitment operates a system whereby your wages are paid directly into your bank or building society account. Please provide your bank details. | |
| Bank or Building Society Name: | |
| Branch Address: | |
| Account Holders Name: | |
| Sort Code: | Account Number: |
| Roll Number: | |