Section 01 Personal details

A1	Surname/family name	
	Forename	
	Middle name(s)	
	Date of birth	
A5	NI number	
A6	Please tick the option b	elow which best represents your gender
		Male Female
Se	ction 02 - Contact and	address details
A7	Do you permanently liv	e in the UK? Yes No
	UK home address (number, street)	
A9	Full UK home postcode	e.g. SW1E 5BH
A10	When did you move to this address	/
A1 1	If you have lived at the above address for less than three years, please provide your previous address	
A1	2 Full UK home postcode	
A13	3 Mobile telephone number	
A1 4	Home telephone number	
A15	Other telephone number	
A10	6 Email address	

Section 03 - Emergency/Spous	e contact details			
A17 Surname/Family name				
A18 Forename				
A19 Middle Name				
A20 UK Home address				
(number street)				
A21 Full UK Postcode				
A22 Home Number				
A23 Mobile Number				
Section 04 - Health and Disabil	lity			
The following questions on heal adjustments to access our recru				
A24 Health and Disability				
Do you have any health issues o	r a disability relevant v	which may make it di	fficult for you to carry out	functions which are
essential for the role you seek?				
	Yes	No		
If yes, give details				
A25 Permission to work in	the UK			
Do you have immigration perr	nission to work in the	UK?		
	Yes	No		
(please delete clearly as appro	opriate)			
In line with UKBA guidance or original ID documentation as of for temporary work.		-		
Visa Type (Please Tick)				
	Ancestry Visa		Leave to Remain	
	Asylum Seeker		Student Visa	
	British Citizen EU		Working Holiday Maker	
	EU Dual Nationality		Other	2

A27 Criminal Convictions (please delete clearly as appropriate)

Do you have any unspent criminal convictions?
Yes No
If yes state convictions and dates
*Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given. The information given will be treated in the strictest of confidence and only taken into account where, in the reasonable opinion of [insert company name], the offence is relevant to the post to which you are applying. Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.
Data Protection Statement
The information that you provide on this form and on any CV given will be used by Paradigm Services to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients.
We may check the information collected, with third parties or with other information held by us.
We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other way permitted or required by law.
Candidate Declaration
I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers.
If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Paradigm Services will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).
Signed by candidate
Name Date.

A26 Employment History

This section must include minimum 5 years checkable work history with references

EMPLOYER ONE: (Present or last employer)
Company Name:	
Name of Superior:	
Address:	
Post Code:	
Period Employed from:	/
Reason for leaving	g: Own accord Redundant Dismissed (circle applicable timescale
Explain any gaps b	petween date of termination of the above employment:
EMPLOYER TWO:	(Last but one employer)
Company Name:	
Name of Superior:	
Address:	
Post Code:	
Period Employed from:	/
Reason for leaving	Own accord Redundant Dismissed (circle applicable timescale
Explain any gaps b	petween date of termination of the above employment:
EMPLOYER THREE	E (Last but one employer)
Company Name:	
Name of Superior:	
Address:	
Post Code:	
Period Employed from:	
Reason for leaving	g: Own accord Redundant Dismissed (circle applicable timescal
Explain any gaps b	petween date of termination of the above employment:

DRUGS AND ALCOHOL DECLARATION

This declaration is in addition the company's existing Health and Safety policy on the use of company vehicles to clarify for the company's drivers the company's policy with regard to drivers conduct and fitness, it states the standards expected for a drivers physical condition and makes it clear that alcohol and drug abuse in any form will not be tolerated.

Conduct: Driving staff, (however they may be employed), must at all times be civil and polite to customers, visitors, other staff and management and are to be in a sober and coherent condition to undertake their duties at all times.

Sobriety: The company reserves and applies the right to demand that all drivers attend work in a suitably fit mental and physical condition and will be capable of carrying out their given duties in a safe and responsible manner, any driver attending work that is or deemed to be still under the influence of drink or drugs will be dismissed from his or her employment immediately.

Drug abuse: As it is not possible for the company to give expert medical opinion on as to whether or not a driver may be suffering the effects of drugs or alcohol it must be accepted by the driver that the company will make an informed estimate of the condition of a driver by his physical actions and behaviours and if found to be "the worse for wear" either by alcohol or drug abuse he will be dismissed from his employment immediately.

A successful civil prosecution for driving or operating a vehicle while under the influence will lead to a financial penalty for drink or drug related offences, you would then face a vocational licence inquiry in front of the Traffic Commissioner and if you were found to be of "ill repute" because of the severity of the offences and fines from the civil case you would almost certainly be penalised further by an additional penalty of suspension, curtailment or revocation of your vocational licence, the usual outcome of these cases is a minimum additional 6 month ban from driving but if the offences were of a more serious nature the licence could be suspended for an indefinite period or even revoked completely.

So as a company that supplies driving staff to licensed commercial vehicle operators and a responsible employer we must be able to prove to the authorities that our drivers conduct and physical condition is being monitored by the company's management and that the employees understand that the company has deterrents in place to ensure as far as is practicably possible that their policy on these issues is adhered to and that these conditions form an active part of their employment with the company either for full or part time (agency) employment. With regulation and legislation the way it is in the UK / EC I hope you can understand why we must be seen to be taking steps to ensure that you are aware of the law, its interpretations and consequences and why we must ask you to sign this declaration to say you understand your responsibilities both legally and contractually.

HEALTH & SAFETY GENERAL POLICY

It is our aim at Paradigm Services to conduct our business operations in a manor that complies with Health and Safety policy regulations and that we provide the adequate welfare for our employees while they are at work and also of others who may be affected by our undertakings.

We believe that the management of Health and Safety is equally important to other management issues and will

assist in the long term future and profitability of the company.

Our aim is to achieve and maintain a safe and healthy environment by continuously reviewing our policy and systems to fulfil our moral, economical and legal duties.

Our employees are a key resource to our business and are encouraged to participate in our continuous aim to support this policy. It is the responsibility of every employee to conform and cooperate in the support of this policy.

The company wishes to notify all other sub contractors, suppliers, visitors that they also have a duty of care under legislation and must also conform to the policies of the company.

To ensure the principles of Health and Safety are clearly understood throughout the company we will be committed to the following:

- Ensuring that there are arrangements in place for the effective planning, development and the review of this Health and Safety policy.
- Ensuring appropriate systems are developed and maintained for the effective communication of Health and Safety matters throughout the company.
- Protecting the safety and health of all employees within the company by preventing work related injuries, ill health and incidents.
- Complying with relevant Health and Safety laws and regulations.
- Ensuring that employees and representatives are consulted and encouraged to participate actively in all elements of health and safety management system.
- Continually improving the performance of the health and safety management system.
- Providing necessary information, instruction and training to employees to ensure there
 competence with respect to Health and Safety.
- Devote the necessary resources and time to ensure the Health and Safety of employees. Specialist help will be sought where necessary skills are not available within the company.
- Liaise and work with all necessary persons to ensure health and safety and ensure that adequate arrangements are also in place for the health and safety of visitors.

NATIONAL INSURANCE PROOF CHECK FORM FOR OFFICE USE ONLY

Temp Name:				
Temp D.O.B:				
N.I Number:				
Date		/		
I confirm that I l	have seen a proof (of the above tem	ps National Insurance Number.	
Signature:				
Print Name:				
National Insu	ırance Card		Letter from HMRC in regard to Tax	
Payslip			P45	
P60			Other	

DVLA CHECK

Tel 09061 393 837

Name of Temporary Worker: Driving License Number: Tacho Number:			
Categories	Date Passed	Categories	Date Passed
Endorsements: Yes/NO Endorsement Code	Date of Offe	ence	Points Received
Verified By	Name and Team N	0.	Date and Time Verified

Drivers Signature