

Personal Details

(Please use additional sheet where necessary)



Surname:		Forename(s):		Title:
Address:			If less than 5 years at current address please provide previous addresses covering the last 5 years:	
Tel Home:		Tel Mobile:		Tel Work:
Date of Birth:		GSCC Number:		NI Number:
Do you hold a current Driving Licence? YES <input type="checkbox"/> NO <input type="checkbox"/>			Details of Endorsements:	
Expiry Date:				
Are there any restrictions on you taking up employment in the UK? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If yes, please provide details:				

Passport Held? YES <input type="checkbox"/> NO <input type="checkbox"/>		Nationality:
Passport Number:		Expiry Date:

Employment History

From – To	Name and Address of Employer	Position Held	Duties and responsibilities within the role

Qualifications and Training

Organisation	Qualification/Course	Grade	Date Obtained

References

Please note below the names, addresses, telephone number and email addresses of persons from whom we may obtain references for the period covering the last 5 years. Please continue on a separate sheet if necessary. Please note to which previous job each referee applies.

1.	2.	3.	4.	5.

Peer Testimonials

At Liquid Personnel we ensure that our candidates stand out from the crowd. One way we can do this is by taking a short testimonial from your peers at your place of work. Please give details of as many previous colleagues as possible who would give an accurate representation of your time within their organisation.

Name	Organisation	Contact Number

Criminal Record

Due to the nature of your work your profession is 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 of all criminal convictions, both spent and unspent, must be given. 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.

Have you ever been convicted of a criminal offence?

YES NO

If yes, please provide details.

Do you have any criminal convictions pending?

YES NO

If yes, please provide details.

Health Declaration

Surname:	Forename:		
GP's name and address:			
Registered Disabled: YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(The Disability Discrimination Act defines disability as "a physical or mental impairment which has substantial and long-term effect on the person's ability to carry out normal day to day activities)</small>			
If YES, please provide registration number:			
Do you have or have you ever suffered from:			
Fainting attacks	YES <input type="checkbox"/> NO <input type="checkbox"/>	Hay fever	YES <input type="checkbox"/> NO <input type="checkbox"/>
Fits or blackouts	YES <input type="checkbox"/> NO <input type="checkbox"/>	Heart trouble	YES <input type="checkbox"/> NO <input type="checkbox"/>
Dizziness	YES <input type="checkbox"/> NO <input type="checkbox"/>	High blood pressure	YES <input type="checkbox"/> NO <input type="checkbox"/>
Mental illness	YES <input type="checkbox"/> NO <input type="checkbox"/>	Varicose vein trouble	YES <input type="checkbox"/> NO <input type="checkbox"/>
Recurring headaches	YES <input type="checkbox"/> NO <input type="checkbox"/>	Back trouble	YES <input type="checkbox"/> NO <input type="checkbox"/>
Ear trouble/deafness	YES <input type="checkbox"/> NO <input type="checkbox"/>	Other muscle/joint trouble	YES <input type="checkbox"/> NO <input type="checkbox"/>
Eye trouble or defective vision not corrected by glasses	YES <input type="checkbox"/> NO <input type="checkbox"/>	Skin trouble	YES <input type="checkbox"/> NO <input type="checkbox"/>
Recurring chest disease	YES <input type="checkbox"/> NO <input type="checkbox"/>	Diabetes	YES <input type="checkbox"/> NO <input type="checkbox"/>
Asthma	YES <input type="checkbox"/> NO <input type="checkbox"/>	Recurring bowel trouble	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you any disabilities affecting:			
Standing	YES <input type="checkbox"/> NO <input type="checkbox"/>	Use of hands	YES <input type="checkbox"/> NO <input type="checkbox"/>
Walking	YES <input type="checkbox"/> NO <input type="checkbox"/>	Work at heights on ladders/staging	YES <input type="checkbox"/> NO <input type="checkbox"/>
Stair climbing	YES <input type="checkbox"/> NO <input type="checkbox"/>	Ability to drive a motor vehicle	YES <input type="checkbox"/> NO <input type="checkbox"/>
Lifting	YES <input type="checkbox"/> NO <input type="checkbox"/>		
In the last two years have you been off work because of illness or injury?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, how many working days did you lose?			<input style="width: 100px;" type="text"/>
Are you at present having any treatment or medicine prescribed by a doctor?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you made a full recovery from your illness or injury?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If NO, a Doctor's Certificate is required stating that you are safe to return to work. (copy to be kept in branch)			YES <input type="checkbox"/> NO <input type="checkbox"/>

Equal Opportunities Monitoring

Liquid Personnel is an equal opportunities employer. In order to monitor how effective our policies are, please complete the following by ticking the box next to the relevant category:

Sex: Male Female

Age: 16-24 25-35 36-50 51-60 61+

Please specify which category best suits your ethnic origin:

Asian/Asian British – Bangladeshi <input type="checkbox"/>	Mixed – Other Mixed Background <input type="checkbox"/>
Asian/Asian British – Indian <input type="checkbox"/>	Mixed – White and Asian <input type="checkbox"/>
Asian/Asian British – Other Asian Background <input type="checkbox"/>	Mixed – White and Black African <input type="checkbox"/>
Asian/Asian British – Pakistani <input type="checkbox"/>	Mixed – White and Black Caribbean <input type="checkbox"/>
Black/Black British – African <input type="checkbox"/>	White – British <input type="checkbox"/>
Black/Black British – Caribbean <input type="checkbox"/>	White – Irish <input type="checkbox"/>
Black/Black British – Other Black Background <input type="checkbox"/>	White – Other White Background <input type="checkbox"/>
Chinese/Other Ethnic Group – Chinese <input type="checkbox"/>	
Chinese/Other Ethnic Group – Other <input type="checkbox"/>	

Declaration (please read carefully prior to signing)

I declare that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. I agree that the information in this form may be used for registered purposes under the Data Protection Act 1984.

Signature: _____

Print: _____

Date: _____