



Photograph

Application Form

About You				
Surname		Mr / Mrs/ Miss / Ms		
Forename(s)				
Address				
Postcode		Home Tel:		
Date of birth		Mobile Tel:		
Email				
Next Of Kin Details:		Name:	Number:	
Are you seeking? (Please Circle)		Temporary	Permanent	Both
Work type? (Please Circle)		Commercial	Industrial	
General				
Do you have your own motorised transport?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you able to make your own way to work?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you worked for us before?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do we have a copy of your CV?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any holidays booked?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give dates:				
How did you hear about Bayside Recruitment?				
Newspaper <input type="checkbox"/> Leaflet Through Door <input type="checkbox"/> Recommended <input type="checkbox"/> Internet <input type="checkbox"/> Job Centre <input type="checkbox"/>				
Other <input type="checkbox"/> Please supply details:				
Job Requirements				
Position sought after:				
Location:				
Salary/Hourly Rate: £		Min £		
Salary Package Sought:				
Career Aspirations:				
Interviewers Comments:				
Eligibility to Work				
Place of Birth:		Are you an EC National?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you are a non EC National please give us details of your work permit				
Work Permit No.		Expiry Date		
Do you have any unspent convictions?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any impending prosecutions?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Education				
School Attended:				
College Attended:				
University Attended:				
Qualifications				
Qualification		Subject and Grade		

Previous Employment History Continued

Previous Employer

Company Name:			
Address:			
Referee Name			
Referee Position			
Telephone No.		Fax No.	
Salary Package			
Dates Employed	From		To
Position Held			
Reason For Leaving			
Notice Period			

Duties:

Interviewers Comments:

Previous Employer

Company Name:			
Address:			
Telephone No.			
Referee Name			
Referee Position			
Telephone		Fax No,	
Salary Package			
Dates Employed	From		To
Position Held			
Reason For Leaving			

Duties:

Interviewers Comments:

Bank Details (For those seeking temporary employment)			
Name of Bank			
Account Holder			
Account Number		Sort Code	
Building Society Reference			
National Insurance No.			

- By signing this application you consent to the processing, analysing and assessment of your personal data by Bayside Recruitment, the hiring temporary work agency, employment business or any other third party for the purposes of your application and for any other legitimate purposes of Bayside Recruitment. For the avoidance of doubt, the “processing” of your personal data will include but not restricted to collecting, receiving, recording, organising, collating, storing, updating, altering, using, disseminating, distributing, merging, linking, blocking, degrading, deleting or destroying of your personal data; **and**
- you consent to Bayside Recruitment retaining your personal data after the application process, in order to assist it with the effective monitoring of its job application processes and to your personal data being stored in an electronic database and in secure in the UK; **and**
- you consent to Bayside Recruitment to take up employment and/or personal references in course of finding you suitable temporary assignments and/or permanent employment; **and**
- I authorise Bayside Recruitment to be able to disclose any assessments in the course of finding me suitable temporary or permanent employment; **and**
- by signing this application, you are confirming that the information you provided is true and correct to the best of your knowledge. If any of the above information changes it is your responsibility to inform Bayside Recruitment immediately. Failure to do so may result in the termination of your employment.

Signed: _____

Print Name: _____

Date: _____

