****PLEASE WRITE CLEARLY****

G² Solutions Technical Recruitment

OFFICE USE ONLY Pg1of2	DATE REG:
	REG BY:

PERSONAL DETAILS

MR ☐	FIRST NAME:		AVAILABILITY TO START:
MRS ☐	KNOWN AS (if diff):		
MISS ☐	MIDDLE NAME:		STUDENT: YES ☐
MS ☐	SURNAME:		NO ☐

CONNECTION:

HOW DID YOU HEAR OF US?	
DO YOU KNOW ANYONE WHO WORKS FOR US? IF SO, WHO:	

TRANSPORT

PUSH BIKE ☐ MOTORCYCLE ☐ BUS ☐
CAR ☐ LIFT ☐

UK DRIVE LICENCE: YES ☐ NO ☐	OWN CAR:	YES ☐ NO ☐
NO OF POINTS:		

CRIMINAL CONVICTIONS

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?: YES ☐ NO ☐	IF YES, GIVE DATES AND NATURE OF:

NOTE: Spent conviction need not be declared under the Rehabilitation of Offenders Act. However, those Temporary employees working with children are exempt from the above Act and must declare all offences including spent convitions. In the case of working with children, permission will be asked to contact the police for further information.

I confirm that all the information I have given is true to the best of my knowledge. I understand that Documents provided in support of my application may be liable to Immigration Office or other Government Agency checks.

SIGNED: .....

DATE:

STATUS

NATIONALITY:	
PLACE OF BIRTH:	

PERMIT (IF APPLICABLE)

WORK PERMIT: YES ☐ NO ☐	
EXPIRY DATE:	

VISA (IF APPLICABLE)

VISA TYPE:	
EXPIRY DATE:	

NEXT OF KIN

NAME:		ADDRESS:	
TEL:			
RELATIONSHIP		EMAIL:	

HEALTH (DO YOU SUFFER FROM, OR DO ANY OF THE BELOW APPLY TO YOU?). Tick appropriate

BRONCHITIS	YES ☐ NO ☐	EAR/NOSE/THROAT	YES ☐ NO ☐	DIABETES	YES ☐ NO ☐
SKIN DISEASE/RASH/ECZEMA	YES ☐ NO ☐	BACK COMPLAINTS/JOINT PAIN	YES ☐ NO ☐	ASTHMA	YES ☐ NO ☐
MIGRAINE/BLACKOUTS	YES ☐ NO ☐	PSYCHIATRIC ILLNESS	YES ☐ NO ☐	EPILEPSY	YES ☐ NO ☐
REGISTERED DISABLED	YES ☐ NO ☐	HEIGHTS/CLAUSTROPHOBIA	YES ☐ NO ☐	HAYFEVER	YES ☐ NO ☐
EYE COMPLAINTS	YES ☐ NO ☐	HIGH BLOOD PRESSURE	YES ☐ NO ☐	SMOKER	YES ☐ NO ☐
COLOUR BLIND	YES ☐ NO ☐	HEART COMPLAINTS	YES ☐ NO ☐	DYSLEXIA	YES ☐ NO ☐

BROKEN BONES, IF SO WHAT:	OTHER / ALLERGIES

REFERENCES

1. NAME:		**2.** NAME:	
POSITION:		POSITION:	
HOW KNOWN:		HOW KNOWN:	
WHEN KNOWN:		WHEN KNOWN:	
COMPANY:		COMPANY:	
EMAIL:		EMAIL:	
TELEPHONE:		TELEPHONE:	

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