Recruitment Alba

REGISTRATION PACK

PLEASE COMPLETE IN BLOCK LETTERS

TITLE _____ **FIRST NAME** _____ **SURNAME** _____

ADDRESS _____

_____

TOWN_____ **COUNTRY**_____ **POST CODE** _____

TELL (INC STD) _____ **MOBILE** _____

EMAIL _____ **NI NUMBER** _____

DOB (FOR LICENCE & INSURANCE PURPOSES ONLY) _____/_____/_____

NEXT OF KIN _____ **RELATIONSHIP** _____

TELL (INC STD) _____

OWN TRANSPORT? YES / NO **REG NO** _____

I HEREBY GIVE* / DO NOT GIVE* THE EMPLOYMENT BUSINESS PERMISSION TO GIVE OUT MY MOBILE TELEPHONE NUMBER TO CLIENTS THAT I MAY WORK FOR SHOULD THEY NEED TO CONTACT ME. (CIRCLE AS APPLICABLE)

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENCES?

WHICH IS NOT SPENT WITHIN THE TERMS OF THE

REHABILITATION OF OFFENDERS ACT 1974?

YES NO

ARE YOU RECEIVING AND/OR CLAIMING ANY DSS BENEFITS?

YES NO

IF YES, GIVE DETAILS:

IF YES, GIVE DETAILS:

WHERE DID YOU HEAR ABOUT US? _____

AS YOU WILL BE WORKING ON ASSIGNMENTS AT VARIOUS CLIENTS PREMISES YOU MUST BE ABLE TO TAKE WRITTEN AND VERBAL INSTRUCTIONS.

HAVE YOU WORKED FOR AN AGENCY BEFORE? YES / NO IF YES, WHICH AGENCY? _____

EMPLOYMENT HISTORY (PLEASE GIVE DETAILS OF PREVIOUS EMPLOYMENT STARTING WITH THE MOST RECENT ENSURING YOU COVER THE LAST 5 YEARS)

FROM	TO	NAME OF EMPLOYER	EMPLOYED AS	REASON FOR LEAVING

MEDICAL QUESTIONNAIRE

IT IS IMPORTANT THAT A COMPLETE AND CORRECT HISTORY IS GIVEN, AND THE INFORMATION CAN VE VERIFIED BY YOUR DOCTOR, WHERE NECESSARY.

ALL THE FOLLOWING QUESTIONS MUST BE ANSWERED WITH A YES OR NO CIRCLED

DO YOU SUFFER FROM ANY OF THE FOLLOWING HEALTH CONDITIONS?

1. IF APPLYING FOR A HGV DRIVING ROLE DO YOU SUFFER FROM ANY CONDITION WHICH YOU ARE REQUIRED TO REPORT TO THE DVLA?

   YES NO
2. DO YOU HAVE ANY VISUAL IMPAIRMENTS THAT IS NOT CORRECTED BY GLASSES/ CONTACT LENSES?

   YES NO
3. WHEN DID YOU LAST HAVE AN EYE TEST?

   DATE _____
4. DO YOU HAVE A HEARING IMPAIRMENT WHICH IS NOT CORRECTED BY A HEARING AID?

   YES NO
5. ARE THERE ANY OTHER HEALTH FACTORS THAT MIGHT AFFECT YOUR ABILITY TO UNDERTAKE THE ROLE FOR WHICH YOU HAVE APPLIED?

   YES NO
6. ANY OTHER RELEVANT INFORMATION

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS YOU MAY BE ASKED TO SEE A DOCTOR OR NURSE FOR FURTHER ASSESSMENT.

Please sign below to declare all medical information provided above is accurate.

SIGNED: _____

EQUAL OPPORTUNITIES AND DIVERSITY POLICY

THE EMPLOYMENT BUSINESS SEEKS TO OFFER EQUAL OPPORTUNITIES IN RECRUITMENT AND CAREER DEVELOPMENT TO ALL WORK SEEKERS. IT REGISTERS VACANCIES AND INTERVIEWS APPLICANTS SOLELY ON THE BASIS OF SKILLS AND QUALIFICATIONS. A COPY OF THE POLICY IS AVAILABLE.

DATA PROTECTION

THE EMPLOYMENT BUSINESS WILL COLLECT THE PERSONAL DETAILS, WHICH YOU PROVIDE TO US FOR THE PURPOSE OF PROVIDING YOU WITH WORK-FINDING SERVICES. IN PROVIDING THIS SERVICE TO YOU WE MAY NEED TO TRANSFER YOUR DETAILS TO OUR CLIENT COMPANIES, INSURERS AND/OR ANY OTHER RELEVENT PARTIES.

IF YOU DO NOT WANT INFORMATION TO BE DISCLOSED TO THESE COMPANIES PLEASE TICK THIS BOX. ☐

(BY TICKING THIS BOX, YOU ARE THEREBY LIMITING YOUR AVAILABILITY TO CLIENTS)

WE MAY ALSO FROM TIME TO TIME TRANSFER YOUR DETAILS TO MARKET RESEARCH COMPANIES WHO MAY WISH TO CONTACT YOU IN ORDER TO CARRY OUT RELEVENT SURVEYS.

IF YOU DO NOT WANT YOUR INFORMATION TO BE DISCLOSED TO THESE COMPANIES PLEASE TICK THIS BOX ☐

(BY TICKING THIS BOX, YOU ARE THEREBY LIMITING YOUR AVAILABILITY TO CLIENTS)

WORKER DECLARATION ROAD TRANSPORT REGULATIONS (WTD)

PLEASE COMPLETE AND SIGN CONFIRMATION OF YOUR COMPLIANCE TO THE ROAD TRANSPORT (WORKING TIME) REGULATIONS AND TO PROVIDE DETAILS OF ANY WORK UNDERTAKEN FOR ANY OTHER EMPLOYERS.

PLEASE NOTE THAT CHARITABLE WORK AND WORK UNDERTAKEN AS A SPECIAL CONSTABLE, RETAINED FIRE FIGHTER OR IN THE RESERVE FORCES WILL NOT COUNT TOWARDS WORKING TIME. HOWEVER, IF YOU ARE ENGAGED IN ANY OF THESE ACTIVITIES YOU STILL NEED TO INFORM US AND SHOULD FILL OUT THE DECLARATION BELOW AS IF YOU WERE ENGAGED IN ANY OTHER WORK. WE WILL EXCLUDE TIME SPENT ON SUCH ACTIVITIES FROM OUR CALCULATIONS OF YOUR WORKING TIME.

EMPLOYEE DECLARATION

PREVIOUS WORKING TIME UNDER ROAD TRANSPORT (WORKING TIME) REGULATIONS 2005.

PART A I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HAVE WORKED IN ACCORDANCE WITH THE REQUIREMENTS OF THE ROAD TRANSPORT (WORKING TIME) REGULATIONS 2005 THROUGHOUT THE CURRENT REFERENCE PERIOD OF MY CURRENT OR MOST RECENT EMPLOYER.

OR A2 I CONFIRM THAT I HAVE NOT WORKED IN ACCORDANCE WITH THE REQUIREMENTS OF THE ROAD TRANSPORT (WORKING TIME) REGULATIONS 2005 THROUGHOUT THE CURRENT REFERENCE PERIOD OF MY CURRENT OR MOST RECENT EMPLOYER.

REASON

_____

_____

_____

CURRENT WORK FOR OTHER EMPLOYERS

PART B I AM NOT CURRENTLY ENGAGED IN ANY WORK OUTSIDE MY COMMITMENTS TO RECRUITMENT SOLUTIONS ALBA WHICH WOULD NEED TO BE INCLUDED IN CALCULATIONS OF MY WORKING TIME UNDER THE ROAD TRANSPORT (WORKING TIME) REGULATIONS 2005. I WILL INFORM RECRUITMENT SOLUTIONS ALBA IMMEDIATELY IF THIS SITUATION CHANGES AND PROVIDE DETAILS AS SET OUT BELOW AND IN WEEKLY TIMESHEETS.

OR B2 I CONFIRM THAT I AM CURRENTLY ENGAGED IN WORK OUTSIDE OF MY COMMITMENTS TO RECRUITMENT SOLUTIONS ALBA WHICH WILL NEED TO BE TAKEN INTO ACCOUNT IN CALCULATIONS OF WORKING TIME UNDER THE ROAD TRANSPORT (WORKING TIME) REGULATIONS 2005. I WILL KEEP RECRUITMENT SOLUTIONS ALBA INFORMED IF THERE IS ANY CHANGE TO THESE DETAILS AND TO RECORD DETAILS OF HOURS WORKED FOR ALL EMPLOYERS IN MY WEEKLY TIMESHEETS.

IF YOU HAVE CIRCLED PART A2 OR PART B2, PLEASE PROVIDE DETAILS OF ANY OTHER EMPLOYERS

EMPLOYER NAME AND ADDRESS			
TYPE OF WORK			
DATE STARTED		**HOURS WORKED PER WEEK**	

SIGNED _____

OPT OUT OF THE 48 HOUR WORKING WEEK AGREEMENT

1. DEFINITIONS

i) **IN THIS AGREEMENT THE FOLLOWING DEFINITIONS APPLY**

ASSIGNMENT – MEANS THE PERIOD DURING WHICH THE TEMPORARY WORKER IS ENGAGED TO RENDER SERVICES TO THE CLIENT.

CLIENT – MEANS THE PERSON, FIRM OR CORPORATE BODY ENGAGING THE SERVICES OF THE TEMPORARY WORKER.

WORKING WEEK – MEANS AN AVERAGE OF 48 HOURS EACH WEEK CALCULATED OVER A 17 WEEK REFERENCE PERIOD.

ii) REFERENCES TO THE SINGULAR INCLUDE THE PLURAL AND REFERENCES TO THE MASCULINE INCLUDING THE FEMININE AND VICE VERSA.

iii) THE HEADINGS CONTAINED IN THESE TERMS ARE FOR CONVENIENCE ONLY AND DO NOT AFFECT THEIR INTERPRETATION.

2. RESTRICTION

i) THE WORKING TIME REGULATIONS 1998 PROVIDE THAT THE TEMPORARY WORKER SHALL NOT WORK ON AN ASSIGNMENT WITH THE CLIENT IN EXCESS OF THE WORKING WEEK UNLESS HE AGREES IN WRITING THAT THIS LIMIT SHALL NOT APPLY.

3. CONSENT

i) THE TEMPORARY WORKER HEREBY AGREES THAT THE WORKING WEEK LIMIT SHALL NOT APPLY TO THE ASSIGNMENTS.

4. WITHDRAWAL OF CONSENT

i) THE TEMPORARY WORKER MAY END THIS AGREEMENT BY GIVING THE EMPLOYMENT BUSINESS 2 WEEKS NOTICE IN WRITING.

ii) FOR THE AVOIDANCE OF DOUBT, ANY NOTICE BRINGING THIS AGREEMENT TO AN END SHALL NOT BE CONSTRUED AS TERMINATION BY THE TEMPORARY WORKER OF AN ASSIGNMENT WITH A CLIENT.

iii) UPON THE EXPIRY OF THE NOTICE PERIOD SET OUT IN CLAUSE 4.1 THE WORKING WEEK LIMIT SHALL APPLY WITH IMMEDIATE EFFECT.

5. THE LAW

i) THESE TERMS ARE GOVERNED BY THE LAW OF THE COUNTRY AND THE EXCLUSIVE JURISDICTION OF THE COURTS OF THE COUNTRY I WHICH THE EMPLOYMENT BUSINESS HAS ITS OPERATIONAL ADDRESS.

SIGNED _____

APPLICANTS DECLARATION

- I UNDERSTAND THAT FOR HEALTH AND SAFETY REASONS IT IS RECOMMENDED THAT PROTECTIVE CLOTHING EG. SAFETY BOOTS BE WORN AT ALL TIMES WHILST CARRYING OUT ASSIGNMENTS.
- I CONFIRM THAT I AM ELIGIBLE TO WORK IN THE UK.
- I AM AWARE THAT THE EMPLOYMENT BUSINESS IS AN EQUAL OPPORTUNITIES EMPLOYER.
- I HAVE RECEIVED AND UNDERSTOOD THE TERMS OF ENGAGEMENT FOR TEMPORARY WORKERS ISSUED BY THIS OFFICE.
- I CONFIRM THAT I WILL CORRECTLY DECLARE MY EARNINGS IN RESPECT OF ANY BENEFIT CLAIM.
- I ALSO UNDERTAKE TO INFORM THIS OFFICE OF THE NUMBER OF HOURS I HAVE DRIVEN SHOULD I AT ANY TIME WORK AS A DRIVER ON MY OWN BEHALF OR ON THE BEHALF OF ANY PERSON, FIRM OR ANY COMPANY FOR ANY PERIODS OF DRIVING THAT I MAY DO AS A RESULT OF ANY INTRODUCTION BY YOU BETWEEN THE TIME COMPLETING THIS APPLICATION AND ACCEPTING MY FIRST ASSIGNMENT.
- I UNDERTAKE TO INFORM THIS OFFICE OF ANY FUTURE CHANGE IN CIRCUMSTANCES INCLUDING ANY DRIVING OFFENCES, ENDORSEMENTS WHICH MAY ALTER MY REPLIES TO THE ABOVE QUESTIONS.
- I UNDERSTAND THAT SHOULD I BE ASKED TO WORK FOR ANY COMPANY AT WHICH I HAVE WORKED WITHIN THE LAST 12 WEEKS I WILL INFORM RECRUITMENT SOLUTIONS ALBA AT THE EARLIEST POSSIBLE MOMENT.
- I CONFIRM THAT ALL OF THE ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE AND AUTHORISE YOU TO SEEK THE REFERENCES YOU REQUIRE.

SIGNED _____

QUALIFICATIONS AND EXPERIENCE

i) WHAT TYPE OF LICENCE DO YOU HOLD? _____

ii) IN WHICH COUNTRY DID YOU PASS YOUR TEST? _____

iii) PLEASE GIVE DETAILS OF ANY ACCIDENTS YOU HAVE HAD IN THE LAST FIVE YEARS AND/OR ANY ENDORSEMENTS _____

_____

iv) HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE RELATING TO DRIVERS HOURS/DRIVING RECORDS/OVER LOADING OF A VEHICLE/THE ROAD WORTHINESS OF A VEHICLE WITHIN THE LAST FOUR YEARS? YES NO

*IF **YES** PLEASE GIVE DETAILS* _____

_____

_____

OPERATIVE SKILLS – PLEASE INDICATE YOUR COMPETENCE IN ANY OF THE FOLLOWING AREAS BY TICKING THE BOX

	PICKERS		GROUND WORKER		SCAFFOLDER		CONFINED SPACE
	PACKERS		CLEANER		PLATFORM OPERATIVE		CONSTRUCTION CSCS
	FURNITURE PORTER		ASSEMBLER		PLANT OPERATIVE		LABOURER

KEY SKILLS – PLEASE INDICATE YOUR COMPETENCE IN ANY OF THE FOLLOWING AREAS BY TICKING THE BOX

	MULTIDROP		ROLL ON/OFF		TIMBER		FORKLIFT – C/B
	PCV		SKIP		COMPACTORS		IPAF
	TANKER		MIXERS		SWEEPERS		EPIC CARD
	ADR - T		TIPPERS		REMOVAL		BLOWER
	ADR - P		PLANT		SHUNTING		LIVESTOCK
	CONTAINER		HIAB		TAIL LIFT		STEEL
	ROPE/SHEET		MOFFETT		CAR TRANSPORTER		CAR TRANSPORTER
	LOW LOADER		FORKLIFT - R				

OTHER EXPERIENCES NOT LISTED IN THE SKILLS KEY?

_____

_____

_____

COMMERCIAL VEHICLES YOU HAVE DRIVEN? (MAKE): _____

GEARBOX EXPERIENCE BY (TYPE): _____

MULTIDROP (PLEASE CIRCLE): 1-10 10-20 20-30 30-40 40+

AREA KNOWLEDGE: (LOCAL/REGIONAL)

_____

_____

_____

WORK PREFERENCES (IE.PREFERRED START TIME):

_____

_____

_____

AVAILABILITY FOR WORK *(PLEASE CIRCLE)*

DAYS NIGHTS WEEKENDS NIGHTS OUT

PART TIME FULL TIME

DO YOU HAVE THE FOLLOWING PPE? *(PLEASE CIRCLE)*

SAFETY BOOTS HIGH VIS JACKET GLOVES HARD HAT

SAFETY GOGGLES WATERPROOFS

APPLICANTS DECLARATION – *PLEASE READ AND CIRCLE THE FOLLOWING DECLARATIONS*

i) I HAVE COMPLETED MORE THAN 6 MONTHS RELEVANT WORK EXPERIENCE IN THE LAST 12 MONTHS. YES NO

ii) I AM OVER THE AGE OF 23. YES NO

iii) I HOLD A FULL DRIVING LICENCE CLEAR OF ENDORSEMENTS OTHER THAN SP, TS, CU30, CU80 AND/OR PARKING OFFENCES TOTALING TO A MAXIMUM OF 6 POINTS.

YES NO

iv) I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO ENSURE THAT THE VEHICLE OPERATOR/CLIENT ISSUE SUFFICIENT TACHOGRAPH CHARTS TO ME, AND THAT I SHALL ENSURE THAT THESE ARE RETURNED TO THE OPERATOR/CLIENT WITHIN 42 DAYS OF THE DATE OF COMPLETION. YES NO

BANK DETAILS

BANK NAME									
NAME ON ACCOUNT									
ACCOUNT NUMBER									
SORT CODE									

REFERENCES

PLEASE PROVIDE AT LEAST 2 REFERENCES WITH TELEPHONE NUMBERS

	1	**2**	**3**
REFERENCE NAME			
POSITION			
COMPANY			
ADDRESS			
CONTACT NUMBER			

BELOW – OFFICE USE ONLY

NAME _____ **NAME** _____

COMPANY _____ **COMPANY** _____

	EXCELLENT	GOOD	AVERAGE	POOR		EXCELLENT	GOOD	AVERAGE	POOR
TIME KEEPING					TIME KEEPING				
HONESTY					HONESTY				
RELIABILITY					RELIABILITY				
QUALITY OF WORK					QUALITY OF WORK				

APPLICANTS POSITION			APPLICANTS POSITION		
TIME EMPLOYED			TIME EMPLOYED		
WOULD YOU RE-EMPLOY			WOULD YOU RE-EMPLOY		
IF NO PLEASE GIVE A REASON			IF NO PLEASE GIVE A REASON		

INTERVIEWERS COMMENTS ON APPLICANT

ABOVE REF COLLATED BY ***DATE***

FINES

WE UNDERSTAND THE DIFFICULTIES ASSOCIATED WITH DRIVING DELIVERY VEHICLES, ESPECIALLY IN HEAVILY CONGESTED CITIES. HOWEVER, MANY OF THESE PROBLEMS CAN BE AVOIDED THROUGH PRIOR PLANNING AND GOOD COMMUNICATION WITH OURSELVES AND THE CLIENT FOR WHOM YOU ARE WORKING.

BELOW IS AN OVERVIEW OF YOUR RESPONSIBILITIES IN RELATION TO THE VARIOUS TRAFFIC AND VEHICLE RESTRICTIONS AND FINES WHICH YOU MAY ENCOUNTER DURING YOU WORKING DAY. ONCE YOU HAVE READ THESE, PLEASE SIGN BELOW AND RETURN IT TO RECRUITMENT SOLUTIONS ALBA LTD.

PARKING

IF YOU ARE MAKNG A DELIVERY AND FINDING IT A STRUGGLE TO PARK ANYWHERE OTHER THAN IN A RESTRICTED AREA, YOU MUST CONTACT THE CLIENT AND GAIN THEIR CONSENT TO PAY ANY FINES WHICH YOU MAY INCUR THROUGH SUCH ACTIONS. IN ANY EVENT, ENDORSABLE OFFENCES – SUCH AS PARKING ON ZIG-ZAG MARKINGS ON THE APPROACH TO A PEDESTRIAN CROSSING WILL ALWAYS BE YOUR RESPONSIBILITY.

MOVING TRAFFIC OFFENCES

OFFENCES SUCH AS EXCESSIVE SPEED AND FAILURE TO STOP AT TRAFFIC LIGHTS WILL LEGALLY REQUIRE THAT WE PASS YOUR DETAILS TO THE RELEVANT AUTHORITIES IF A NOTICE OF INTENDED PROSECUTION (NIP) IS ISSUED. RECRUITMENT SOLUTIONS ALBA DOES NOT CONDONE SUCH BEHAVIOUR; NO DELIVERY IS WORTH RISKING YOUR LICENCE AND ULTIMATELY YOUR CAREER FOR.

CONGESTION CHARGE

IF YOU HAVE NOT BEEN BREIFED THAT IT IS ACCEPTABLE TO DO SO, DO NOT TAKE YOUR VEHICLE INTO THE CONGESTION CHARGE ZONE WITHOUT FIRST CONSULTING WITH THE CLIENT OR OURSELVES TO OBTAIN PERMISSION AND ENABLE THE CLIENT TO PAY THE CHARG, IF YOU CHOOSE TO IGNORE THIS, AMY RESULTING FINES WILL BE YOUR OWN RESPONSIBILITY.

OTHER RESTRICTIONS

THERE ARE A NUMBER OF OTHER SCHEMES AND RESTRICTIONS OF WHICH YOU SHOULD BE AWARE OF; THESE INCLUDE BUS LANES, LONDON BOROUGH TRANSPORT SCHEMES, RED ROUTES AND TIME/WEIGHT RESTRICTIONS. FAILURE TO ADHERE TO THE REQUIREMENTS OF THESE SCHEMES AND RESTRICTIONS MAY RESULT IN OPERATOR HAVING TO PAY A FINE. IF THESE CHARGES ARE PASSED ON TO RECRUITMENT SOLUTIONS ALBA LTD, WE RESERVE THE RIGHT TO PASS THESE CHARGES ON TO YOU. IF YOU ARE UNCERTAIN OF WHAT TO DO IN ANY GIVEN SITUATION, PLEASE CONTACT EITHER THE CLIENT OR OURSELVES AND WE WILL ADVISE YOU ON THE BEST COURSE OF ACTION.

ACKNOWLEDGEMENT FORM

BY SIGNING THIS FORM, YOU ARE CONFIRMING THAT YOU HAVE RECEIVED, READ AND UNDERSTOOD THE FINES AND VEHICLES PROPERTY DAMAGE DOCUMENT, AND HEREBY GIVE CONSENT FOR RECRUITMENT SOLUTIONS ALBA TO RECOVER FINES AND COSTS INCURRED BY YOU WHICH MAY RESULT IN DEDUCTIONS BEING MADE FROM YOUR SALARY.

YOU SHOULD RETURN THE SIGNED FORM TO RECRUITMENT SOLUTIONS ALBA LTD; YOU MAY WISH TO KEEP A COPY FOR YOUR RECORDS.

FULL NAME (PRINTED _____

SIGNED _____

DATE _____