



Personal Record

Private & Confidential

Please complete in block capitals and black ink

OFFICE USE ONLY	Applicant Ref No		Consultant	
-----------------	------------------	--	------------	--

GENERAL - Section 1

Title: _____ Tel No. (Home): _____
 First Names: _____ Tel No. (Work): _____
 Surname: _____ Mobile: _____
 Partner's Name: _____ E-Mail: _____

Present Address: _____ If less than 3 years please state previous address: _____
 Postcode: _____ Postcode: _____

Date of Birth: _____ Place of Birth: _____ Country of Origin: _____
 Age: _____ Smoker: _____
 Sex: _____ Former Name: _____ Accommodation: Owner / Rented:
 National Insurance Number: _____

How did you hear of SSR®: _____ Name of publication, exhibition, personal referral: _____

What is your preferred location: _____ Are you an EU citizen: _____ If no, country of origin: _____
 Are you prepared to move to another area: _____ If yes, state preferred location(s) including overseas: _____
 Do you have unrestricted entitlement to take up employment in the UK: _____ Your work visa must be shown.

Position(s) applied for: _____ OTE or bonus: _____
 Position type: Temp / Perm Minimum salary requirement: _____
 Current basic salary: _____ Notice period: _____

Do you hold a current driving licence: _____ Do you have your own transport: _____
 Classification: _____ Date of Issue: _____ Do you have a company car: _____
 Do you have any current or pending motoring offences: If so, please state: _____
 Do you speak any foreign languages: Yes / No. If yes, please state which and level of competence: _____

Spare time interests: _____

Have you ever received a police caution, been fined, sentenced to imprisonment or placed on probation from a criminal act subject to the Rehabilitation of Offenders Act? Yes / No. If yes, please give details: _____

Has any order been made against you by a civil or military court or public authority: Yes / No. If yes, please give details: _____

Please attach a copy of your passport or birth certificate: _____ Please attach a copy of your work visa (if required): _____
 Please attach a copy of your relevant training and education certificates: _____

EMPLOYMENT RECORD – Section 2

If this includes a period of self-employment, please give 2 referees, ie bank or accountant and supplier or customer.

Name and full address of present or last employer:

Description of your duties / responsibilities:

Postcode: _____

Telephone: _____ Position held: _____

Fax: _____ Reporting to: _____

From: _____ Basic salary: _____

To: _____ OTE / bonus: _____

Description of company: _____

Web address: _____

Can we take up references? Yes No

Who do we contact? _____

Reasons for leaving: _____

Name and full address of previous employer:

Description of your duties / responsibilities:

Postcode: _____

Telephone: _____ Position held: _____

Fax: _____ Reporting to: _____

From: _____ Basic salary: _____

To: _____ OTE / bonus: _____

Description of company: _____

Web address: _____

Can we take up references? Yes No

Who do we contact? _____

Reasons for leaving: _____

Past Employment Details (continued)

Company name: _____ Telephone: _____ Position held: _____

Address: _____ Fax: _____ Reporting to: _____

From: _____ Basic salary: _____

To: _____ OTE / bonus: _____

Postcode: _____

Reasons for leaving: _____

Company name: _____ Telephone: _____ Position held: _____

Address: _____ Fax: _____ Reporting to: _____

From: _____ Basic salary: _____

To: _____ OTE / bonus: _____

Postcode: _____

Reasons for leaving: _____

Company name: _____ Telephone: _____ Position held: _____

Address: _____ Fax: _____ Reporting to: _____

From: _____ Basic salary: _____

To: _____ OTE / bonus: _____

Postcode: _____

Reasons for leaving: _____

EDUCATION – Section 3

Name and address of last school attended:	From:	To:	Exams Passed:	Grades (qualification result):
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name and address of polytechnics, colleges, universities attended:	Issue Date:	From:	To:	Type of Course(s):	Highest Qualification obtained:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Membership of Professional Bodies, Training Achievements, etc - including any SIA Licences: _____

UNEMPLOYMENT CONSENT FORM - Section 4

Each period of unemployment must be detailed on this form with name and full address of benefit office.

Applicant's full name:	National Insurance Number:
_____	_____
Full address of benefit office:	Period of unemployment
_____	From: _____
_____	To: _____
_____	_____
Full address of benefit office:	Period of unemployment
_____	From: _____
_____	To: _____
_____	_____
Full address of benefit office:	Period of unemployment
_____	From: _____
_____	To: _____
_____	_____

Any further periods of unemployment should be completed and authorised on a separate sheet.

HEALTH QUESTIONNAIRE - Section 5

1. Name and address of GP: _____

May we request medical information from him / her if necessary: _____

2. Have you ever attended an outpatients department for longer than 6 weeks: _____

If yes, please give details: _____

3. Have you had a chest x-ray in the last 2 years: _____

If yes, please give details: _____

4. (a) Please place a cross against any under-mentioned illnesses from which you have suffered:

Asthma	_____	Epilepsy	_____	Heart Trouble	_____	Rheumatic Complaints	_____
Back Trouble	_____	Fits	_____	Hernia	_____	Serious Skin Disorders	_____
Bronchitis	_____	Fainting	_____	Migraine	_____	Tuberculosis	_____
Diabetes	_____	Hay Fever	_____	Nervous Disorder	_____		

(b) Are you currently receiving any medical treatment: _____

(c) Do you suffer from colour blindness: _____

5. Please give details of any other serious illness, injury, operation, physical defect or disability:

6. Please give details of any time (approximately) you have been absent owing to illness in the last 2 years:

7. Are you registered under the Disabled Persons (Employment) Acts 1944 and 1958:

If yes, please complete the following: Certificate No: _____

Expiry Date: _____

8. Have you ever been advised by a doctor not to undertake night-shift working:

PERSONAL REFERENCES – Section 6

Give the names and address of two personal references known to you in excess of 10 years and in what capacity. These should not be relatives or previous employers. School leavers / graduates should name their headmaster / tutor as applicable.

1. Name: _____

2. Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Telephone: _____

Telephone: _____

Profession: _____

Profession: _____

DECLARATION

I certify that, to the best of my knowledge, the information that I have given is true and complete. I have never been convicted of any civil or criminal offence or dismissed from employment for any misconduct. I understand that any false statement or omission may render me liable to dismissal without notice or prosecution. I accept that I may be required to undergo a medical examination where requested by a company. I authorise storage and retrieval of information supplied on this form and any attachments to assist in the pursuance of future applications for work, or for the company to provide statistical analysis. I consent to SSR[®] Personnel, Executive Profiles Ltd & Group Companies contacting me about other services and alternative roles they feel are appropriate to me. I authorise the company and / or its nominated agent to approach previous employers, schools / colleges, character referees or government agencies to verify that the information I have provided is correct.

I, _____ (name of Applicant) authorise SSR[®] Personnel to apply for details of the unemployment period(s) stated in Section 4.

I have enclosed _____ sheet(s) with my application and a copy of my passport or birth certificate (please do NOT send original documentation by post).

I wish to receive NEW vacancies by email: Yes / No. I wish to receive NEW vacancies by SMS: Yes / No

Applicant's signature: _____ Date: _____