

FIRST PERSONNEL

OFFICE APPLICATION ONLINE FORM

APPLICATION NUMBER

ON WHAT BASIS ARE YOU LOOKING:	FT PT PERM	PT TEMPORARY	OTHER
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SURNAME	FIRST NAME	Mr Mrs Miss Ms	MAIDEN NAME	AGE	DATE OF BIRTH
ADDRESS			HOME TELEPHONE No:	MOBILE PHONE No:	
			VALID DRIVING LICENCE YES/NO	OWN TRANSPORT YES/NO	SMOKER YES/NO
EMAIL			DATE AVAILABLE	CURRENT UNION MEMBERSHIPS	
			NOTIFY IN CASE OF EMERGENCY		
WORK PERMIT REQ YES/NO	NATIONALITY	NATIONAL INSURANCE No	REGISTERED DISABLED YES/NO	RECORD OF CONVICTION YES/NO	

EDUCATION AND QUALIFICATIONS

DATES		NAME AND ADDRESS OF SCHOOL, COLLEGE, UNIVERSITY OR OTHER	GIVE DETAILS OF QUALIFICATIONS GAINED AND RESULTS
FROM	TO		

TRAINING: GIVE DETAILS OF ANY RELEVANT TRAINING AND/OR COURSES ATTENDED

TICK THE SKILLS AND BUSINESS AREAS BELOW IN WHICH YOU HAVE EXPERIENCE

TYPING		ACCOUNTS		WORD PROCESSING	
COPY TYPING		BANK RECONCILIATIONS		EXCEL	
AUDIO TYPING		BOOK KEEPING		ACCESS	
SHORTHAND		BOUGHT LEDGER		WINDOWS	
GENERAL ADMINISTRATION		COSTING		WORD	
OFFICE JUNIOR		CREDIT CONTROL		POWERPOINT	
FILING		NOMINAL LEDGER		PUBLISHER	
FAXING		MANUAL PAYROLL		EMAIL	
PHOTOCOPYING		COMPUTERISED PAYROLL		SPREADSHEETS	
DATA ENTRY ALPHA		PURCHASE LEDGER		MACROS	
DATA ENTRY NUMERIC		SAGE		MAIL MERGE	
RECEPTION		SALES LEDGER		DATABASE	
SWITCHBOARD		SAP		FORMULAS	
MEETING AND GREETING		TRIAL BALANCE		INTERPRETING DATA/GRAPHS	
BOOKING MEETING ROOMS		VAT RETURNS		BACS SOFTWARE	
HUMAN RESOURCES		RETAIL:			
PERSONAL ASSISTANT		STOCK CONTROL			
SECRETARIAL		CASHIER		TESTING RESULTS:	
TRANSPORT/DESPATCH		CUSTOMER SERVICE		TYPING SPEED	
BOOKING IN LOADS		CALL CENTRE		DATA ENTRY ALPHA	
PRODUCING POD's		SALES		DATA ENTRY NUMERIC	
IMPORT		FIELD SALES		WORD	
EXPORT		TELEPHONE SALES		EXCEL	
CUSTOMS CLEARANCE		DEMONSTRATIONS			

PERSONAL REFERENCES (THIS MUST NOT BE RELATIVES OR FORMER EMPLOYERS)

NAME	NAME
ADDRESS	ADDRESS
RELATIONSHIP	RELATIONSHIP

HEALTH QUESTIONNAIRE

Please tick if you have ever suffered from any of the following, if Yes, please tell us the date this last occurred

	<i>Yes</i>	<i>No</i>	<i>When</i>
Epilepsy, fits, blackouts, fainting turns or unexpected loss of consciousness	()	()
Nervous disorder/ breakdowns	()	()
Anxiety or depression	()	()
Recurring headaches or migraines	()	()
Diabetes	()	()
Varicose veins or circulation problems	()	()
Raised or High blood pressure	()	()
Chest pain, angina, heart disease or breathlessness	()	()
Asthma or Bronchitis	()	()
Skin allergies or eczema	()	()
Stomach/ bowel problems	()	()
Kidney/ bladder problems	()	()
Back or neck pain or painful joints	()	()
Anything else			
Any family history or medical problems?.....			
.....			

Have you had an operation within the last 2 years? If so what was this for?.....

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Are you currently on any medication?.....

.....

General Practitioner:.....

Address:.....

Telephone Number:.....

I HEREBY AUTHORISE First Personnel and present or past employers to give any information that may be sought concerning this application regarding my work character and skills. I further agree to treat as confidential any information I receive concerning the business of First Personnel or its client and not to disclose such information in any way other than directed by First Personnel in connection with the business of First Personnel. In accordance with our Company policy First Personnel prohibits discrimination on the basis of race religion, colour or sex. I declare that the information is true and complete and that I am at least 16 years of age. This information may also be held on a computer system, Data Protection Act 1998.

SIGNATURE:

DATE:

PRESENT OR MOST RECENT EMPLOYMENT:

COMPANY NAME:	JOB TITLE:
COMPANY ADDRESS:	BRIEF DESCRIPTION OF DUTIES AND MAIN RESPONSIBILITIES:
SALARY:	
REASON FOR LEAVING:	REFERENCE? YES / NO

OFFICE USE ONLY

PAST EMPLOYMENT:

COMPANY NAME:	JOB TITLE:
COMPANY ADDRESS:	BRIEF DESCRIPTION OF DUTIES AND MAIN RESPONSIBILITIES:
SALARY:	
REASON FOR LEAVING:	REFERENCE? YES / NO

OFFICE USE ONLY

PAST EMPLOYMENT:

COMPANY NAME:	JOB TITLE:
COMPANY ADDRESS:	BRIEF DESCRIPTION OF DUTIES AND MAIN RESPONSIBILITIES:
SALARY:	
REASON FOR LEAVING:	REFERENCE? YES / NO

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