Bank Account Details

Complete fully the areas below using one letter or digit for each box

NAME

EMPLOYEE NUMBER

BRANCH

ADDRESS

Please Complete A or B

A

BANK NAME

ADDRESS

SORT CODE:-

ACCOUNT NUMBER

ACCOUNT HOLDER'S NAME

B

BUILDING SOCIETY NAME

ADDRESS

SORT CODE:-

ACCOUNT NUMBER

REFERENCE NUMBER

ACCOUNT HOLDER'S NAME

I confirm that I have completed the details above. I understand if there are any incorrect details it could result in the delayed payment of my wages

Signed: ..... Print Name: .....

encore
superior staffing solutions

Whenever possible, we would prefer to email your payslips to you. This will mean that you will receive your payslip as soon as the payroll is processed on a Wednesday afternoon. If your payslip is posted to you, you will not receive it until Friday or Monday.

If you would like your payslip emailing to you, then please complete your email address below:

email address: ....

Mr/ Mrs/ Miss/ Ms .....

FIRST NAME: .....

SURNAME: .....

NORMAL ADDRESS: .....

.....

.....

TYPE OF WORK REQUIRED: .....

TRAVEL TO WORK AREAS: .....

DATE OF BIRTH ☐☐ / ☐☐ / ☐☐

AGE IN YEARS ☐☐

TODAY'S DATE ☐☐ / ☐☐ / ☐☐

TELEPHONE NUMBER: .....

DO YOU HAVE A FULL DRIVING LICENCE?..... YES / NO

DO YOU HAVE YOUR OWN TRANSPORT?..... YES / NO

HOW LONG UNEMPLOYED? .....

ARE YOU A STUDENT? ..... YES / NO

Previous work record/ experience

Company name	Type of work	How long	Reason for leaving

Numeracy Test *(Where applicable)*

PLEASE COMPLETE THE FOLLOWING TEST WITHIN TEN MINUTES

TRANSPOSITION

Check that each figure on the right hand side is identical to that on the left. Circle digits that have been transposed incorrectly.

i.e.	1543217	1,463,217
	7968311	7,968,311
	8796113	8,769,113
	9876131	9,786,131
	8868688	8,868,688
	2452542	2,452,542

PLEASE ADD:

25,819.21
7,219.12
35,318.22
3,183.38
1,833.83
41,389.38

PLEASE SUBTRACT:

7826421 from 8,796,117

=

PLEASE MULTIPLY:

£41.78 by 6.5

=

PLEASE CALCULATE THE FOLLOWING:

9 x 352 =

16 x 67 =

47 x 1781 =

21 x 480 =

56 x 75 =

10 x 10 =

PLEASE PUT THE FOLLOWING IN ALPHABETICAL ORDER (USING SURNAME):

ie. A.Jones Correct: J.Collins
J.Collins A.Jones
P.Peters P.Peters

C.A. Ericson

T.I. Davies

A.P. Joyce

P.J. Emerson

G.J. Davison

D.G. Jones

TEST RESULTS: **S/NS:**

Medical Assessment Form

SURNAME: .....

FORENAMES: .....

DATE OF BRITH: ..... AGE: .....

Are you presently suffering from or have in the past:-

1. Any type of Skin Complaint?..... YES / NO
2. Any type of Allergy?..... YES / NO
3. Bowel Disorder (e.g. Typhoid, cholera, chronic diarrhoea, dysentery?)..... YES / NO
4. Blackouts, Migraine, Fainting?..... YES / NO
5. Mental or Nervous Breakdown?..... YES / NO
6. Heart Complaint?..... YES / NO
7. Disorders of Eyes/ Ears/ Nose?..... YES / NO
8. Have you or any of your relatives had TB or any infectious diseases?..... YES / NO
9. Have you ever been dismissed from or refused employment on health grounds?.. YES / NO
10. Have you ever been informed that you are a carrier of Salmonella?..... YES / NO
11. Diabetes or a Glandular complaint?..... YES / NO
12. Jaundice or Anaemia?..... YES / NO
13. Any Staphylococcal infection likely to cause food poisoning?..... YES / NO
14. Hepatitis?..... YES / NO
15. Asthma?..... YES / NO

If you have answered ' YES' to any of the above, please give details:

.....

.....

Are you receiving medical attention at present?..... YES / NO

If 'YES', please give details: .....

.....

.....

These additional conditions will also disqualify an employee from working as a food handler:-

- Inflammation or discharge from the ear.
- Inflammation of the eyelids or covering of the eyeball.
- Persistent or recurring skin conditions.
- Oral or dental sepsis should be under adequate treatment.
- Sores or Boils
- Nail biters.
- History of illness or intestinal infection resulting in diarrhoea and/or vomiting lasting more than 24 hours.

For Night Workers Only

Have you worked any night shifts in the past? .....

What type of work was this? .....

How long have you been working night shifts? .....

Have you ever suffered health problems directly related to working night shifts?.....YES / NO

If 'YES', please give details .....

.....

To the best of my knowledge and belief this information given above is correct. I understand that if I am appointed and this information is inaccurate I am liable to dismissal. I also undertake to inform Encore of any change to the above information.

Your Signature: .....