encore
superior staffing solutions

## Your details

**Mr / Mrs / Miss (please circle) FORENAME:** .....

**SURNAME:** .....

Full address

**EMAIL:** .....

**TELEPHONE NUMBER:** .....

**MOBILE NUMBER:** .....

**EMERGENCY NUMBER:** .....

**NATIONAL INSURANCE NUMBER:** .....

**FORM OF ID:** .....

**TODAY S DATE** D D M M Y Y

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

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

**TTW DISTANCE ?** .....

**MODE OF TRANSPORT?** .....

**(It is your responsibility to inform us if your mode of transport changes during your employment)**

**HOW LONG UNEMPLOYED?** .....

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

**NATIONALITY:** .....

**D.O.B.** D D M M Y Y

**DO YOU HAVE A CRIMINAL CONVICTION?**..... **YES / NO**

**DETAILS OF CONVICTION:** .....

**CONSULTANT:** **SUITABLE: YES / NO**

**DIVISION:**

## Banking Information

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

BANK OR BUILDING SOCIETY NAME

ADDRESS

SORT CODE:-

ACCOUNT NUMBER

ACCOUNT HOLDER S NAME

REFERENCE NUMBER

WHAT IS YOUR LEGAL TAX STATUS? PAYE ☐ LTD COMPANY ☐ SELF-EMPLOYED ☐

**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:** ..... **Date:** .....

## Emailing Payslips

**Encore s policy is to email pay slips weekly.**
**This will mean that you will receive your payslip as soon as the payroll is processed on a Wednesday afternoon.**
**Complete your email address below. If no email address is provided it will result in Encore creating a new email account on your behalf.**

**email address:** .....

## Previous work record / experience

| Company name and location | Type of work / Job Title | Dates from / to | Referee contact details | Reason for leaving | Wages / Salary |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Qualifications | Where achieved / gained | Date | | Other information |
|---|---|---|---|---|
| | | | | |
| | | | | |

Hobbies / Interests

| | | | | | |
|---|---|---|---|---|---|
| WHAT KIND OF WORK ARE YOU LOOKING FOR? | | | | | |
| MINIMUM RATE £..... | UNIONS? | | HOW DID YOU HEAR ABOUT ENCORE? | | |
| STEEL TOE CAPS? YES / NO | SHOE SIZE: ..... | HI VIZ? YES / NO | BUMP CAP? YES / NO | HARD HAT? YES / NO | GLOVES? YES / NO |
| WHAT AREAS CAN YOU WORK (Please give 3 areas) | | | | | |
| HOW DID YOU HEAR ABOUT US? (ie. online, newspaper, from a friend) | | | | | |

## Medical Assessment Form

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. Epilepsy?..... YES / NO
16. Asthma?..... YES / NO
17. Smoker?..... YES / NO

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

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.....

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

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

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**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:** .....

## Candidate Description

| CLOTHING | ✓ | RATING | ✓ | ATTITUDE | ✓ | Build | ✓ | SHIFTS | ✓ |
|---|---|---|---|---|---|---|---|---|---|
| Smart | | Very Good | | Attentive | | Heavy Build | | 0600-1400 hrs | |
| Smart Casual | | Good | | Professional | | Athlectic Build | | Days | |
| Sports Apparel | | Average | | Out Going | | Medium Build | | 1400-2200 hrs | |
| Scruffy | | Below Par | | Introvert | | Slim Build | | Nights | |
| Hair description | | Visible Tattoos YES / NO | | Aggressive | | Petite Build | | Weekends | |
| Facial Hair YES / NO | | | | Laisse Fair | | | | Part Time | |
| Visible Piercing YES / NO | | | | Unprofessional | | | | Split Shifts | |

**SUITABILITY / SPEC OUT TO**

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# Encore believes in equal opportunities

We want to make sure that we are an equal opportunities employer in practice, which is why we want to monitor our recruitment procedures. We will separate this part of the form from the application form. It will not form part of the selection process.

| GENDER | Male | | Female | | WHAT AGE GROUP DO YOU BELONG TO? 18-25 | | 26-35 | | 36-45 | | 46-55 | | over 55 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**Do you consider that you have a disability?**

- Cerebal palsy
- Physical impairment
- Dyslexia / dyspraxia
- Speech impairment
- Mental health conditions current or previous (e.g. depression)
- Blind or impaired vision not correctable by glasses
- Deaf or hard of hearing
- Wheelchair user
- Autism
- Learning difficulties
- Long-term medical condition or illness (including anything for which you take regular prescriped medication or need regular medical treatment e.g. diabetes, cancer, epilepsy, asthma etc.)

(THIS LIST IS NOT EXHAUSTIVE)

**YES / NO** (Please circle)

**How would you describe your ethnic origin:-**

**White / Mixed**
White ☐ White and black Caribbean ☐ White and black African ☐ White and Asian ☐
**Asian**
Indian ☐ Pakistani ☐ Bangladeshi ☐
**Black**
Caribbean ☐ African ☐
**Chinese**
Chinese ☐
Other (Please describe) .....

**How would you describe your religion?**
Muslim ☐ Hindhu ☐ Sikh ☐ Judaism ☐ Christianity ☐ Other or N/A ☐

## Declaration By signing below I agree to the following:

**Encore may from time to time need to contact you out of office hours.**
**Encore may need to give out your telephone number to clients (in emergency).**
**Companies may require to spot search your vehicle and person.**
**I give permission for my information to be verified and also shared with Encore s clients if required.**
**I am prepared to work in more than 1 postcode region.**
**Encore requires you to read and understand all of the information relating to Health and Safety and the items set out in the Contractors Handbook.**
**Encore requires you to sign a contract of employment and while on the clients premises, you will observe the rules and regulations and adhere to the site Health and Safety policies. Encore will conduct a full reference check based on information given.**

**Signed: .....** **Date: .....**

Please sign as confirmation that you agree to all the details within this form.

## OFFICE USE ONLY

### Skill Set Technical

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **CNC** | Programmer | | Milling | | **Industries core list** | | | |
| | Setter | | Turning | | Aerospace | | | |
| | Operator | | **Other** | | Automotive | | | |
| **Maintenance** | Electrical | | **PLC s** | | Automotive F1 | | | |
| | Mechanical | | | | Electronics | | | |
| | Installation Engineer | | | | Food / Drink | | | |
| | Service Engineer | | MIG | | Heavy, I.E Quarry | | | |
| **Welding** | Welder | | TIG | | Manufacturing | | | |
| | Fabricator | | STICK | | Military / Defense | | | |
| | Sheet Metal Worker | | SPOT | | Pharmaceutical | | | |
| **Design** | Design Engineer | | ARC | | Point of Sale | | | |
| | CAD Designer | | 2D | | Rail | | | |
| | Draughtsman | | 3D | | Oil / Gas | | | |
| | Senior Designer | | Pro-E | | Power | | | |
| | Special Purpose Machinery (SPM) | | Solidworks | | **Other** | | | |
| | CAD / CAM | | Catia | | | | | |
| **Specialist Machinist** | Power Press | | **Other** | | | | | |
| | Press Brake | | | | | | | |
| | Laser | | | | **Experience** | | | |
| | Punch Press | | | | Non-Management | | | |
| | Milling | | CNC | | Lower Manager | | | |
| | EDM | | Manual | | Senior Manager | | | |
| | Turning | | | | **Accreditations** | | | |
| **Fitters** | Electrical | | | | | | | |
| | Mechanical | | | | | | | |
| | Wireman | | | | | | | |
| **Quality** | Quality Inspector | | Calipers | | | | | |
| | Quality Engineer | | Mircometers | | | | | |
| **General** | De-burrer | | CMM | | | | | |
| | Guillotine | | Verniers | | | | | |
| | Carpenter | | Gages | | | | | |
| | Fettling | | | | | | | |
| | Woodworker | | | | | | | |
| | Solderer | | | | | | | |

**INTERVIEWERS NOTES**

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**TOP 4 COMPANIES YOU WOULD LIKE TO WORK FOR**

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**OTHER INTERVIEWS PENDING**

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### Skill Set Industrial

| | ✓ | | ✓ | | ✓ | | ✓ | | ✓ |
|---|---|---|---|---|---|---|---|---|---|
| Loader | | Warehouse | | Stock Control | | Mail Sort | | Order Picker | |
| Labourer | | Production / Manufacturing | | FLT CB | | Collation | | Admin / Data Entry | |
| Assembly | | Food Production (non meat) | | FLT Reach | | Outdoor Work | | Packing | |
| Cleaning | | Machine Operator | | FLT VNA | | LLOP / PPT | | | |

### Skill Set Driving primary list

| | 0-6m | 6-24m | 24+m | | 0-6m | 6-24m | 24+m | | 0-6m | 6-24m | 24+m | | 0-6m | 6-24m | 24+m |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LGV C+E | | | | C1 / 7.5T | | | | CAR | | | | PSV | | | |
| LGV C | | | | VAN | | | | MINI BUS | | | | FLT | | | |

### Skill Set Driving secondary list

| Experienced / Will do | ✓ | Experienced / Will do | ✓ | Experienced / Will do | ✓ | Experienced / Will do | ✓ |
|---|---|---|---|---|---|---|---|
| ADR | | Draw Bar | | Refuse | | Digital Tacho | |
| Automactic Gearbox | | Flat Bed | | Removals | | Sat-Nav | |
| Box Vehicles | | Handball | | Roll On / Roll Off | | Drops (1-4) | |
| Cages | | Level 4 | | Rope and Sheet | | Drops (5-20) | |
| Container | | Moffet | | Shunting | | Drops (21+) | |
| Crane (Hiab/Atlas) | | Nights Out | | Skip | | FLT - C/BAL | |
| Curtain Sider | | Pallet Trucks | | Tail Lift | | FLT - Reach | |
| De-Mountable | | Plant | | Tanker | | FLT - VNA | |
| Double Decker Trailers | | Refrigerated | | Tipper | | FLT - Bendi | |

**INTERVIEWERS NOTES**

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