

A. PERSONAL DETAILS

Full Name

Address

Postcode

Email

Home Tel

Mobile Tel

Marital Status

B. NEXT OF KIN DETAILS

Full Name

Address

Postcode

Email

Home Tel

Mobile Tel

Relationship

C. PROFESSIONAL DETAILS

Driving Licence No

CPC Card

YES NO

Digital Tacho Card

YES NO

HIAB Card

YES NO

ADR Card

YES NO

CrossRail Card

YES NO

Forklift Card/Certificate

YES NO

Licence Type

 C+E (Class 1) C (Class 2) D (PCV) C1 (7.5 Tonne) B (Van/Car/3.5 Tonne)

How much UK experience do you have ?

 < 1 year 1 - 2 years 2 years +**D. PREFERRED POSITION(S)** HGV Class 1 HGV Class 2 7.5 Tonne 3.5 Tonne Van Bike ADR HIAB Moffat Warehouse/Porter Forklift Other (Please Specify):

What type of work are you looking for ?

 Temp Perm Part-Time Full-Time Contract

F. IMPORTANT INFORMATION

Have you ever had a conviction? YES NO If YES please provide details

Number of sick days in last year

Have you suffered any disabilities or illnesses in past 3 years? YES NO If YES please provide details

Do you have a full UK Driving License? YES NO

Do you own a vehicle? YES NO

Hi-Vis Jacket size:

DVLA Check Consent

Please confirm how you intend to travel to work ?

How did you hear about us?

Please tick box to opt out of Auto Enrolment Pension

G. PAYMENT STATUS *(Please ensure you have read Candidate Status Document before filling in)*

Please confirm how you wish to engage with Quicktemp:

I am on PAYE and wish for QuickTemp to deduct tax and NI from my payments. **Go to Section 1**

I wish to be paid via a Limited Company. **Go to Section 2**

I wish to be paid via an umbrella company (see list of accepted umbrellas). **Go to Section 3**

Section 1 - PAYE: Complete if you wish to be paid via PAYE. This should be read in conjunction with the PAYE terms and conditions.

A - This is my first job

B - This is now my only job, but since 6 April

C - I have another job or receive a state or occupational pension

Bank Name

Account name

Account Number

Sort Code

Section 2 - Limited Company: Complete if you are to be paid via Limited Company. You must be a director and shareholder of the Limited Company.

Company Name

Registration Number

VAT No (if applicable)

Company Bank Name

Company Bank Account Name

Bank Account Number

Bank Sort Code

In signing this form I confirm that:

I am a director of the intermediary and hold at least 5% of the share capital

I confirm that the Intermediary will comply at all times with UK Tax and NICs Legislation including in particular in relation to the deduction of the appropriate PAYE and national Insurance deductions and payment of the appropriate employers' national insurance contributions.

I confirm that the intermediary holds appropriate insurance policies as outlined in the terms and conditions.

Section 3 - Umbrella: Complete if you are to be paid via an umbrella company (this must be a company on our supplier list)

Company Name

Contact Details

I confirm that I wish to be paid by the above company and agree for Quicktemp to share my data with the named company.

H. YOUR REFERENCE DETAILS

• Please supply the names and work addresses of at least 2 clinical professional referees. • One must be from your present or most recent employer and must be a senior grade to yourself. • You must have worked for that person for a period of more than three months duration. • All references must relate to employment over the last two years. • If you have left a job with children or vulnerable adults, legally a reason must be give why.

May we contact your referees prior to an interview?

YES NO

Reference 1

Name Position

Address

Postcode

Telephone number Email address

In what capacity has this person known you?

Start Date (mm/yy) End Date (mm/yy) To Date

Reference 2

Name Position

Address

Postcode

Telephone number Email address

In what capacity has this person known you?

Start Date (mm/yy) End Date (mm/yy) To Date

I. DECLARATIONS**Candidate Welcome Pack**

1. I have received and understood the Candidate Welcome Pack which explains timesheets, availability, booking confirmations, booking cancellations, general communication and PPE.

2. Working Time Regulations (Domestic & EU Drivers' Hours and Working Time Rules)

I am confirming that I have complete understanding of Domestic and EU Drivers' Hours and Working Time Rules. I understand the required breaks from driving, daily driving hours, weekly driving hours, fortnightly driving hours, daily required rest, split daily rest, working day and weekly rest.

I confirm that it is my responsibility to adhere to these regulations

Signed

Date

Bank Details

I have completed my bank details and confirm they are complete and correct. I hereby understand that any incorrect or incomplete details can result in a delay of my payment.

Data Protection

I agree that QuickTemp Ltd retains the right to hold this application and any other data required to process it and to pass on to any authorised third party the details held within. I also agree for Quicktemp to retain these details for as long as reasonably necessary in accordance with the Data Protection Act. I also authorise that Quicktemp may share my data with group companies for the purpose of finding me work.

Signed

Date

Terms and Conditions

I confirm that the information given in this application is, to the best of my knowledge, true.

I am permitted to work in the UK.

I understand that my registration is subject to the receipt of at least two satisfactory references.

I undertake to inform QuickTemp should I be convicted of an offence in the future.

I undertake to inform QuickTemp should my medical condition change that would affect my ability to perform my driving duties.

I am clear and completely understand that QuickTemp cannot guarantee assignments and that they have no responsibility to pay for hours not worked no matter the situation.

I confirm that I have read and agree to the QuickTemp Terms and Conditions.

Signed

Date