

# STARS RECRUITMENT LIMITED

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT ALL DETAILS)

<b>POSITION APPLIED FOR</b>	<input type="text"/>					
<b>DATE AVAILABLE TO START</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<b>WORK LOCATIONS</b>	<input type="text"/>					
<b>PREPARED TO WORK</b>	<b>FULL TIME</b>	<input type="checkbox"/>	<b>PART TIME</b>	<input type="checkbox"/>	<b>SHIFT</b>	<input type="checkbox"/>

<b>PERSONAL DETAILS</b>			
(MR/MRS/MS/MISS) <input type="checkbox"/>	<b>SURNAME</b> <input type="text"/>	<b>FIRST NAMES</b> <input type="text"/>	
<b>ADDRESS</b>			
<input type="text"/>	<b>DATE OF BIRTH</b> <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<b>TELEPHONE NO</b>	<input type="text"/>	
<input type="text"/>	<b>NI NUMBER</b>	<input type="text"/>	<input type="text"/>
<input type="text"/>			
<input type="text"/>			

<b>HAVE CURRENT AND VALID DOCUMENTATION ALLOWING YOU TO LIVE AND WORK IN THE UK?</b>	<b>YES</b>	<b>NO</b>
IF YES, AND YOU ARE SELECTED FOR INTERVIEW, YOU WILL NEED TO PRODUCE THE ORIGINAL DOCUMENTS FOR US TO SEE AT THE FIRST INTERVIEW STAGE.		
IF NO, WE REGRET THAT WE WILL NOT BE CALLING YOU FOR AN INTERVIEW.		
<b>NAME, ADDRESS &amp; TELEPHONE NUMBER OF SOMEONE WE CAN CONTACT IN THE EVENT OF AN ACCIDENT:</b>		

<b>DO YOU OWN A CAR?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>				
<b>HAVE A CURRENT DRIVING LICENCE?</b>	<b>PROVISIONAL</b>	<input type="checkbox"/>	<b>FULL</b>	<input type="checkbox"/>	<b>LGV</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
<b>HAVE ANY CURRENT ENDORSEMENTS: (GIVE DETAILS BELOW)</b>								
<input type="text"/>								

<b>HEALTH</b>						
<b>HOW WOULD YOU DESCRIBE YOUR GENERAL HEALTH?</b>	<b>EXCELLENT</b>	<input type="checkbox"/>	<b>GOOD</b>	<input type="checkbox"/>	<b>POOR</b>	<input type="checkbox"/>
<b>ARE YOU REGISTERED DISABLED?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	<b>RDP No</b>	<input type="text"/>
<b>IF YES, PLEASE DESCRIBE YOUR DISABILITIES</b>	<input type="text"/>					

PROFESSIONAL QUALIFICATIONS ( DEGREE, NVQ,CITY&GUILDS)			
NAME OF PROFESSIONAL BODY	DATES		EXAMINATIONS/QUALIFICATIONS GAINED
	FROM	TO	

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CERTIFICATES HELD ( HYGEINE, ,HEALTH&SAFETY, CARE, FOOD HANDLING, ETC)			
PLACE OF EDUCATION	DATES		QU ALIFICATIONS GAINED
	FROM	TO	

APPLICATION FOR EMPLOYMENT

**PREVIOUS EMPLOYMENT – (LIST, BEGINNING WITH YOUR MOST RECENT, THROUGH TO YOUR PAST EMPLOYMENT)**

**1 NAME & ADDRESS OF EMPLOYER**

**DESCRIBE THE WORK YOU CARRIED OUT**


--

STARTING DATE 

--	--	--

LEAVING DATE 

--	--	--

NAME OF REFERENCE 

--

 TEL: 

--

LAST SALARY 

--

 PER WEEK/MONTH

**PREVIOUS EMPLOYMENT**

**2 NAME & ADDRESS OF EMPLOYER**

**DESCRIBE THE WORK YOU CARRIED OUT**


--

STARTING DATE 

--	--	--

LEAVING DATE 

--	--	--

NAME OF REFERENCE 

--

 TEL: 

--

LAST SALARY 

--

 PER WEEK/MONTH

**PREVIOUS EMPLOYMENT**

**3 NAME & ADDRESS OF EMPLOYER**

**DESCRIBE THE WORK YOU CARRIED OUT**


--

STARTING DATE 

--	--	--

LEAVING DATE 

--	--	--

NAME OF REFERENCE 

--

 TEL: 

--

LAST SALARY 

--

 PER WEEK/MONTH

**PREVIOUS EMPLOYMENT**

**4 NAME & ADDRESS OF EMPLOYER**

**DESCRIBE THE WORK YOU CARRIED OUT**


--

STARTING DATE 

--	--	--

LEAVING DATE 

--	--	--

NAME OF REFERENCE 

--

 TEL: 

--

LAST SALARY 

--

 PER WEEK/MONTH

**PERSONAL REFERENCES**

NAME & OCCUPATION	ADDRESS	TELEPHONE NO

MAY WE CONTACT ANY OF THE ABOVE PERSONAL REFERENCES BEFORE OFFERING YOU A POSITION? YES OR NO

(YOU NEED TO BE AWARE THAT YOUR EMPLOYMENT WOULD BE PROVISIONAL UNTIL SATISFACTORY REFERENCES ARE OBTAINED BY STARS RECRUITMENT LIMITED)

UNDER THE PROVISIONS OF THE REHABILITATION OF OFFENDERS ACT 1974 AND THE POLICE ACT 1997, DO YOU HAVE ANY UNSPENT CONVICTIONS?

Yes

No

IF YES, PLEASE GIVE DETAILS BELOW :

I AUTHORIZE STARS RECRUITMENT LIMITED TO PAY ANY SALARIES DUE INTO THE FOLLOWING ACCOUNT:

NAME OF BANK \_\_\_\_\_

BRANCH \_\_\_\_\_

SORT CODE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

**DECLARATION – I CONFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE. ANY FALSE, OR INNACURATE INFORMATION OR OMISSIONS MAY LEAD TO MY CONTRACT WITH STARS RECRUITMENT BEING TERMINATED.**

**I WISH STARS RECRUITMENT TO LOOK FOR SUIT ABLE EMPLOYMENT FOR ME, AND CONSENT TO STARS RECRUITMENT PASSING THE DETAILS CONTAINED IN THIS FORM TO PROSPECTIVE EMPLOYERS.**

**IF I DO NOT REPORT FOR WORK, AND DO NOT CONTACT STARS RECRUITMENT WITHIN ONE HOUR OF THE START TIME, (UNLESS THERE ARE CIRCUMSTANCES BEYOND MY CONTROL WHICH PREVENT ME FROM DOING SO) I SHALL HAVE ONE DAYS PAY DEDUCTED FROM ANY SALARY DUE.**

SIGNATURE OF APPLICANT

DATE