



Personal Record

Private & Confidential

Please complete in block capitals and black ink

Affix
Photograph
If Possible

GENERAL - Section 1

Title: Dr Mr Mrs Ms Other _____ First Names: _____

Surname: _____ Date of Birth: _____ Tel No. (Home): _____

Present Address: _____ Tel No. (Work): _____

_____ Mobile: _____

_____ Postcode: _____ E-Mail: _____

If less than 3 years please state previous address: _____ How did you hear of SSR? _____

_____ Postcode _____ Name of publication, exhibition, personal referral: _____

Are you prepared to move to another area? Yes No Position(s) applied for: _____

If Yes, state preferred location(s): _____

Are you an EU Citizen? Yes No _____

_____ If no, country of origin _____, Would you consider contract work? Yes No

Overseas: _____ and do you have unrestricted entitlement to take up employment in the UK? Current basic salary: _____

National Insurance Number Yes No OTE or bonus: _____

Please provide a copy of your work visa. Minimum salary requirement: _____

What is your notice period? _____

WEB CATEGORIES **OFFICE USE ONLY BELOW**

Job Titles

Market Sector

Product

INTERVIEWER'S ASSESSMENT Interviewed by: _____ Date: _____

Appearance: _____ Special Aptitudes: _____

Personality: _____ General Intelligence: _____ Interests: _____

Attainments: _____ Circumstances: _____

Have you seen and photocopied: Bank Statement Birth Certificate Passport Driver's Licence Utilities Account

5 Year Telephone Vetting												
Year	J	F	M	A	M	J	J	A	S	O	N	D

10 Year Postal Audit																									
Year	J	F	M	A	M	J	J	A	S	O	N	D	Year	J	F	M	A	M	J	J	A	S	O	N	D

HEALTH QUESTIONNAIRE - Section 2

1. Name and address of G.P. _____

May we request medical information from him/her if necessary? Yes No
2. Have you had a Chest X-Ray in the last 2 years? Yes No
3. Have you ever attended an Outpatients Department for longer than 6 weeks? Yes No
If Yes, please give details _____

4. (a) Please place a cross against any undermentioned illnesses from which you have suffered:
- | | | | | | | | |
|--------------|--------------------------|-----------|--------------------------|------------------|--------------------------|------------------------|--------------------------|
| Asthma | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Heart Trouble | <input type="checkbox"/> | Rheumatic Complaints | <input type="checkbox"/> |
| Back Trouble | <input type="checkbox"/> | Fits | <input type="checkbox"/> | Hernia | <input type="checkbox"/> | Serious Skin Disorders | <input type="checkbox"/> |
| Bronchitis | <input type="checkbox"/> | Fainting | <input type="checkbox"/> | Migraine | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Hay Fever | <input type="checkbox"/> | Nervous Disorder | <input type="checkbox"/> | | |
- (b) Are you currently receiving any medical treatment? Yes No (c) Do you suffer from colour blindness? Yes No
5. Please give details of any other serious illness, injury, operation, physical defect or disability: _____

6. How many days (approximately) have you been absent owing to illness in the last two years? _____
7. Are you registered under the Disabled Persons (Employment) Acts 1944 and 1958? Yes No
If Yes, please complete the following:
Certificate No. _____ Expiry Date _____
8. Have you ever been advised by a doctor not to undertake night shift working? Yes No

UNEMPLOYMENT CONSENT FORM - Section 3

Each period of unemployment must be detailed on this form with name and full address of benefit office.

Applicant's Full Name _____ National Insurance No.

--	--	--	--	--	--	--	--	--	--

Full address of Benefit Office _____

_____ Period of unemployment from _____ to _____

Full address of Benefit Office _____

_____ Period of unemployment from _____ to _____

Full address of Benefit Office _____

_____ Period of unemployment from _____ to _____

Any further periods of unemployment should be completed and authorised on a separate sheet.

I (name of applicant) _____ authorise **SSR Personnel**
to apply for details of the unemployment period(s) stated above.

Signed: _____ Date: _____

PERSONAL REFERENCES AND DECLARATION - Section 4

Give the names and addresses of two personal referees known to you in excess of 10 years and in what capacity. These should not be relatives or previous employers. School leavers/graduates should name their headmaster/tutor as applicable.

1. Name _____	2. Name _____
Address _____	Address _____
_____ Postcode _____	_____ Postcode _____
☎ _____ Profession _____	☎ _____ Profession _____

I certify that, to the best of my knowledge, the information that I have given is true and complete. I have never been convicted of any civil or criminal offence or dismissed from employment for any misconduct. I understand that any false statement or omission may render me liable to dismissal without notice or prosecution. I accept that I may be required to undergo a medical examination where requested by a company. I authorise storage and retrieval of information supplied on this form and any attachments to assist in the pursuance of future applications for work, or for the company to provide statistical analysis. I consent to SSR® Personnel, Executive Profiles Ltd & Group Companies contacting me about other services and alternative roles they feel are appropriate to me. I authorise the company and / or its nominated agent to approach previous employers, schools / colleges, character referees or government agencies to verify that the information I have provided is correct.

I have enclosed _____ sheet(s) with my application. **(Please do NOT send original documentation by post).**

Applicant's Signature: _____ Date: _____



Please complete in black ink. If accompanied by your CV please ensure telephone numbers are included in the employment history section.

OFFICE USE ONLY Applicant Ref No _____ Location _____

APPLICANT PROFILE - Section 5

Date of Birth [] Sex [] Place of Birth []
Country of Origin [] Former Name []
Accommodation: Owner occupier [] Rented [] Smoker Yes [] No []

EDUCATION - Section 6

Table with 4 columns: Name and address of last School attended, From, To, Exams Passed, Grades. Includes rows for Polytechnics, Colleges, Universities attended.

Professional licences held: _____ Issuer _____ Ref. _____ Issue date _____

Membership of Professional Bodies, Training Achievements, etc. _____

Do you hold a current Driving Licence? Yes [] No [] Classification _____ Date of Issue _____
Do you have your own transport? Yes [] No [] Company car Yes [] No []

Do you have any current or pending motoring offences? If so please state _____

Do you speak any foreign languages? Yes [] No [] If yes, please state which and level of competence _____

Spare time interests _____

Have you ever received a police caution, been fined, sentenced to imprisonment or placed on probation for a criminal act (subject to the Rehabilitation of Offenders Act) [] Yes [] No.

Has any order been made against you by a civil or military court or county court? No [] Yes [] Give details _____

SELF ASSESSMENT – Section 7 Any comments you may wish to highlight as to your abilities or achievements.

Multiple horizontal lines for writing self-assessment comments.

EMPLOYMENT RECORD - Section 8

If this includes a period of self-employment, please give two referees i.e. bank or accountant and supplier or customer

Name and full address of current or last Employer:

Description of your duties/responsibilities:

Postcode: _____

Telephone: _____ Fax: _____

Position held: _____ Reporting to: _____

From: ____/____/____ To: ____/____/____

Basic salary: _____ OTE/bonus: _____

Description of Company: _____

Web address: _____

Can we take up references? Yes No

Who do we contact? _____

State reason for leaving: _____

Name and full address of previous Employer:

Description of your duties/responsibilities:

Postcode _____

Telephone _____ Fax _____

Position held: _____ Reporting to: _____

From: ____/____/____ To: ____/____/____

Basic salary: _____ OTE/bonus _____

Description of Company: _____

Web address: _____

Who do we contact for a reference ? _____

State reason for leaving: _____

Employment details		Employment dates	
Company Name	Position held	From	/ /
Address	Reporting to	To	/ /
Postcode	Basic salary	OTE/bonus	
Telephone	Fax	Reasons for leaving	
Company Name	Position held	From	/ /
Address	Reporting to	To	/ /
Postcode	Basic salary	OTE/bonus	
Telephone	Fax	Reasons for leaving	
Company Name	Position held	From	/ /
Address	Reporting to	To	/ /
Postcode	Basic salary	OTE/bonus	
Telephone	Fax	Reasons for leaving	
Company Name	Position held	From	/ /
Address	Reporting to	To	/ /
Postcode	Basic salary	OTE/bonus	
Telephone	Fax	Reasons for leaving	