



Workforce Unlimited  
 Ridge House  
 16 Main Ridge West  
 Boston  
 Lincolnshire  
 PE21 6QQ  
 Tel / Fax: (01205) 355899  
 E-mail: enquiries@workforceunlimited.com  
 www.workforceunlimited.com

## REGISTRATION FORM

Mr / Mrs / Miss / Ms / Other _____	
<b>Applicant Name:</b> _____ <small>Including Middle Names</small>	
Address:	Home Tel No:
Postcode:	Mobile No:
E-Mail:	Passport / ID Number:
National Insurance No:	Transport: <i>Delete as applicable</i> Car / Motorbike / Bicycle / None

Are you Available Immediately?    YES / NO *Delete as appropriate*

**Licences and Certificates** – do you have any of the following? (please  as appropriate)

Forklift Licence		HGV 1 Licence		CPC Card		CSCS Card	
7.5 Licence		HGV 2 Licence		Digi Tacho		Car Licence	
DBS		Criminal Record?	<i>Please disclose any unspent convictions</i>				

For Office Use Only:

**Work History** – Please complete and attach a CV if you have one

<b>Dates to/from:</b>	
<b>Company Name/Address:</b>	
<b>Job Title:</b>	
<b>Job Description/Duties:</b>	
<b>Reason for Leaving:</b>	

<b>Dates to/from:</b>	
<b>Company Name/Address:</b>	
<b>Job Title:</b>	
<b>Job Description/Duties:</b>	
<b>Reason for Leaving:</b>	

<b>Dates to/from:</b>	
<b>Company Name/Address:</b>	
<b>Job Title:</b>	
<b>Job Description/Duties:</b>	
<b>Reason for Leaving:</b>	

**Declaration:** I confirm that the information provided in this application and within my Curriculum Vitae is both truthful and accurate. I have omitted no facts that could affect my employment. I understand any false or misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and subject to satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post, being used in connection with my search for work and may form the basis of any subsequent personnel file and is subject to the General Data Protection Regulations (GDPR).

**Workforce Unlimited are acting on behalf of a Client as a Recruitment Agency. By submitting your CV or application in response to a position advertised, your consent is being given to forward your details onto our Client for consideration. If unsuccessful in this particular position, we may want to retain your information and forward to other Clients for future similar vacancies. Please tick the boxes below if you consent:**

I consent to my personal information being retained by Workforce Unlimited for a limited time

I consent to my personal information being forwarded to Clients for future similar vacancies

<b>Signed:</b>	<b>Date:</b>
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## EQUAL OPPORTUNITIES MONITORING FORM

All applicants are required to complete this form in order that the company may monitor the effectiveness of its Equal Opportunities policy.

**This information will be used solely for internal monitoring and treated as confidential. Completion of this section will be taken as your consent to process the data as stated. This section will be separated from your application form on receipt and before consideration of candidates takes place.**

Date of Birth:        /        /

Sex:                    Male / Female

I would describe my ethnic origin as: Please circle			
White -	British Irish Other White	Mixed -	White and Black Caribbean White and Black African White and Asian Other Mixed
Asian or Asian British -	Indian Pakistani Bangladeshi Other Asian	Black or Black British -	Black Caribbean Black African Other Black
Chinese or Other Ethnic Group –	Chinese Other	Prefer not to indicate Please give reasons below:	

Is English your first language?                    Yes / No

**If No:**

How well do you speak English? (Please circle)

Not at all            A little            Good            Very Good            Excellent            Fluent

How well do you understand English? (Please circle)

Not at all            A little            Good            Very Good            Excellent            Fluent

Nationality \_\_\_\_\_

Please indicate your religion: \_\_\_\_\_

Do you consider yourself to have a disability?            Yes / No

If yes, please state the nature of your disability and whether you have any special needs or requirements that we need to account for.

How did you hear about our agency? \_\_\_\_\_