

Golden Cleaning Application Form

Please complete in block capitals and use black ink

Personal Details

Title: Mr / Mrs / Miss / Ms (*Delete as appropriate*)

Surname:_____ **Maiden Name:**_____

Any other surnames by which you may have been known:_____

Forenames (*in full*):_____

Home Address:_____

_____ **Post Code:**_____

Telephone (*home*):_____ **Mobile:**_____

Have you lived at the above address for over three years? **Yes/No**

If no please provide previous address:_____

_____ **Post Code:**_____

How long have you lived at the above address? ____ Years ____ Months

Date of Birth:___/___/___ **Age:**_____

Nationality:_____ **Do you require a work Permit?** **Yes/No**
(if you do require a working visa/permit, please provide proof that you are allowed to work in the UK)

National Insurance Number:___/___/___/___/___

Next of Kin:_____ **Relationship:**_____

Address:_____

Contact Number (*Home*):_____ **(*Work*):**_____

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Do you have any cleaning experience? Yes/No

If Yes, give details: _____

Give details of cleaning machinery handled: _____

Employment History (*most recent first, this must cover at least five year span*)

| Employer | Position Held | From | To | Reason for Leaving |
|----------|---------------|------|----|--------------------|
| | | | | |
| | | | | |

Do you hold a current UK driving licence? Yes/no

Do you have use of a car? Yes/no

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References

Please give the name of two recent professional referees (not relatives), and state their position.
One Referee must be your last employer

Name: _____ Qualification: _____

Position held by Referee: _____ Date of
Employment: _____

Address:

_____ Postcode:

Telephone Number: _____ Fax: _____

Name: _____ Qualification: _____

Position held by Referee: _____ Date of
Employment: _____

Address:

_____ Postcode: _____

Telephone Number: _____ Fax: _____

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Convictions

Rehabilitation of Offenders Act 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986, the provisions of Section 4.2 of the Rehabilitation Of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his normal duties. Your answer to the following question should include any "spent" convictions.

Have you ever been convicted of a criminal offence? **Yes/ No** Signed _____

If you have answered "Yes" please attach details, including dates.

DECLARATION

I declare that I have answered the above question honestly and fully and I am not aware of any physical or mental disability which will, or may, affect my working capacity. I realise that any false or incomplete statement on my part will render me liable to disciplinary action or dismissal.

I also understand that my details will be submitted for a police check in relation to the Child Protection legislation.

Signed: _____ Dated: _____

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STRICTLY CONFIDENTIAL

Pre- employment Medical Questionnaire

Please answer all the questions. The information you supply on this form is strictly confidential to the company's healthcare consultant.

Mr/Mrs/Miss: _____ Surname: _____

Forename: _____ D:O:B: _____

Address:

_____ Postcode: _____

Daytime contact telephone number: _____

Doctors name and address:

Proposed employment:

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Do you suffer, or have you ever suffered from any of the following - If yes, please give details; dates and treatment. Are there ongoing symptoms and if so whether any work activities will be affected. Also state if you have had any time off in the last 2 years due to these problems.

| | Yes | No | |
|---|-----|----|--|
| Heart disease, rheumatic fever or high blood pressure | | | |
| Diabetes | | | |
| Kidney or urinary complaints or blood in the urine | | | |
| Recurrent stomach or bowel complaints, including ulcers and hernias | | | |
| Any lung disease including bronchitis, TB, emphysema or asthma | | | |
| Any back or neck pain, arthritis or other joint pain or stiffness | | | |
| Recurring headaches, fits, faints or blackouts | | | |
| Anxiety/Depression or any other nervous disorder | | | |
| Treatment for drug or drink dependency | | | |
| Hearing difficulties or any other ear conditions | | | |
| Dermatitis, eczema or any other skin disorders | | | |
| Any serious accident or injury | | | |
| Any hospital admission or operation | | | |
| Any other illnesses or disease | | | |
| Have you consulted a doctor in the last two years? | | | |
| Are you on any medication? | | | |
| Have you any medical complaints at the moment? | | | |
| Please list all the vaccinations you have had and dates. | | | |

I confirm that all the answers given above are true to the best of my knowledge. I have not knowingly withheld any information and recognise that doing so could be sufficient grounds for the termination of my contract of employment. I give permission for Golden Cleaning Services to contact my own doctor.

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Signed: _____ Print Name: _____ Date: _____

WORKING TIME REGULATIONS

The European Union has laid down guidelines for all workers, governing the length of the maximum working week which it is safe to work. The current limit is 48 hours per week. Because you are under no obligation to accept work offered, you will never be compelled to work more than the 48 hours per week but you may choose to do so.

Please sign below to confirm that you have read and understood this information, indicating your preference by highlighting the appropriate number

Name

Address

.....

.....

I have read this information regarding the Working Time Regulations and I understand that I do not have to work for more than 48 hours per week.

1. **I DO NOT** wish to work more than 48 hours per week
2. **I DO** wish to work more than 48 hours per week

Signed Date

Please complete and return to: Golden Cleaning Services, 96 Hamlet Court Road, Westcliff-on-Sea, Essex SS0 7LP, together with the following documentation – Your passport (with visa/work permit if required), 2 Passport size photographs, proof of residency/address and National Insurance Number. *Your application will not be accepted without this information.*

Tel: 0844 686 9070 **Fax:** 0871 250 1000