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| **GJU SERVICES LIMITED: APPLICATION FORM** |
| The information that I give in this application form is, to the best of my knowledge, complete and accurate in all respects. I understand that knowingly giving false information will disqualify me from registering with GJU Services Ltd. This form remains the property of GJU Services Limited and forms part of your employment record. |

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| **SECTION 1: APPLICANT’S DETAILS** |
|  |  **Passport Photo** |
| **Position applied for:** |  | **Shape  Description automatically generated with low confidence** |
| **Title:** |  |
| **Surname:**  |  |
| **Forename(s):** |  |
| **Current Address:**  |  |
| **Postcode:** |  |
| **Telephone:** |  |
| **Mobile:** |  |
| **Email address:** |  |
| **Date Of Birth:** |  |
| **NI Number:** |  |
| **DBS Number:** |  | **Date Issued:** |  |
|  |
| **Own Transport?** |  **[ Yes ] / [ No ]** *(delete as appropriate)* |
| **Clean Driving License?** |  **[ Yes ] / [ No ]** *(delete as appropriate)* |
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| **Equality Act 2010** |
| Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a “substantial” and “long term adverse effect” on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: www.gov.uk/definition-of-disability-under-equality-act-2010**For the purposes of this application and the interview stage only**, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process? **[ Yes ] / [ No ]** *(delete as appropriate)* |

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| **SECTION 2: NEXT OF KIN / EMERGENCY CONTACT** |
| **Name:** |  |
| **Relationship:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Mobile:** |  |
| **Email Address:** |  |

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| **SECTION 3: REFERENCES** |
| You must provide references from your two most recent employers. Please provide a character reference if you are unable to obtain two professional references, e.g., in the case of an applicant who has been raising children for ten years. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us. |
| **May we contact your referees prior to an interview?**  |  **[ Yes** **] / [ No ]** *(delete as appropriate)* |
| **Current or Most Recent Employer** |
| **Company Name:** |  |
| **Company Address:** |  |
| **Name Of Referee:** |  |
| **Job Title:** |  |
| **Tel No:** |  |
| **Email:** |  |
|  |
| **Previous Employer To The One Above** |
| **Company Name:** |  |
| **Company Address:** |  |
| **Name Of Referee:** |  |
| **Job Title:** |  |
| **Tel No:** |  |
| **Email:** |  |
|  |
| **Character Reference**  |
| **Name Of Referee:** |  |
| **Address & Postcode:** |  |
| **Relationship:** |  |
| **Tel No:** |  |
| **Email:** |  |

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| **SECTION 4: ELIGIBILITY TO WORK IN THE UK** |
| Regardless of your nationality, this is a legal requirement. In line with the UKBA Guidance on the prevention of illegal working, your original ‘Right to Work’ documents will need to be sighted. Your entitlement for working in the UK is based upon your visa status: |
|  | **Eligibility Criteria:** | **YES / NO** |
| 1 | I am eligible to work in the UK and do not require a work permit |  |
| 2 | I am already in possession of a work permit to work in the UK |  |
| 3 | I need to obtain a work permit to work in the UK |  |
| 4 | **Nationality:** |  |
| 5 | **If other, please specify**:  |  |

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| **SECTION 5: EDUCATION AND QUALIFICATIONS** |
| Qualification | College / University | Year of Graduation |
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| **SECTION 6: ADDRESS HISTORY** |
| Please provide us with your previous address history covering a full 5 years in order to meet and comply with our Policies and Procedures criteria. (Please continue on a separate sheet if necessary) |
| **Full Address** | **Postcode** | **Date From** | **Date To** |
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| **SECTION 7: FULL EMPLOYMENT HISTORY *(You May Skip This Section If You Have Provided A CV)*** |
| Please record below the details of your full employment history beginning with your current or most recent first. Please explain any gaps in employment i.e., studying, unemployment, raising family etc.  |
| **Name and address of your most recent/last employer:** |  |
| **Start date and end date:** |  |
| **Nature of business:** |  |
| **Position held and reason for leaving:** |  |
|  |
| **Name and address of employer prior to the employer listed above:** |  |
| **Start date and end date:** |  |
| **Nature of business:** |  |
| **Position held and reason for leaving:** |  |
|  |
| **Name and address of employer prior to the employer listed above:** |  |
| **Start date and end date:** |  |
| **Nature of business:** |  |
| **Position held and reason for leaving:** |  |
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| **Name and address of employer prior to the employer listed above:** |  |
| **Start date and end date:** |  |
| **Nature of business:** |  |
| **Position held and reason for leaving:** |  |
| **Please detail here any gaps in employment and state why:** |

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| **SECTION 8: PAYMENT DETAILS** |
| In relation to payment details below, you are agreeing that you personally have made the decision to be either a PAYE employee or a Limited Company Contractor with no guidance from GJU Services Ltd.  |
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| **ACCOUNT TYPE:** | **[Personal Account] / [LTD Company Account]** *(delete as appropriate)* |
| **Name Of Account:** |  |
| **Bank Name:** |  |
| **Account Number:** |  | **Sort Code:** |  |
| **Company Name:** |  | **Company Reg Number:** |  |
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| **SECTION 9: HEALTH DECLARATION** |
| **Please answer the following questions:** | **YES/NO** |
| 1. Do you have, or have you ever had any significant health problem, impairment/disability (physical or mental) or learning difficulties that may affect your ability to undertake the tasks set out in the job description of the post offered?  |  |
| 2. Do you have, or have you ever had any illness, impairment of disability that may have been caused or made worse by your work?  |  |
| 3. Have you ever left or been denied employment in an organisation on the grounds of ill health or been medically retired on the grounds of ill health?  |  |
| 4. Are you having, or waiting for any medical treatment or investigations at present?  |  |
| 5. Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered?  |  |
| **If you answered yes to any of the above questions, please provide details below:** |
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| **SECTION 10: APPLICANT’S DECLARATION(S)**  |
| *Read and understand before signing.*  | **YES/NO** |
| 1 | I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to GJU Services Limited will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice. |  |
| 2 | By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems I have declared above. |  |
| 3 | I agree that GJU Services Limited reserves the right to require me to undergo a medical examination to assess my suitability for work. |  |
| 4 | The information in this application form is true and complete. I agree that any deliberate omission, falsification, or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by GJU Services Limited.  |  |
| 5 | I understand that my registration is subject to the receipt of at least two satisfactory references and an enhanced disclosure from the Disclosure and Barring Service (DBS). |  |
| 6 | Where applicable, I consent that GJU Services Limited can seek clarification regarding professional registration details. |  |

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| **SECTION 11: WORKING TIME REGULATIONS:** |
| *For the purpose of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week. I understand that I may withdraw this consent by giving GJU Services Ltd not less than three months’ notice. I understand that my registration with GJU Services Ltd can be terminated at any time following unsatisfactory work reports.*  |
| **Do you consent?** |  **[ Yes ] / [ No ]** *(delete as appropriate)* |

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| **SECTION 12: PRIVACY** |
| *GJU Services Limited will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to GJU Services Limited holding the information contained within this application form.* *We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you).* *When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles. We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post.* *You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact the Registered Manager or GDPR Officer on 07932513228.* |

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| **Name:**  |  | Date: |  |
| **Signature:** |  |

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| **CANDIDATE REGISTRATION CHECKLIST** |
| The checklist below details all the necessary documentation required to complete your registration with GJU services and the mandatory Disclosure and Barring Service (DBS) checks. Originals must be seen at the interview stage, copies taken, and originals returned to you.* All items in the “**mandatory evidence**” section are required.
* Total of 3 documents from Groups 1 & 2, with at least 1 from Group 1
 |
| **Mandatory Evidence:** |
| 1. Completed application form
2. CV/Resume
3. All Training Certificates.
4. Original Disclosure and Barring Service (DBS) Certificate
5. Passport Sized Photo *(selfie from mobile devices, plain background accepted)*
6. LTD Company Registration Certificate and Company bank statement. *(if applicable)*
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| **GROUP 1 – Photographic Evidence**  |
| 1. Nationality Passport
2. UK/EU Photocard Driving Licence
3. UK Biometric Residence Permit Card & Share Code *(https://www.gov.uk/prove-right-to-work)*
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| **GROUP 2 – Proof Of Address**  |
| 1. Utility bill *(issued within last 3 months)*
2. Financial Statement – eg bank/credit card statement *(issued within the last 3 months)*
3. Mortgage Statement *(issued within the last 12 months)*
4. Council Rent Card/Tenancy Agreement *(issued within the last 12 months)*
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