



VIGIL SERVICES LTD
APPLICATION FORM
Private and Confidential



Personal Information

First and middle Names: Surname:
Date of Birth: Mobile No:
Address:
Postcode: Email
National Insurance No.....

Permission to work

Do you have permission to work in the UK? No [] Yes []
1. British or EU Citizen [] 2. Visa entry clearance giving right to work [] 3. Work permit []
Passport No..... Expiry Date:
Document type: Expiry Date:

Emergency Contact details

Name: Relationship:
Contacts: Email:
Address:
Postcode:

Unspent criminal convictions? Yes/No If yes, state convictions and dates (NB certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details of all criminal convictions must be given. The information given will be treated in the strictest of confidence and only taken into account where, in the reasonable opinion of, the offence is relevant to the post to which you are applying. Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light).

Qualifications and skills

Institution	Qualification Obtained	Grade	Date Obtained
1.
2.
3.
4.

Employment History

1. Name of present/last Employer: Contact Name:
Telephone: Date from: Date to.....
Address: Postcode:
Summary of duties:
.....
Reason for leaving:

2. Name of previous Employer: Contact Name:
Telephone: Date from: Date to.....
Address: Postcode:
Summary of duties:
.....
Reason for leaving:

3. Name of previous Employer: Contact Name:
Telephone: Date from: Date to.....
Address: Post Code:
Summary of duties:
.....
Reason for leaving:

References

Employer Reference

Name of Employer: Contacts:
Address: Postcode:
Email:

Character Reference

Name of person: Relationship:
Contacts: Email:
Address: Postcode:

Payment Details:

Bank/Building Society Name: Sort Code..... Account No.....

Account holders name:

Hours willing to work

Day	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Mornings	[]	[]	[]	[]	[]	[]	[]
Afternoons	[]	[]	[]	[]	[]	[]	[]
Evenings	[]	[]	[]	[]	[]	[]	[]
Nights	[]	[]	[]	[]	[]	[]	[]

Hours willing to work:

Working Time Regulation - Opt Out From 48 Hour Ruling

The Working Time Regulations (1998) state that an employee cannot be expected to work in excess of 48 hours per week on average. By signing this form you opt out of the 48 hour limit on working time as stated in the Working Time Regulations, on the understanding that if you work over 48 hours per week it is your choice to do so. You understand that in the event that you wish the 48 hour limit to apply to your employment in the future you will be required to notify the Company in writing. I understand that by opting out of the 48 hour limit on working time, I may still work in excess of 48 hours per week on average but this is my choice to do so. If I wish the 48 hour limit to apply to my employment in the future I am required to notify the company in writing.

Print Name: **Signature:** **Date:**

Pre-Employment Health Declaration

Important: This form is issued to help identify any health problems or disability that may be relevant to your application. It is not a confidential medical document so please do not write any confidential medical history. Any specific medical questions will be asked by the occupational health advisor if there is any need to contact you.

Please read the guidance notes before answering all of the questions. Failure to answer all of the questions will delay the processing your application

Have you had or do you suffer from any of the following	YES	NO
Any physical or mental condition that might affect your ability to do or be made worse by doing the job you have applied for?		
Any physical or mental health condition that might affect your safety or the safety of others at work?		
Any disabilities (as defined by the Equality Act 2010)?		
Do you need any adjustments made to your workplace, workplace equipment or working practices?		
Have you been retired or had your work contract terminated due to ill health?		
Have you ever applied for or been awarded compensation for a workplace injury or illness?		
Any other condition or health problem that the Occupational Health Unit should be made aware of or you want advice about?		

I (print name) **Signature:** **Date:**

Confirm that to the best of my knowledge, the answers given above are true and correct. I also confirm that I have read and understand the guidance notes before making the above declaration and understand that failure to disclose any relevant information may result in serious action including dismissal.

Health Assessment Questionnaire – Night Workers

A night worker is an employee who is scheduled to work at least three hours of his/her daily working time during night time on the majority of days on which he/she is scheduled to work. Night time is defined as the period between 11 pm and 6 am.

Night workers are entitled to a voluntary health assessment to check whether they are fit for the work required. Very few health problems will prevent people being able to work at night, and where there is a medical problem that could be relevant, it will almost always be possible for the person to be able to work during night hours with suitable modifications to their treatment programme.

The purpose of the questionnaire is to ask whether you have any health problem that could be affected by night work, so that where necessary an appropriate medical review can be arranged. The questionnaire will be confidential to the Company’s Occupational Health Adviser (It is advisable to identify a local Occupational Health Adviser – or to use the area NHS Occupational Health Service) but a report on your fitness will be provided to your manager who is responsible for work assignments and for the arrangements for health and safety at work.

Please complete the form and tick the appropriate box for the questions listed; if you have any other condition that you believe should be considered, please write brief details at the bottom of the page or continue on a separate sheet of paper.

Working Time Regulations 1998 Health Assessment Questionnaire – Night Workers

	Yes	No
Have you had any medical problem in the past that has prevented you from working at night?		
Are you diabetic?		
Are you subject to angina, or other heart problems that may affect your fitness?		
Have you had duodenal or stomach ulcers in the past, or are you under treatment for those at present?		
Have you had any continuing bowel problem, for instance following major surgery?		
Do you have any chronic chest problem such as asthma, emphysema or bronchiectasis?		
Do you have any disability affecting mobility that will cause difficulties in arranging night work?		
Do you have any recurrent or continuing sleep disturbance requiring medical advice?		
Are you having specialist care requiring your attendance at hospital clinics for treatment?		
Do you have any other health problem that affects your fitness for night work?		
Are you taking any medication to a strict timetable?		

Other important information

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Print Name: **Signature:** **Date:**

Equal Opportunities Monitoring

Vigil Services Ltd is committed to supporting, developing and promoting diversity and equality in all of its employment practices and activities and aims to establish an inclusive culture free from discrimination and based on the values of fairness, dignity and respect. The Service will support and develop staff through providing everyone with access to facilities, personal and career development opportunities and employment on an equal basis regardless of race, national or ethnic origin, disability, age, gender, sexual orientation, transgender identity or religion/belief.

In order to monitor the effectiveness of our policy, we request all candidates to provide the following information.

Age Group: 16 – 20 21-35 36 – 50 50+

Registered disability Unregistered disability No disability

Please tick appropriately which best describes your ethnic origin

White European White Other Black British Black African Black Caribbean

Asian Asian British Other:

Candidate Declaration

I hereby confirm that the information given is true and correct; I consent to:

- My personal data being included on a computerized database and to its use in order to secure me employment/temporary assignments/contracts;
- My CV and other personal data being transferred to clients via electronic mail and I understand the risk of my CV being unintentionally altered during this process;
- References being passed onto potential employers;
- The checking of information collected with third parties or with other information held by and
- Passing information to certain third parties to prevent or detect crime, to protect public funds or in any other way permitted or required by law. If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that will be entitled either to charge the Client an introduction transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

Name: **Date:** **Sign:**