

REGISTRATION FORM

BRIDGE HOUSE
 BRIDGE STREET
 HALSTEAD
 ESSEX CO9 1HT
 Tel: 01787 - 476436
 Fax: 01787 - 474496
 E-Mail: Info@Bridgepersonnel.co.uk
 Web: www.bridgepersonnel.co.uk



ENGINEERING ♦ TECHNICAL ♦ MANAGERIAL ♦ I.T. ♦ ACCOUNTS ♦ SECRETARIAL ♦ ADMINISTRATIVE

MR/MRS/MISS etc FORENAMES SURNAME ADDRESS POSTCODE	HOME TEL NO: WORK TEL NO: MOBILE TEL NO: E-MAIL ADDRESS:
DATE OF BIRTH: AGE: PLACE OF BIRTH: NATIONALITY: NATIONAL INSURANCE NO:	DRIVING LICENCE FULL PROVISIONAL ENDORSEMENTS NO YES CODES: OTHER LICENCES PSV HGV FORKLIFT OWN TRANSPORT YES NO
HOW FAR WOULD YOU TRAVEL?	WOULD YOU RELOCATE: YES NO
CURRENT/LAST SALARY/BENEFITS PACKAGE:	MINIMUM SALARY/BENEFITS PACKAGE SOUGHT:
AVAILABILITY/NOTICE PERIOD IMMEDIATE 1 WEEK 2 WEEKS 4 WEEKS Other, please specify	REASON FOR LEAVING CURRENT OR LAST POSITION
PLEASE STATE TYPE OF EMPLOYMENT YOU ARE WILLING TO UNDERTAKE: (Tick all those that apply)	
FULL TIME PERMANENT EMPLOYMENT PART-TIME PERMANENT EMPLOYMENT TEMPORARY WHILST LOOKING FOR PERMANENT	TEMPORARY/CONTRACT ONLY (FULL-TIME) TEMPORARY/CONTRACT ONLY (PART-TIME) MANUAL TEMPORARY WHILST LOOKING FOR PERMANENT
POSITIONS SOUGHT/POSITION APPLIED FOR (if applying for an advertised position state Job title and/or Job Ref No)	
PLEASE TICK THE BOXES OF THOSE AREAS OF WORK IN WHICH YOU HAVE THE MOST EXPERTISE	
ACCOUNTANCY/FINANCE ADVERTISING/PR/MEDIA/PROMOTIONS ADMINISTRATION/CLERICAL/SECRETARIAL CONSTRUCTION/BUILDING SERVICES DESIGN/DRAUGHTING/PRINT ELECTRICAL/ELECTRONIC ENGINEERING EXPORT/IMPORT/SHIPPING INFORMATION TECHNOLOGY/COMPUTING	MECHANICAL/PRODUCTION ENGINEERING MEDICAL/SCIENTIFIC PERSONNEL/TRAINING PURCHASING/BUYING QUALITY SALES/MARKETING WAREHOUSING/DISTRIBUTION/LOGISTICS OTHER (PLEASE SPECIFY)

PROFESSIONAL MEMBERSHIPS (INSTITUTIONS ETC)

LANGUAGES Please write the language known and level ,i.e. Basic, Intermediate, Fluent and whether Oral or Written

I.T./COMPUTER KNOWLEDGE: Please indicate in column alongside, your level of expertise
i.e. B = BASIC I = INTERMEDIATE E = EXPERIENCED

SOFTWARE		HARDWARE		APPLICATION		PROGRAMMING	

HEALTH/DISABILITIES: Do you have now, or have you had in the last 5 years, any serious illness or disability?
Please give details. If registered disabled, please give Registration No:

REHABILITATION OF OFFENDERS ACT 1974: Have you any criminal convictions (current or spent?) Please give details:

HOW DID YOU BECOME AWARE OF BRIDGE PERSONNEL: YELLOW PAGES BUSINESS DIRECTORY
JOB ADVERTISEMENT RECOMMENDATION WWW OTHER Please Specify:

REFEREES: Please give the names & addresses of two referees, preferably previous employers or tutors. **DO NOT**
PUT CURRENT EMPLOYER UNLESS WE MAY CONTACT THEM NOW. Please specify whether Professional or Personal.

NAME:	NAME:
POSITION:	POSITION:
COMPANY NAME:	COMPANY NAME:
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:

DECLARATION: I declare that the information given herein, together with my CV, is a true and accurate record and I authorise Bridge Personnel to use this information for the recruitment process. The information supplied will be treated in accordance with the provisions of the Data Protection Act 1984 (Registration No. X367809X)

NAME: _____ SIGNATURE: _____
(Please print)

DATE: _____

(PLEASE ATTACH YOUR CV (IF NOT ALREADY SUPPLIED)
BEFORE RETURNING THIS FORM PLEASE ENSURE THAT YOUR NAME & ADDRESS IS CORRECT OVERLEAF.