



EMS

Recruitment International

Candidate Application

To enable us to consider your details in relation to any potential opportunities please complete this form fully. Legally we are required to confirm your identity and ensure your eligibility to work in the UK. All information provided will be held in the strictest confidence and will be processed in accordance with the relevant Data Protection legislation.

PERSONAL DETAILS

Name: _____

Address: _____

Post Code: _____ Tel: _____

Email: _____ Mobile: _____

ELIGIBILITY TO WORK IN THE UK (UK legislation requires all applicants to provide appropriate evidence)

By what means are you eligible to work in the UK? British Citizen European Citizen Work Visa

Type of visa / work permit (if required): _____ Expiry date: _____

ID Details: (Passport number/etc.) _____

NI number: __ / __ / __ / __ / __

PROFESSIONAL QUALIFICATIONS (Please provide copies or detail to enable qualifications to be verified)

Qualification title: _____ Stage/level: _____ Reg No: _____ Date: _____

HEALTH & SAFETY

Do you have any medical condition or disability that may require special facilities or support at work? Yes No

If yes please provide details: _____

CRIMINAL RECORD

Have you been convicted of a criminal offence that is not spent under the Rehabilitation of Offenders Act 1974? Yes No

If yes please provide details: _____

REFERENCES (We will not contact referees without your express permission)

For Interim Assignments: Please provide details of a minimum of two recent employment referees we may approach. (We will need to obtain satisfactory references for these prior to any placement)

For Permanent Positions: Please list relevant referees so that we can verify your employment history.

Name: _____ Tel: _____

Position: _____ Company: _____

Address: _____

Email: _____

CANDIDATE NO.

CONSULTANT

CANDIDATE

REFERENCES (Continued)

Name: _____ Tel: _____

Position: _____ Company: _____

Address: _____

Email: _____

Name: _____ Tel: _____

Position: _____ Company: _____

Address: _____

Email: _____

DIVERSITY

The following information enables us to collate data in order to monitor diversity and helps to ensure that our recruitment activities are operating fairly and without bias. The following categories are those recommended by the Commission for Racial Equality and in many cases these are very broad distinctions. If you feel that the categories do not enable you to record your ethnic origin in the way you want to, please choose "other" and use the space beside it to specify your ethnic origin.

I am: Male Female

I am: Asian (Indian, Pakistani, Bangladeshi, Chinese, Other (please specify)) _____

Black (Caribbean, African, Other (please specify)) _____

White

Other (please specify) _____

DECLARATION

I understand that any engagement entered into is subject to documentary evidence of my right to work in the UK, verification of any professional qualifications and where deemed appropriate by EMS International (Recruitment Services), subject to satisfactory references. I expressly consent to any sensitive or personal data, disclosed as part of my application, being used in connection with the search for work, subject to the relevant Data Protection legislation. I understand that whilst they may charge for the introduction of my details to their clients that EMS Recruitment Group undertake their business without charge to myself and that EMS International (Recruitment Services) Limited has no responsibility for my health & safety other than on its own premises. I confirm that to the best of my knowledge the information given on this form and within my CV, if applicable, is correct and that any misrepresentation or omission of any material fact or deception will be cause for immediate cancellation of consideration for employment or dismissal if I am already in employment. I will inform EMS International (Recruitment Services) Limited immediately of any changes to my circumstances that may affect my search for work whilst I am registered with them.

Signature: _____ Date: _____

CONSULTANT TO COMPLETE THE FOLLOWING SECTION

Photo ID Original checked & copy attached (sign and date) _____

Eligibility Original checked & copy attached (sign and date) _____

Professional Qualifications Original checked (sign, date, method) _____