

PERSONAL DETAILS

Surname		First Name(s)	
Address		Postcode	
Tel No (home)		Tel No (mobile)	
National Insurance No		Date of Birth	
Do You hold a current Driving Licence?		Do you have your own Transport?	

PAYMENT DETAILS

Name		Bank and Branch	
Account Number		Sort Code	
Start Date		Location	
Pay Rates		Health and Safety Issues	

- Your holiday entitlement is 5.6 weeks. I confirm my acceptance of pay rate(s) and holiday pay and confirm I shall abide by all health and safety procedures.
- All timesheets must be completed and signed yourself and your assignment supervisor. They must be in our office no later than 12pm each Monday. Unauthorised timesheets will not be accepted for payment. Wages can only be paid into a bank or building society and if you supply us with incorrect account details you shall be charged for each aborted payment.
- I authorise Omni Recruitment to pay all monies due to me into account details provided until I notify Omni Recruitment in writing of any alterations. I authorise Omni Recruitment to deduct from my wages any charges due as a result of giving Omni Recruitment incorrect bank details.

Sign	Date
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PRESENT CIRCUMSTANCES

Please read statements below and tick the statement that applies to you.

A.This is my first job since last 6 April and I HAVE NOT been receiving taxable jobseekers allowance or taxable incapacity benefit or a state or occupational pension.	
B. This is now my only job, but since last 6 April I HAVE had another job, or have received taxable jobseekers allowance or incapacity benefit. I DO NOT receive a state or occupational pension.	
C. I have another job or receive a state or occupational pension.	

STUDENT LOANS – If you left a course of higher education before last 6 April and received your first student loan instalment on or after 1 September 1998 and you have not fully repaid your student loan, tick this box. (If you required to repay your student loan through your bank or building society do not tick this box.)	
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I can confirm all of the information supplied I the present circumstances section above are correct.	Sign Date
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WORKING TIME REGULATIONS – Conditions of Work

As taken from the working time regulations as produced by the Department of Trade and Industry.

1. A limit of an average 48 hours a week which a worker can be required to work (though workers can choose to work more if they want to)
2. A limit of an average 8 hours work in 24 hours which night workers can be required to work.
3. A right for night workers to receive free health assessment.
4. A right to 11 hours rest a day.
5. A right to a day off each week.
6. A right to an in-work break if the working day is longer than 6 hours.

I confirm that I have read an understood the above and that I wish to opt out of points 1 and 5 for the duration of my assignment.

Sign	Date
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HEALTH QUESTIONNAIRE - HAVE YOU SUFFERED FROM

A communicable illness? YES/NO

Persistent sore throat or cough? YES/NO

Diarrhoea or vomiting lasting more than 24 hours (in the last 3 days)? YES/NO

Any problem with your ears, including deafness? YES/NO

Skin problems such as dermatitis? YES/NO

Are you taking drugs which would affect your ability to drive or operate machinery? YES/NO

Do you suffer from any illness or disease that may cause you to become partially or fully unconscious? YES/NO

Do you suffer from any illness or disease that would adversely affect your ability to drive or operate heavy machinery? YES/NO

Have you any condition that would exclude you from working shifts (including night shift)? YES/NO

Are you registered as a disabled person? YES/NO

If so what disability

It is a requirement of Omni Recruitment Ltd that no employee shall (1) report or endeavour to report for duty having just consumed alcohol or under the influence of drugs (2) Report for duty in an unfit state due to the use of alcohol or drugs. (3) Be in the possession of alcohol or drugs in the work place. (4) Consume alcohol or drugs whilst on duty (5) Smoke in the work place unless allowed by the policy of the employing company and only then in approved places.

I certify that I have omitted no facts from the above which could affect my future employment.

Sign	Date
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