

GOLDENSTAR RECRUITMENT AGENCY

Application form & documents Required For Registration

- Valid Passport/Driver's Licence
- EU and Non-EU, valid leave to remain or right to work in the UK.
- 2 Proof of Address (e.g. rent agreement, utility bill) however one can be accepted depends on the job applied for.
- National Insurance Number (N.I card/P45/P60).
- One passport sized photos.
- Two (2) References. PLEASE ENSURE THAT AS PART OF YOUR APPLICATION YOU INCLUDE PROFESSIONAL REFERENCES WITH BUSINESS CONTACT INFORMATION COVERING YOUR LAST 3 YEARS EMPLOYMENT HISTORY. WE ARE UNABLE TO ACCEPT PERSONAL OR CHARACTER REFERENCES.
- Bank/Building society details.

Notes: For all candidates applying for health and social care job, schools, hotels and housekeeping/domestic cleaning must have a valid CRB/DBS or be prepared to undergo DBS/CRB checks.

- Our DBS cost £60.00 and it takes between 2-18weeks depend on the local Borough. As a new applicant, you are responsible for incurring the cost of your initial DBS check relevant to your post.

For candidates applying for constructions job CSCS certificates is compulsory. To download applications form, visits www.mdislimited.co.uk and go to working for us page.

For Further enquiries, please call or email

TEL: 02036019622

Email: admin@mdislimited.co.uk

Or Visits: www.mdislimited.co.uk



GOLDENSTAR RECRUITMENT

APPLICATION FORM

**ADDRESS: 652 HIGH ROAD LEYTON LONDON
E10 6RN**

TEL: 02036019622

Trading name of GOLDENSTAR SERVICES LIMITED

APPLICATION FOR EMPLOYMENT

Please complete this Application Form in BLOCK CAPITALS. ALL questions are mandatory - if a question or section does not apply to you, insert 'N/A'

1. POST APPLIED FOR:	2. REFERENCE:
-----------------------------	----------------------

--

3. PERSONAL DETAILS

Surname (Mr/Mrs/Miss/Ms/Other) Mr	Address (including postcode)
First Name:	Home Tel No:
	Mobile Tel No:
	Email:
3B. Do you have a disability? Yes/No (Please delete)	Do you hold a current driving licence? Yes/No (Please delete)
If registered disabled, please state the nature of your disability.	Do you own a car? Yes/No (Please delete)
	4. National Insurance Number:
3C. Do you have any injury/illness that will affect your ability to carry out your assignments? Yes/No (please delete)	Are you related to or do you have any connection with any management member of Goldenstar services Limited? If yes, please give details.
If Yes, please give brief details of any injury/illness:	

5. PRESENT EMPLOYMENT

Job Title:	Employer's Name and Address:
Salary £	Scale:
Other benefits:	
Start date:	Notice Required:

Please outline your duties, identifying your role in the organisation and if applicable, give details of staff who report to you.

6. EMPLOYMENT HISTORY

Please give full details of your employment history and account for any gaps.

Employer's Name and Address	Post held	Dates	Reason for leaving

7. VOLUNTARY WORK EXPERIENCE

8. EDUCATIONAL & PROFESSIONAL QUALIFICATIONS

Institutions (school, Universities, college, professional body etc)	Qualifications	Dates

9. RELEVANT TRAINING COURSES ATTENDED (Please list only those relevant to the post applied for)

--

10. PERSONAL STATEMENT

- Please tell us your reasons for applying and how you meet the criteria identified in the job description and person specification
- will be shortlisted on the evidence you provide on this form so please provide background and context
- For example, if the person specification requires 'Experience of providing support to a vulnerable service user group', tell us what you have done in the past to demonstrate you meet this criteria
- You must give examples to illustrate your experience

▪ If you need additional space, please continue on a separate sheet.

11. REHABILITATION OF OFFENDERS ACT

DECLARATION

Criminal Records: Please note that under new filtering rules - certain offenses may be removed from your criminal record after 11 years (5.5 years if you were under the age of 18) Cautions will be removed after 6 years (2 years if you were under the age of 18); providing that this was your only offence and did not result in a custodial sentence. Serious offences will never be filtered. If you are unsure of whether your conviction/caution/reprimand is filtered, please see the DBS website for more information before signing the declaration. If you do not declare a conviction/caution/reprimand that later appears on your DBS this could result in dismissal or non-employment.

Please tick:

Do you have any convictions, cautions or reprimands that are not "protected" as defined by the Rehabilitations of Offenders Act (amended 2013)?

Yes

No

Are you aware of any Police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes

No

Have you ever had a Police check in another country? If so, please provide details below and enclose a copy if held.

Yes

No

If you have answered yes to any of the above, please give details below:

12. WORKING TIME REGULATION

I have read and understood the Working Time Regulations and I hereby consent that

1. I do not wish to work more than 48hrs per week.
2. I do wish to work more than 48hrs per week.

Print Name _____

Signed _____ Date _____

13.

HEALTH QUESTIONNAIRES

NB. The completion of this part is voluntary; however by filling it in, you are helping to ensure both your own safety and that of others who may be affected by your work activities.

- Have you ever had a medical condition or are you receiving any medical treatment that might affect your fitness to work with the agency? Yes or No (delete whichever not applicable)
- Epilepsy, faints, fit or blackouts? Yes/No
- Disease of the heart or circulation, angina or high blood pressure? Yes/No
- Musculoskeletal problems? Yes/No
- Problems with your eyesight despite wearing glasses/contact lenses or colour blindness? Yes/No
- Significant hearing loss? Yes/No
- Any symptoms of Hand Arm Vibration Syndrome (HAVS) including vibration white finger? Yes/No
- Been treated for alcohol or drug abuse? Yes/No
- Are you currently taking any medication or received in-patient treatment for any mental health? Yes/No
- Diabetes? Yes/No
- Back/Spine Problems? Yes/No
- Chronic chest disorder? Yes/No
- Have you had a major surgery? Yes/No
- Physical disability making mobility/lifting/handling/pushing/climbing and walking difficult? Yes/No

Are there any health problem's not listed above which you think may affect you while working? Yes/No

If yes,

Please state _____

Declaration by Applicant's.

I certify that to the best of my knowledge and belief the above answers are true and complete. I understand that medical information gained from the questionnaire will remain confidential but will be used by the agency manager to seek advice from the company occupational health provider about my fitness to undertake the duties for which I am engaged in, and I am consent to this information being used for the purpose of my fitness to perform my duties by the agency.

Name: _____ Signed: _____ Date: _____

Thank you for completing this questionnaire

14. REFERENCES	
Please provide details of two persons other than relatives who have agreed to give an opinion of your ability, experience and qualifications. One must be your current or most recent employer. Goldenstar recruitment requires one character and a professional reference form to be completed by your referees.	
Name	Name
Position: Organisation: Address:	Position: Organisation: Address:
Tel No. Fax No. Email.	Tel No. Fax No. Email.
Capacity in which you are known to the referee	Capacity in which you are known to the referee
May we contact this referee if you are shortlisted? Yes/No (Please delete)	May we contact this referee if you are shortlisted? Yes/No (Please delete)

STATEMENT TO BE SIGNED BY THE APPLICANT: Please read this carefully before signing	
<p>I understand that the appointment, if offered will be subject to information given on this form being correct. I have read and, if appointed am prepared to accept, the terms set out in the conditions of employment and job description.</p> <p>I understand and agree that if so required I will make a Statutory Declaration in accordance with the provision of the Statutory Declarations Act 1835, in confirmation of previous employment I understand that some of the information I have provided in this application will be held on a computer and some or all will be held in manual records.</p> <p>I consent to Goldenstar services limited reasonable processing of any sensitive personal information obtained for the purpose of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the company. Subject to the access to Medical Records Act 1988, I consent to the results of such examinations to be given to the company.</p> <p>Authorisation to obtain information</p> <p>I authorise Goldenstar services limited and or, its nominated agent to approach previous employers, schools /Colleges, character references and government agencies to verify that the information I have provided is correct I authorise Goldenstar Services limited and or, its nominated agent to make a consumer information search with a credit reference agency and a sanction list checks, records of these searches will be kept and may be shared with other credit reference agencies.</p> <p>DOCUMENTS FOR EMPLOYMENT SCREENING PURPOSE.</p> <p>All Personal data will be used for the purpose of recruitment and employment screening. All documents that are submitted to establish your identity and proof of residence may be checked.</p>	
Name:	Signed
	Dated
Thank you for completing the application form	
Please return this form to 652 Leyton High Road London E10 6RN. GOLDENSTAR RECRUITMENT	

AGENCY INFORMATION**(FOR OFFICE USE ONLY)**

CHECKLIST		NOTE
Application		
Proof of Address	Utility bills, bank statements, others	
Proof of identity	Passport, driving license others	
Eligibility to work	Visa, Work Permit, Passport	
DBS Application		
48 Hours opt out		
NI/PAYE Form		
Photography for ID		
References sent & Date		
Locum contract sign.		
Manager's Name:	Manager's comment	Manager's Sign. & Date