



Quadrant A1
Cleaning Services

Employee Name _____

Employee Number _____

Application For Temporary Work

Positions applied for _____ Date registered _____

Personal Details

Mr/Mrs/Ms/Miss First name _____ Surname _____

Date of birth _____ Phone _____

Current addresss (must be in the U.K.) _____

_____ Post code _____

E-mail address _____ National insurance number _____

Nationality _____ Do you require a work permit? _____

If so, do you have a work permit Yes No Permit / passport expiry _____

Have you ever been convicted of a criminal offence? Yes No

If so, please give details _____

Date available to start work? _____

What hours/days are you normally available to work? _____

What are you looking for in your ideal job? _____

What uniform do you have? _____

Where did you hear of Quadrant A1 Cleaning Services? _____

Emergency Contact Details

Name _____ Relationship _____ Mobile _____

GDPR

I have read and understood GDPR policy and agree to abide by its items. All the policies and procedures are available on www.qa1cs.london.

Date _____ Print Name _____ Signed _____

Payment Details

Name of bank/building society (must be U.K.)* _____

Name(s) of account holder _____

Sort code (6 digits max) _____ Account No: _____

* Please note speak to your consultant about how to obtain a bank account if you don't have one.

Work History

Please start with your most recent employer, and give us as much information as possible on your duties for each position.

Company worked for _____

Companies address _____

Dates worked, from _____ to _____ Position held _____

Duties _____

Reason for leaving _____

Referee contact name _____ Referee's position _____

Telephone number _____ Email _____

Company worked for _____

Companies address _____

Dates worked, from _____ to _____ Position held _____

Duties _____

Reason for leaving _____

Referee contact name _____ Referee's position _____

Telephone number _____ Email _____

If there is more work history please complete on a separate sheet of paper. Please note, that it is our policy to obtain references from your previous employer, school, college or university. I hereby give Quadrant A1 Cleaning Services my permission to contact the above named referees

Signed _____ Date _____

Medical History

Health and safety are vital in cleaning, hospitality and building environments. We therefore require you complete the questions below, to the best of your knowledge. This information will only be used to assess the most suitable working environment and place of work for you.

Do you or have you ever suffered from or Consulted a Doctor for any of the following conditions:

- | | | | |
|---------------------|---|---|--|
| Allergies | <input type="checkbox"/> Asthma or any breathing difficulties | <input type="checkbox"/> Back trouble | <input type="checkbox"/> Diabetes |
| Epilepsy | <input type="checkbox"/> Eye, ear or nose infections | <input type="checkbox"/> Fits, blackouts | <input type="checkbox"/> Gastrointestinal infections |
| Jaundice, hepatitis | <input type="checkbox"/> Mental disorder | <input type="checkbox"/> Persistent cough | <input type="checkbox"/> Skin trouble |

If you have answered yes to any of the above, please give further details _____

Are there any other illness's or disabilities or any medical treatments you wish to disclose? _____

How many sick days have you had in the last 12 months? _____

Please note that if you have an accident whilst at work, representing Quadrant A1 Cleaning Services, you must inform us as soon as possible and also your line manager at work.

I confirm that all of the information I have given on this application form is true

Date _____ Print Name _____ Signed _____

48 Hour Opt-Out agreement for employees

1. DEFINITIONS

1.1. In this Agreement the following definitions apply:

“**Assignment**” means the period during which the Employee is supplied to provide services to the Client;

“**Client**” means the person, firm or corporate body using the services of the Employee;

“**Company**” means Quadrant A1 Cleaning Services Ltd, registered company number 10811329 of 39 Dover Street, Mayfair, London, W1S 4NN and

“**Employee**” means _____ name of agency worker

“**Working Week**” means an average of 48 hours each week calculated over a 17-week reference period.

1.2. References to the singular include the plural and references to the masculine include the feminine and vice versa.

1.3. The headings contained in this Agreement are for convenience only and do not affect their interpretation.

2. RESTRICTION

The Working Time Regulations 1998 (as amended) provide that the Employee shall not work on an Assignment with the Client in excess of the Working Week unless s/he agrees in writing that this limit should not apply.

3. CONSENT

The Employee hereby agrees that the Working Week limit shall not apply to the Assignment.

4. WITHDRAWAL OF CONSENT

4.1. The Employee may end this Agreement by giving the Company notice in writing.

4.2. For the avoidance of doubt, any notice bringing this Agreement to an end shall not be construed as termination by the Employee of an Assignment with a Client.

4.3. Upon the expiry of the notice period set out in clause 4.1 the Working Week limit shall apply with immediate effect.

5. THE LAW

This Agreement is governed by the law of England & Wales/Scotland/ Northern Ireland and is subject to the exclusive jurisdiction of the Courts of England & Wales/Scotland/ Northern Ireland.

Signed by the Employee _____ Date _____

Office Administration Use Only

Interview Rating

Appearance:

Excellent Good Adequate Poor Developing

Attitude:

Excellent Good Adequate Poor Developing

Use of English language:

Excellent Good Adequate Poor Developing

Experience and skills:

Excellent Good Adequate Poor Developing

Enthusiasm:

Excellent Good Adequate Poor Developing

Overall Rating

Please grade the applicant, using 1, 2, 3, 4 or 5. Number 1 being the highest grade

General Comments

What kind of jobs will the applicant be most suited to? _____

Will the applicant need any training? If so, please list suitable training _____

Does the applicant need any uniform? If so, please list _____

Interviewed By _____

Date _____ Print Name _____ Signed _____