



TQS UK NORTH
JOB APPLICATION FORM

Surname: _____ **Forenames:** _____ **Title:** _____

Address: _____

Post Code: _____

Telephone: _____ **Mobile:** _____

E-mail: _____

Date of Birth: _____ **N.I. Number:** _____

If you have sent in a CV, please go to the Recruitment Questionnaire section on page 3

EMPLOYMENT

Please start with your present job

Company	Dates	Job Title	Job Description

Please attach separate sheet for additional information

EDUCATION

School / College	Dates	Exams / Course	Results

Please attach separate sheet for additional information

RECRUITMENT QUESTIONNAIRE

Please tick appropriate boxes

SKILL	YES	NO	CERTIFICATE AVAILABLE
Micrometers			
Verniers			
Height Gauges			
C.M.M. Use			
Surface Table Use			
Hardness Checking			
Plastic Checking			
Paint Measurements			
Calibration			
Thread Checking			
Welding Checking			
Colour Measurement			
Trim Products			
Pressure Testing			
Electronics			
Information Technology			
Statistical Process Control			
D.O.E.			
Poke Yoke			
Kaizen			
Failure Mode & Effects Analysis			
Control Plans			
C.O.S.H.H.			
Health & Safety			
8D Reporting			
Q.O.S.			
A.P.Q.P.			
Logistics			
Torque Testing			

NIGHT WORKERS' HEALTH SCREENING

This form is designed to help assess if you have any health conditions that could affect your ability to perform Night shift work. The opportunity for an assessment is required by the Working Time Regulations 1998. This form asks general questions about your health.

If you do not wish to work nights put a cross here

Please complete this form to the best of your knowledge, and tick the appropriate box. Please note that by ticking a box does not necessarily mean you are unfit for night work (simply that we may need to refer you for further medical assessment). The list of conditions is provided for your guidance.

Do you have any medical or health condition that may affect your ability to do night work, or could be made worse by night work (such as those listed below)?

Please tick appropriate box/boxes

1. Diabetes?
2. Heart or circulatory problems?
3. Stomach or intestinal disorders, such as ulcers?
4. Medical conditions affecting your sleep
5. Chronic chest disorder where night time symptoms are particularly troublesome?
6. Any medical condition requiring regular medication on a strict timetable?
7. Any condition where the timing of a meal is particularly important?
8. Any other health factors that may affect your fitness to do night work?
9. Colour blind?

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**AGREEMENT TO OPT OUT OF REGULATION 4(1) OF THE WORKING
TIME REGULATIONS 1998 – MAXIMUM WEEKLY WORKING TIME**

I, _____ [Name of temporary worker]

Of _____ [Address of Residence]

Agree with TQS UK North of Amington Industrial Estate, Tamworth, that the limit in regulation 4(1) of the Working Time Regulations 1998 shall not apply to me and that my average working time may therefore exceed 48 hours for each seven-day period (as defined by and calculated in accordance with the Working Time Regulations 1998).

I agree that I will comply with any and all policies of the Employment Business which are from time to time in force, which relate to its maintenance of records of my hours of work.

Either party may terminate this agreement by providing three months notice in writing to the other.

Signed _____ Dated _____
{Name of Temporary Worker}

Signed _____ Dated _____
{The Employment Business}

Migrant Workers

Any nationals from territories outside the United Kingdom must have appropriate Work Permits and documents as required by the United Kingdom Government and the European Union.

Temporary Workers Declaration

I certify that the answer to the above questions are correct to the best of my knowledge. I understand that if I have withheld information, this may adversely affect efforts to place me in suitable employment.

Signature of Temporary Worker: _____

Date: _____

For Office Use

Interviewed by:

Date:

Grade:

Notes: