



Employee Screening Questionnaire

Check List:

Please make sure you complete the application and provide copies of the following documents/information:

Passport/ Birth Certificate NI Number Photo Driver Licence/Utility Bill
5 Years Address history Mother's Maiden Name

Position Applied for

*** Mandatory ***

PART A. Personal Details

*** Mandatory ***

Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> other _____		
Surname:			
First Name:		Middle Name:	
Have you ever changed your name other than by marriage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES, state when and previous name(s)			
Surname at Birth:		*Mother's Maiden Name:	
Date of Birth:	/ /	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
Marital Status:	Single / Mar / Div / Sep / Wid	Town of Birth:	
If registered disabled, please state your registration number:			

B. Address History (5 years)

*** Mandatory ***

Current Address			
Address 1			
Address 2			
Town/City	County		
Post Code	Country		
Time at address:	Resident from: (mm/yy)		
Home telephone number:	Mobile telephone Number:		
E-mail address:			
Please mark with an X the one which best describes your current status			
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	Other – Please give details:	



B1. Previous Address (If at current less than 5 years) * Mandatory *			
Address 1			
Address 2			
Town/City		County	
Post Code		Country	
Time at address:		Resident from: (mm/yy)	

B2. Previous Address (If at current & previous less than 5 years) * Mandatory *			
Address 1			
Address 2			
Town/City		County	
Post Code		Country	
Time at address:		Resident from: (mm/yy)	

B3. Previous Address * Mandatory * (If at current & previous less than 5 years – if you require more space please use a separate piece of paper)			
Address 1			
Address 2			
Town/City		County	
Post Code		Country	
Time at address:		Resident from: (mm/yy)	

C. Proof of Identification * Mandatory * Please provide COPIES of the following documents:		
Passport	<input type="checkbox"/> YES	<input type="checkbox"/> NO
National Insurance Card	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Proof of Current Address (i.e. utility bill, Tenancy Agreement)	<input type="checkbox"/> YES	<input type="checkbox"/> NO



D. Criminal Convictions

*** Mandatory ***

Having a criminal conviction may not negate your employment with us but failing to declare a conviction, caution or pending prosecution will.

Rehabilitation of Offenders Act 1974

I understand that the post applied for is protected by the Rehabilitation of Offenders Act 1974.

Do you give any current convictions, cautions or pending prosecutions? Yes No

If YES, please give full details include dates

Date of caution/conviction	Offence
/ /	
/ /	
/ /	

E. Bankruptcy

*** Mandatory ***

Have you ever been declared Bankrupt? Yes No

If YES, please give full details include dates

Date of declaration	Discharged
/ /	
/ /	
/ /	

F. Directorships

*** Mandatory ***

Appointment Date	Company
/ /	
/ /	
/ /	

Have you ever been struck off as a company director? Yes No

If YES, please give full details include dates

Appointment Date	Reason
/ /	
/ /	
/ /	

Are you prohibited from holding a company directorship? Yes No



G. Current Employment Details

*** Mandatory ***

(Please pay careful attention to dates as they will be cross checked against the employer's records. Certain positions require us to account for all gaps in your employment history that exceed 1 month)

May we contact your current employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employment start date:	/ /	Leaving date:	/ /
Company Name			
Position held:		Employee No:	
Contact name:		Contact position:	
Address 1			
Address 2			
Town/City		County	
Post Code		Country	
Contact telephone number		Contact fax number	
Reason why leaving			

G1. Previous Employment Details 1st (Last 5 years only)

*** Mandatory ***

Please list all former employers being careful to include the correct start and finish dates.

Employment start date:	/ /	Leaving date:	/ /
Company Name			
Position held:		Employee No:	
Contact name:		Contact position:	
Address 1			
Address 2			
Town/City		County	
Post Code		Country	
Contact telephone number		Contact fax number	
Reason why leaving			



G2. Previous Employment Details Continued 2nd (Last 5 years only) * Mandatory *

Please list all former employers being careful to include the correct start and finish dates.

Employment start date:	/ /	Leaving date:	/ /
Company Name			
Position held:		Employee No:	
Contact name:		Contact position:	
Address 1			
Address 2			
Town/City		County	
Post Code		Country	
Contact telephone number		Contact fax number	
Reason why leaving			

G3. Previous Employment Details Continued 3rd (Last 5 years only) * Mandatory *

Please list all former employers being careful to include the correct start and finish dates.

Employment start date:	/ /	Leaving date:	/ /
Company Name			
Position held:		Employee No:	
Contact name:		Contact position:	
Address 1			
Address 2			
Town/City		County	
Post Code		Country	
Contact telephone number		Contact fax number	
Reason why leaving			



G4. Previous Employment Details Continued 4th (Last 5 years only) * Mandatory *

Please list all former employers being careful to include the correct start and finish dates.

Employment start date:	/ /	Leaving date:	/ /
Company Name			
Position held:		Employee No:	
Contact name:		Contact position:	
Address 1			
Address 2			
Town/City		County	
Post Code		Country	
Contact telephone number		Contact fax number	
Reason why leaving			

G5. Previous Employment Details Continued 5th (Last 5 years only) * Mandatory *

Please list all former employers being careful to include the correct start and finish dates. Use a separate sheet if required

Employment start date:	/ /	Leaving date:	/ /
Company Name			
Position held:		Employee No:	
Contact name:		Contact position:	
Address 1			
Address 2			
Town/City		County	
Post Code		Country	
Contact telephone number		Contact fax number	
Reason why leaving			



H. Highest Education

*** Mandatory ***

Education			
Attendance dates	From	To	
School/College/University			
Address 1			
Address 2			
Town/City		County/State	
Post Code/ZIP Code		Country	
Contact telephone number		Contact fax number	
Contact E-mail address			
Level (BA, BSc, Postgraduate, Master etc)			
Course Title		Award & Grade	
GCSE, O-Level and A-Level, HNC, HND			
Level	Subject		Award & Grade
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			



I. Professional Qualification

*** Mandatory ***

Did you undertake any part-time courses or study for any technical or professional qualifications after leaving full-time education?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attendance dates	From		To		
College/University/Organisation					
Address 1					
Address 2					
Town/City			County/State		
Post Code/ZIP Code			Country		
Contact telephone number			Contact fax number		
Contact E-mail address					
Microsoft Certificate (MCSE, MCSA, MCTS etc), SII Certificate, CII, PDL (Professional Diploma in Law)					
Level					
Course Title				Award & Grade	

I1. Professional Qualification Continued

*** Mandatory ***

Did you undertake any part-time courses or study for any technical or professional qualifications after leaving full-time education?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attendance dates	From		To		
College/University/Organisation					
Address 1					
Address 2					
Town/City			County/State		
Post Code/ZIP Code			Country		
Contact telephone number			Contact fax number		
Contact E-mail address					
Microsoft Certificate (MCSE, MCSA, MCTS etc), SII Certificate, CII, PDL (Professional Diploma in Law)					
Level					
Course Title				Award & Grade	



J. Professional Membership – (i.e. ACCA, FSA, SIA etc)

*** Mandatory ***




Membership	From		To	
Organisation				
Address 1				
Address 2				
Town/City		County/State		
Post Code/ZIP Code		Country		
Contact telephone number		Contact fax number		
Contact E-mail address				
Level				
Membership of				
			Award	

J1. Professional Membership Continued – (i.e. ACCA, FSA, SIA etc)

*** Mandatory ***

Membership	From		To	
Organisation				
Address 1				
Address 2				
Town/City		County/State		
Post Code/ZIP Code		Country		
Contact telephone number		Contact fax number		
Contact E-mail address				
Level				
Membership of				
			Award	

Declaration

-  I declare that the information provided on this application is true. I understand that any offer of employment is conditional upon successful screening and therefore consent to Eurocom C.I. Ltd, a professional screening company, or their appointed agents, performing such checks as deemed necessary for that purpose. For the avoidance of doubt, I hereby give Eurocom C.I. Ltd or their appointed agents the right to contact and obtain information from Credit agencies, Disclosure Scotland or the Criminal Records Bureau and from all references, employers or other persons to otherwise verify the accuracy of the information stated.
-  I consent to any referees I have nominated to be contacted, visited and/or interviewed by Eurocom C.I. Ltd or their appointed representatives.
-  I understand that any false statements made by me on this application form or any supplement thereto or in connection with my application for employment will be sufficient grounds for immediate discharge should I be employed.



Signature	Date
	Print Name

Instructions

Please fill-in the entire form before submitting and once complete, please return to;

Eurocom C.I. Ltd
Global House
1 Ashley Avenue
Epsom
Surrey
KT18 5AD

Tel: 0845 8805888
Fax: 020 8643 8384
Email: info@badappleservices.com

- Please note that on completion you may scan and return by email or fax or post.

Should you have any queries regarding the processing of this application please contact Eurocom C.I. Ltd in the first instance.

Data Protection Policy

Eurocom C.I. Ltd is registered under the Data Protection Act 1998 under Registration Number Z9753599. The company has produced a Data Protection Policy. To request a copy or to address any enquiries regarding this policy, this must be directed in writing for the attention of our Data Protection Officer.

Under the Data Protection Act 1998, you have the right to request details of your Personal Data held or processed by us. Please send such requests in writing, together with adequate material to confirm your identity, to the address on our web site contacts page, marked for the attention of the Data Protection Officer.

If you believe that any information held by us is incorrect, inaccurate or incomplete, then you must write without delay to our Data Protection Officer, highlighting the corrective action to be taken. If any information is found to be incorrect, it shall be corrected promptly.