



ADMINISTRATION FOR COMMENCING EMPLOYMENT

PLEASE REMEMBER

In order to make your starting arrangements with ACME Facilities Management as smooth as possible, it is essential that you complete the following documents on your first day.

Asylum & Immigration Act 1996 – Specified Documents

ON YOUR FIRST DAY, YOU MUST BRING WITH YOU:

EITHER:

ONE of the documents from the following list:

A passport showing that the holder is a British citizen, or other document issued by the Home Office which has an endorsement stating that the holder has a current right of residence in the United Kingdom as the family member of a national from a European Economic Area country or Switzerland who is resident in the United Kingdom.

A document showing that the holder is a national of a European Economic Area or Switzerland. This must be a national passport or identity card.

A resident permit issued by the Home Office to a national from a European Economic Area or Switzerland.

A passport or other travel document endorsed to show that the holder can stay indefinitely in the United Kingdom, or has no time limit on their stay.

A passport or other document endorsed to show that the holder can stay in the United Kingdom; and that this endorsement allows the holder to do the type of work you are offering if they do not have a work permit.

An application registration card issued by the Home Office to an asylum seeker stating that the holder is permitted to take employment.

OR

THE FOLLOWING DOCUMENT:

- (a) A document giving the person's permanent National Insurance number and name. This could be a P45, P60, National Insurance card or a letter from a Government agency.

AND: ONE of the following documents listed in Sections (b) - (h):-

- (b) A full birth certificate issued in the United Kingdom, which includes the names of the holder's parents; or
- (c) A birth certificate issued in the Channel Islands, the Isle of Man; or
- (d) A certificate of registration and naturalization stating that the holder is a British citizen; or
- (e) A letter issued by the Home Office to the holder which indicates that the person named in it can stay indefinitely in the United Kingdom, or has times of limit on their stay; or
- (f) An immigration status document issued by the Home Office to the holder with an endorsement indicating that the person named in it can stay indefinitely in the United Kingdom, or has no time limit on their stay; or
- (g) A letter issued by the Home Office to the holder which indicates that the person named in it can stay in the United Kingdom, and this allows them to do the type of work that you are offering; or
- (h) An immigration status document issued by the Home Office to the holder with an endorsement indicating that the person named in it can stay in the United Kingdom, and this allows them to do the type of work you are offering.

THE FOLLOWING DOCUMENT:

(a) A work permit or other approval to take employment that has been issued by Work Permits UK.

AND: ONE of the following documents listed at (b) - (c):-

(b) A passport or other travel document endorsed to show that the holder is able to stay in the United Kingdom and can take the work permit employment in question; or

(c) A letter issued by the Home Office confirming that the person named in it is able to stay in the United Kingdom and can take the work permit employment in question.

I have submitted to the Company the originals of the specified documents as requested above under the Asylum & Immigration Act 1996.

Signed.....Date.....
.....



**ACME Facilities Management
Pre-employment Medical Questionnaire
PRIVATE AND CONFIDENTIAL
FOR GROUP HR DEPARTMENT**

(To be completed by employee)

Position Applied For:

Commencement Date:

Proposed Job Location:

Personal Details:

Surname:

.....Forename(s):.....
.....

Date of Birth:

Height:

.....Weight:.....

Home Address:

.....
.....
.....
.....
.....

Postcode: Telephone No:.....

Mobile.....

MEDICAL HISTORY:

Section A

1. HAVE YOU EVER HAD?.

	YES	NO	If Yes please give details
1. Back problems – e.g. sciatica, slipped disc, arthritis or rheumatism?			
2. Upper limb disorders – e.g. Tennis elbow, golfers elbow, repetitive strain injury, tenosynovitis?			
3. Any skin complaints – e.g. dermatitis, eczema or allergic conditions?			
4. Stress or been diagnosed as suffering from a stress related disorder (E.g. occupational stress)?			
5. Any lung complaints – e.g. tuberculosis, pleurisy, asthma, or bronchitis?			
6. Any disorder of the heart or circulatory system, e.g. high blood pressure, varicose veins or hemorrhoids?			
7. Any digestive trouble e.g. persistent indigestion, ulcers, intestinal complaints, rupture or severe bouts of diarrhea in the last six months?			
8. Any psychological or nervous complaints including paralysis, epilepsy, fits, migraine?			
9. Diabetes, gout or any kidney or bladder complaint?			
10. Have you been advised for medical reasons not to do night work, shift work or any other kinds of work?			
11. Do you have or have you had, ANY health condition (as far as you are aware) not listed here?			

Section B

2. HAVE YOU EVER?

	YES	NO	If Yes please give details
1. Failed a medical examination of any kind?			
2. Consulted (or been recommended to consult) a specialist?			

Section C

3. ABOUT YOU NOW?

	YES	NO	If Yes please give details
1. Do you have any ear, nose or throat complaints, e.g. discharge from the ears or deafness?			
2. Are you currently receiving any treatment from your doctor? Please also give details about any recent illness or operations e.g. last 12 months			
3. Do you have any disability, which would require ACME Facilities Management to provide you with an adjustment to your workplace?			
4. How many days absence have you had through ill-health over the past 12 months? No of days Occasions			
5. Do you have any allergies?			

DECLARATION

I understand that information derived from this form and any subsequent enquiries or examinations is required to assess my suitability for employment with ACME Facilities Management. I declare that I have answered all the foregoing questions honestly and have not knowingly withheld any important information about my physical and mental health. I understand that concealment of any material fact may render me liable to dismissal. I also agree to inform ACME Facilities Management of any changes to my medical condition or state of health as soon as they occur.

Signature: Date:

**ACME Facilities Management
WORKING TIME REGULATIONS 1998**

INDIVIDUAL AGREEMENT

My signature to the Agreement confirms that I am prepared to work more than an average of 48 hours in any seven day period. The Agreement does not represent a change to my contracted hours of work but merely provides flexibility for both myself and the Company to ensure that the needs of the Company's business are met and that where necessary I may work the hours necessary to fulfill the responsibilities of the post I hold.

This Agreement may be terminated by me at any time provided that I give three months prior written notice to the company to that effect.

I understand that this Agreement is a valid and enforceable agreement entitling the Company to require me to work more than an average of 48 hours in any seven day period pursuant to Regulation 5 of the Working Time Regulations 1998. I have entered into this Agreement of my own free will and confirm that the Company has not exerted any undue pressure or influence upon me in order to secure my signature to this Agreement.

Signed: (Employee) Date:

Signed: (Company) Date:

HEALTH & SAFETY

Can add your H&S piece into here!

REFERENCES FORM –PLEASE RETURN

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference. If you are unable to provide business references, we are willing to accept either academic or personal references

	Reference No.1	Reference No.2
Business/Academic/ Personal		
Mr/ Mrs/ Ms/ Miss/ Dr		
Full Name of Referee		
Position		
Company Name		
Address
Postcode		
Daytime Telephone No		

If you do not wish referees to be contacted prior to giving your permission, please enter 'x' in box.

NAME (PRINT) DATE.....



Receipt/Return of Company Property

Please tick to confirm your receipt of the following –

	Quantity	Cost (each)
T-Shirts / polo-shirts	1	12.50
Trousers	1	12.50
Other (specify)		

By accepting the above company property, in the event of me leaving the business, it is my responsibility to personally return the property to the address it was issued to me as detailed below. I understand that a failure to do this will result in a suspension of my final pay until the Company property is returned.

I agree that should any item require replacement due to loss or damage, I admit responsibility and will be charged for the replacement for that item at cost price. I give my permission to the Company to deduct the cost of each item from my next available pay.

I agree to conform to ACME policies and procedures regarding Uniforms, as stated in the employee handbook.

I agree to keep my Uniform in a clean presentable condition at all times.

I hereby sign to acknowledge and understand the above points in relation to my Company property.

Name.....

Date.....

Location items handed out.....

Signed.....