



Please can you confirm the following before completing the application form

A - I confirm I have Right to work in the UK

B – I confirm I will provide this documentation with me prior to commencement of work

C – I give SM Global consent to share my details to find suitable positions

D – I confirm I am completing the below form myself

E - I authorise Staffing Match to retain my personal details for work finding activities.

F - I understand I can opt out anytime of being contacted by emailing info@staffingmatch.co.uk

I agree to all of the above terms – please state yes if you agree:

Name:

Date:

Applicant Name _____

Driving Application Form

Employee Code: _ _ _ _	Date of Registration
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FIRST NAME(S)		SURNAME/FAMILY NAME	
MR / MISS / MRS / MS	GENDER:	PREVIOUS NAMES (IF APPLICABLE)	
TELEPHONE NUMBER:		MOBILE NUMBER	
ADDRESS including postcode			
NATIONAL INSURANCE NUMBER		Date of birth	
_ _ _ _ _		NATIONALITY	
IN CASE OF EMERGENCY CONTACT NAME and number		Emergency contact RELATIONSHIP to you	
EMAIL ADDRESS			
DO YOU HAVE ANY UNSPENT CRIMINAL CONVICTIONS OTHER THAN ANY TREATED AS SPENT UNDER THE PROVISIONS OF THE REHABILITATION OF OFFENDERS Act 1974		Yes	No
DO YOU HAVE ANY COURT CASES PENDING AGAINST YOU?		Yes	No
DO ANY OF YOUR BELIEFS RESTRICT YOU FROM WORKING IN ANY PARTICULAR WORK OR ENVIRONMENTS?		Yes	No
WOULD YOU BE PREPARED TO TAKE A DRUG OR ALCOHOL TEST? (THIS IS A REQUIREMENT FOR SOME OF OUR CLIENTS)		Yes	No
ARE YOU HAPPY TO ALLOW US TO PROVIDE YOUR DATA TO CLIENTS FOR THE PURPOSE OF WORK FINDING ACTIVITIES?		Yes	No
IS THERE ANY TYPE OF WORK THAT YOU DO NOT WISH TO DO OR COMPANIES THAT YOU DO NOT WISH TO WORK FOR?		Yes	No
HAVE YOU PAID ANYONE TO ASSIST YOU TO COME TO THE UK? (NON-UK CANDIDATES)		Yes	No
HAVE YOU PAID ANYONE TO ASSIST YOU TO ATTEND THIS INTERVIEW?		Yes	No
DOES ANYONE ELSE HAVE ACCESS TO YOUR BANK ACCOUNT?		Yes	No
DO YOU HAVE PPE FOR THE ROLE APPLIED FOR OR WOULD YOU LIKE THIS TO BE PROVIDED TO YOU		I HAVE MY OWN PPE	PLEASE PROVIDE PPE

I authorise SM Global to contact my former employers, educational establishment, government agencies and personal referees for verification of the information provided I conform that the information I have given on this form is, to the best of my knowledge and belief complete and accurate, and accept that any misrepresentation of the above may lead to refusal of any work offered by SM Global

Name _____ Signature _____ Date _____

BANK DETAILS – PLEASE PAY MY WAGES INTO THE FOLLOWING ACCOUNT. N.B. WAGES MAY ONLY BE PAID INTO OWN OR PERSONAL JOINT ACCOUNT

BANK NAME		ACCOUNT NAME	
ACCOUNT NUMBER		SORT CODE	
PERSONAL EMAIL ADDRESS (ESSENTIAL AS YOUR PAYSリップ WILL BE EMAILED TO YOU)			
I UNDERSTAND AND ACCEPT THAT MY PAYSリップ WILL BE SENT TO ME ELECTRONICALLY AS AN E-PAYSリップ TO THE ABOVE EMAIL ADDRESS ✓			

YOUR PRESENT CIRCUMSTANCES (Read the following statements carefully and enter 'X' in the one box that applies to you)

		X
This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit or a state or occupational pension	A	
This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance, Employment and Support Allowance or Incapacity Benefit. I do not receive a state or occupational pension	B	
I have another job or receive a state or occupational pension.	C	
STUDENT LOANS (ADVANCED IN UK) If you left a course of Higher Education before last 6 April and received your first Student Loan instalment on or after 1 September 1998 and you have not fully repaid your Student Loan, enter 'X' in box D as well as either A,B or C above. (If you are required to repay your Student Loan through your bank or building society account do not enter an 'X' in box D)	D	

Some of the jobs that we could place you in require a basic criminal records check (CRC).

EITHER: I authorise Staffing Match to obtain my basic CRC via a disclosure and barring service approved third party at a cost to myself:

Signature:

OR: I will obtain the CRC from the UK Disclosure and Barring Service and will pay for this service myself:

Signature:

I conform that the information I have given on this form is, to the best of my knowledge and belief complete and accurate, and accept that any misrepresentation of the above may lead to refusal of any work offered by SM Global

Name _____ Signature _____ Date _____

Questions for insurance purposes	Please Tick	
Do you hold a full driving licence with no unspent endorsements other than for speeding and/or parking offences to a maximum of 9 points?	Y	N
Have you held your LGV licence for a minimum of 2 years or more?	Y	N
You have stated above the type of licence you have. Have you worked as a LGV driver with this category of licence for more than 180 days in the past 2 years?	Y	N
Have you had anymore than 2 accidents in the past 3 years	Y	N
Please provide details of incidents if any		

I conform that the information I have given on this form is, to the best of my knowledge and belief complete and accurate, and accept that any misrepresentation of the above may lead to refusal of any work offered by SM Global

Name _____ Signature _____ Date _____

HOME ADDRESS – 5 YEARS HISTORY REQUIRED

FULL HOME ADDRESS INCLUDING POST CODE	MONTH YEAR FROM/TO

PREVIOUS EMPLOYMENT/NON EMPLOYMENT HISTORY – 5 YEARS HISTORY REQUIRED

COMPANY/AGENCY/EDUCATION/OTHER – DATE ORDER (OLDEST FIRST)	JOB TITLE/STUDENT	FROM MONTH/YEAR	TO MONTH/YEAR	CONTACT DETAILS NAME AND ADDRESS

IF THERE ARE GAPS IN YOUR EMPLOYMENT HISTORY PLEASE COMPLETE BELOW

Dates of gaps in employment in date order	WHAT WERE YOU DOING DURING THIS TIME	HOW WERE YOU SUPPORTED	WHAT EVIDENCE DO YOU HAVE TO SUPPORT THIS?
GAP 1			
GAP 2			
GAP 3			

PLEASE PROVIDE DETAILS OF YOUR NOMINATED REFEREE WHO WILL BE ABLE TO VERIFY THE ABOVE – this person can not be a relation/colleague or live at the same address

Name of Referee	Relationship to you	Address	Email address	Telephone number
GAP 1				
GAP 2				
GAP 3				

I authorise SM Global to contact my former employers, educational establishment, government agencies and personal referees for verification of the information provided I conform that the information I have given on this form is, to the best of my knowledge and belief complete and accurate, and accept that any misrepresentation of the above may lead to refusal of any work offered by SM Global

Name _____ Signature _____ Date _____

Please insert the dates the following categories were attained?

B1	B	B-E	C1	C1-E	C	C-E	D1	D1-E	D	D-E

✚ Skills:

Tick the skills and business areas in which you have experience and would like to work:-

Vehicle Type	Operations	Equipment	Gear Box
Artic	International	Tail lift	Splitter
Rigid	Trunking	Refrigeration	Range change
Tilts	Tramping	Pallet loaders	Eps
Trailers	Nights Out	Skips	Pre - select
Draw Bar	Shunting	Rope & sheet	Power transfer
Aflame	Supermarkets	Chain & toggle	Other
Close coupled	Docks	Forklift(w.certificate)	
Demountable	Airports	Reach	Do you have (Please tick)
Tipper	Plant haulage	Counterbalance	Safety Boots
Tankers	Multi Drop	Narrow Aisle	Hi-vis vest
Low Loaders	Average Number of Drops	Lorry mounted	Uniform
Containers	Dray-work	Lorry loader (cert?)	
Bulk	Computerised delivery	Grab	
Van		Hook	
Single/Double Deck		Clamp	

I conform that the information I have given on this form is, to the best of my knowledge and belief complete and accurate, and accept that any misrepresentation of the above may lead to refusal of any work offered by SM Global

Name _____ Signature _____ Date _____

1. Declaration (all Drivers to Sign)

48-hour Limitation Waiver (Domestic Rules – Van drivers to complete)

The Working Time Regulations 1998 (the regulation) require the company to limit your average weekly working time to 48 hours, unless you agree with the company that the limit shall not apply to you.

The Company wishes to have an agreement with you. It proposes an agreement (which will apply until terminated by notice) on the basis that:

- a. The 48 hours on weekly working time will not apply to you.
- b. You may terminate the agreement (so that the 48-hour time limit would apply to you) by giving the person at the Company, to whom you usually report, 4 weeks written notice

Under the regulations, the company must keep records relating to your working time. This is the case whether you reach an agreement with the company about waiving working time limits.

If you accept the company's proposal, please sign below this document will then be the record of agreement between you and the company.

Signature.....

Name.....

Date.....

Health and Safety Declaration

Whilst working for Staffing Match I will (a) not use any machinery unless experienced and able, (b) not work on dangerous machinery (e.g. meat slicer) unless 18+ of age and supervised or experienced in the use of machinery.

I will ensure that at all times I will take every precaution to (a) avoid injury to myself and others, (b) prevent damage to any equipment/machinery.

I understand my responsibilities with regards to health and safety at work and have received Staffing Match's Health & Safety Policy.

Confidentiality Declaration

I will not at any time divulge to any person, nor use for my own or any other person's benefit, any confidential information in relation to the client or company or in relation to any of their employees, business affairs, transactions or finances which I may acquire during the currently of my agreement with the company under the terms.

Rehabilitation of Offenders Act 1947 Declaration

I declare that I have no previous/current nor pending criminal convictions other than those spent under the Rehabilitation of Offenders Act 1974.

Personal Declaration

I confirm that the information given on my application is correct and there is nothing further, about which I am aware, that should be taken into account when offering me work. Should the situation change whilst I am either, (a) engaged in a temporary assignment by Staffing Match (b) in between assignment for Staffing Match, I will immediately notify the relevant Staffing Match Branch. I understand that, should any information prove inaccurate, my assignment may be terminated.

I hereby authorise Staffing Match to seek references and I understand the information may be used to assist with my application for work. I also authorise Staffing Match to forward my Curriculum Vitae to Hirers to assist with my application for work.

I agree that information given on my application may be used for registration purpose under the Data Protection Act.

I also agree that should 'stop and search' be used on a client's premises, I shall comply with instructions.

I confirm the terms of these declarations and agree to be bound by them

As part of any recruitment process, the organisation collects and processes personal data relating to job applicants. The organisation is committed to being transparent about how it collects and uses that data and to meeting its data protection obligations.

Please review our privacy notice for information on your rights to erasure and process your personal data at <http://www.staffingmatch.co.uk/privacy-policy/>

Signature..... Print Name.....

Date.....

Driver's Declaration

- # Have you at any time in the last five years been convicted of any offence? Y N
- # Have you in the last 10 years had your licence suspended? Y N
- # Do you have any prosecutions pending or any incidents occurred that may result in future prosecution? (Please detail) Y N

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I hereby acknowledge that, before taking over any vehicle, it is my responsibility to carry out all responsibilities laid on the driver under The Motor Vehicles (Construction and Use) Regulations and Road Vehicles Regulations, and in addition shall be responsible for all daily and/or weekly checks to ensure the vehicle is road worthy at all times.

I undertake to inform Staffing Match of any incidents which may occur in the future, which may result in prosecution, or the impairment of my driving efficiency.

I understand that licence checks will be completed every 4 months, if during this period I have a conviction/points I will immediately inform Staffing Match. I understand my failure to do so may result in the client's insurance being null and void.

I herby undertake to inform Staffing Match of the number of hours I have worked etc. Should I at anytime work as a driver on my own behalf, or on behalf of any person, firm or company, at between or during period(s) of driving that I might do as a result of an introduction by Staffing Match.

I acknowledge that it is my responsibility to ensure that a Tachograph is issued to me by the client that I ensure that it is returned to Staffing Match after 29 days, failure to do so may result in my termination from any assignments. I acknowledge that I use my Digital Tachograph that I will download the information on to the client's database at the end of each shift, failure to do so may result in my termination from any assignments.

I will contact Staffing Match immediately should I have any queries.

Signature..... Print Name.....

Date.....

Workforce Agreement

This agreement is made on theDay of 2020.

Recitals

1. Staffing Match is in the business of the supply of Temporary Workers.
2. The working Time Road Transport Regulations that became effective on the 5th April 2005 and effects the manner in which mobile workers and the Company together conduct the operation.
3. Staffing Match and the representative of the workforce in a workforce agreement have agreed on the behalf of the workforce to adopt the flexibility provided by the regulations in respect of both the Night Work Limitations and reference periods for calculating the 48 hour weekly working time.

Provisions

1. Definitions

Location: SM Global Consultancy Ltd Trading as Staffing Match (Operating Nationwide)
Bradeys Business Centre
Central Way
North Feltham Trading Estate
Feltham
TW14 0XQ

Regulations: Shall mean Road Transport Working Time Regulations 2005.

Mobile workers: Shall mean Night workers as defined by the regulations and all mobile workers services being utilized by Staffing Match.

2. Scope of Agreement

This agreement is made pursuant to regulation 4 (2) (extend night work limit) and 4 (3) (set fixed calendar reference periods) Or 4 (4) (extend reference periods to a maximum of 26 weeks).

3. Term of Agreement

This agreement shall remain in force for a period of 5 years effective from the date indicated above

4. Operative Provision

a. Agreement

The parties acknowledge and agree that the regulations will impact on the manner in which the operation is conducted. The parties believe that it is the benefit of both the Company and the employees for certain provisions of the regulations to be extended or modified.

b. Night Work Limit

The worker will work beyond the 10 Hour work limit stated in the regulations but only to the extent where this would not be in breach of the regulation or EU Drivers Hours Regulations 561/06.

c. Reference Period

- For the purpose of calculating the 48 Hour average the reference period shall be successive 17 weeks reference period.
- The first day of a 17 week reference period will begin at 00.00 hours on Monday. The reference periods that will apply to mobile workers for 2019/2020 will be:
 - i. 6th April 2020 – 2nd August 2020
 - ii. 3rd August 2020 – 6th December 2020
 - iii. 7th December 2020 – 4th April 2021

This pattern of fixed reference periods will continue until this workforce agreement expires.

5. Avoidance of Doubt

For the avoidance of doubt, the parties acknowledge and agree that save as specifically set out above, the provisions of the regulations shall be in full force and effect.

Signed for and upon behalf of Staffing Match

.....

Signed for and upon behalf of Temporary Worker

.....

Date

.....

Dear Colleague,

Drug and Alcohol Testing

Health and Safety is on the Staffing Match agenda and we are making various changes to improve the Health and Safety of all employees. We are implementing random and “for cause” testing, ie.in the event of an accident, we can further improve the Health and Safety of SM Global workers and other road users, and potentially reduce the number of accidents that can occur. Drug and Alcohol testing is common practice in both the warehousing and logistics industry we operate in, and therefore SM Global would like to align itself with other retailers in this sector.

Who will be Tested ?

Any Staffing Match employee / Sub Contractor can be tested ; no employee group is exempt from testing. Any approach to testing will be completed with a fair and consistent approach.

Who will be doing the testing ?

A third party testing company will be utilized to conduct the tests, either on random dates across all shifts or in the event of an accident, and carry out random testing or testing on the employee where there is concern that the use of drugs / Alcohol may be a risk. The Drug testing will seek evidence of examples of a wide range of Drugs including prescribed drugs. The results of the tests are available instantly (Alcohol) and within fifteen minutes (drugs), and then can be taken into account in any subsequent accident investigation and potential disciplinary action as per your employee handbook. For consistency across the group, and given that we have drivers who operate into Scotland, we will be testing at the Scottish limit of 50mg per litre.

What is defined as an Accident ?

An Accident is defined as any incident that causes damage or harm, Which could be; a driver being involved in an accident in the yard or on the highway where the police are not involved, a forklift driver in the warehouse damaging the racking, or a member of the office team falling down the stairs. This list is not exhaustive.

When will this be happening ?

This will take place with immediate effect. If you take any medication then please let a member of the Staffing Match team know so this can be noted on your file. Should you have any concerns or wish to discuss the contents of this letter, please contact a member of Staffing Match.

Yours Sincerely

SM Global Consultancy Ltd

Sign

Print

Date