



*Support Services Ltd*

The Linen House, 253 Kilburn Lane, LONDON W10 4BQ

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T: 020 8964 1001 F: 020 8965 0907

Your full name: \_\_\_\_\_

Your address: \_\_\_\_\_

Post code: \_\_\_\_\_

Gender: \_\_\_\_\_ Marital status: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

Nationality: \_\_\_\_\_ Work permit status: \_\_\_\_\_

Do you hold an up to date criminal records disclosure (DBS)? yes no

## Questionnaire

### Availability

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Holidays booked	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please enter dates of travel and return
Illness	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please specify: Dr certificate/controlled
Do you have other employment?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please specify, along with working hours
Are you looking for permanent employment?	<input type="checkbox"/> yes <input type="checkbox"/> no	If no, please specify
Are you happy with the probation period?	<input type="checkbox"/> yes <input type="checkbox"/> no	You will be expected to give your 100% and to show commitment to the company. You will not be authorised any leave until you pass this period. Once this standard has been satisfied, we may offer you further employment.