



Recruitment Solutions
Alba Ltd

REGISTRATION PACK

PLEASE COMPLETE IN BLOCK CAPITALS

TITLE _____ FIRST NAME _____ SURNAME _____

ADDRESS _____

TOWN _____ COUNTRY _____ POSTCODE _____

TEL (INC STD) _____ MOBILE _____

EMAIL _____ NI No _____

D.O.B (for licence & insurance purposes only) ____/____/____

NEXT OF KIN _____ RELATIONSHIP _____

TEL (INC STD) _____

OWN TRANSPORT? YES / NO

REGISTRATION No _____

HEREBY GIVE* / DO NOT GIVE* THE EMPLOYMENT BUSINESS PERMISSION TO GIVE OUT MY MOBILE TELEPHONE NUMBER TO CLIENTS THAT I MAY WORK FOR SHOULD THEY HAVE NEED TO CONTACT ME (*CIRCLE AS APPLICABLE).

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENCE?

WHICH IS NOT SPENT WITHIN THE TERMS OF THE

REHABILITATION OF OFFENDERS ACT 1974?

YES NO

IF YES, GIVE DETAILS,

ARE YOU RECEIVING AND/OR CLAIMING ANY DSS BENEFITS?

YES NO

IF YES, GIVE DETAILS,

WHERE DID YOU HEAR ABOUT US? _____

AS YOU WILL BE WORKING ON ASSIGNMENTS AT VARIOUS CLIENTS PREMISES YOU MUST BE ABLE TO TAKE WRITTEN AND VERBAL INSTRUCTION.

HAVE YOU WORKED FOR AN AGENCY BEFORE? YES/NO IF YES, WHICH AGENCY? _____

EMPLOYMENT HISTORY (PLEASE GIVE DETAILS OF PREVIOUS EMPLOYMENT STARTING WITH THE MOST RECENT ENSUREING YOU COVER THE LAST 5yrs)

FROM	TO	NAME OF EMPLOYER	EMPLOYED AS	REASON FOR LEAVING

MEDICAL QUESTIONNAIRE

It is important that a complete and the correct history is given, and the information can be verified, where necessary, with your doctor.

All the following questions must be answered with a YES or NO circled

DO YOU SUFFER FROM ANY OF THE FOLLOWING HEALTH CONDITIONS?

1. IF APPLYING FOR AN HGV DRIVING ROLE DO YOU SUFFER FROM ANY CONDITION WHICH YOU ARE REQUIRED TO REPORT TO THE DVLA. YES NO
2. DO YOU HAVE ANY VISUAL IMPAIRMENTS THAT IS NOT CORRECTED BY GLASSES/CONTACT LENSES? YES NO
3. WHEN DID YOU LAST HAVE AN EYE TEST? Date_____
4. DO YOU HAVE A HEARING IMPAIRMENT WHICH IS NOT CORRECTED BY A HEARING AID? YES NO
5. ARE THERE ANY OTHER HEALTH FACTORS THAT MIGHT AFFECT YOUR ABILITY TO UNDERTAKE THE ROLE FOR WHICH YOU HAVE APPLIED? YES NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS YOU MAY BE ASKED TO SEE A DOCTOR OR NURSE FOR FURTHER ASSESSMENT.

SIGNED: _____

EQUAL OPPORTUNITIES & DIVERSITY POLICY

THE EMPLOYMENT BUISNESS SEEKS TO OFFER EQUAL OPPORTUNITES IN RECRUITMENT AND CAREER DEVELOPMENT TO ALL WORK SEEKERS. IT REGISTERS VACANCIES AND INTERVEIWS APPLICANTS SOLELY ON THE BASIS OF SKILLS AND QUALIFICATIONS. A COPY OF THE POLICY Y IS AVAILABLE.

DATA PROTECTION

THE EMPLOYMENT BUSINESS WILL COLLECT THE PERSONAL DETAILS, WHICH YOU PROVIDE TO US FOR THE PURPOSE OF PROVIDING YOU WITH WORK-FINDING SERVICES. IN PROVIDING THIS SERVICE TO YOU WE MAY NEED TO TRANSFER YOUR PERSONAL DETAILS TO OUR CLIENT COMPANIES, INSURERS AND/OR ANY OTHER RELEVANT PARTIES.

IF YOU DO NOT WANT INFORMATION TO BE DISCLOSED TO THESE COMPANIES PLEASE TICK THIS BOX

(BY TICKING THIS BOX YOU ARE THEREBY LIMITING YOUR AVAILABILITY TO CLIENTS)

WE MAY ALSO FROM, TIME TO TIME TRANSFER YOUR DETAILS TO MARKET RESEARCH COMPANIES WHO MAY WISH TO CONTACT YOU IN ORDER TO CARRY OUT RELEVANT SURVEYS

IF YOU DO NOT WANT INFORMATION TO BE DISCLOSED TO THESE COMPANIES PLEASE TICK THIS BOX

(BY TICKING THIS BOX, YOU ARE THEREBY LIMITING YOUR AVAILABILITY TO CLIENTS)

WORKER DECLARATION ROAD TRANSPORT REGULATIONS (WTD)

PLEASE COMPLETE AND SIGN FOR CONFIRMATION OF YOUR COMPLIANCE TO THE ROAD TRANSPORT (WORKING TIME) REGULATIONS AND TO PROVIDE DETAILS OF ANY WORK UNDERTAKEN FOR ANY OTHER EMPLOYERS

PLEASE NOTE THAT CHARITABLE WORK AND WORK UNDERTAKEN AS A SPECIAL CONSTABLE, RETAINED FIRE FIGHTER OR IN THE RESERVE FORCES WILL NOT COUNT TOWARDS WORKING TIME. HOWEVER, IF YOU ARE ENGAGED IN ANY OF THESE ACTIVITIES YOU STILL NEED TO INFORM US AND SHOULD FILL OUT THE DECLARATION BELOW AS IF YOU WERE ENGAGED IN ANY OTHER WORK. WE WILL EXCLUDE TIME SPENT ON SUCH ACTIVITIES FROM OUR CALCULATIONS OF YOUR WORKING TIME.

EMPLOYEE DECLARATION

PREVIOUS WORKING TIME UNDER ROAD TRANSPORT (WORKING TIME) REGULATIONS 2005.

PART A

I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HAVE WORKED IN ACCORDANCE WITH THE REQUIREMENTS OF THE ROAD TRANSPORT (WORKING TIME) REGULATIONS 2005 THROUGHOUT THE CURRENT REFERENCE PERIOD OF MY CURRENT OR MOST RECENT EMPLOYER.

OR A2

I CONFIRM THAT I HAVE NOT WORKED IN ACCORDANCE WITH THE REQUIREMENTS OF THE ROAD TRANSPORT (WORKING TIME) REGULATIONS 2005 THROUGHOUT THE CURRENT REFERENCE PERIOD OF MY CURRENT OR MOST RECENT EMPLOYER.

REASON _____

CURRENT WORK FOR OTHER EMPLOYERS

PART B

I AM NOT CURRENTLY ENGAGED IN ANY WORK OUTSIDE MY COMMITMENTS TO RECRUITMENT SOLUTIONS ALBA WHICH WOULD NEED TO BE INCLUDED IN CALCULATIONS OF MY WORKING TIME UNDER THE ROAD TRANSPORT (WORKING TIME) REGULATIONS 2005. I UNDERTAKE TO INFORM RECRUITMENT SOLUTIONS ALBA IMMEDIATELY IF THIS SITUATION SHOULD CHANGE AND PROVIDE DETAILS AS SET OUT BELOW AND IN WEEKLY TIME SHEETS.

OR B2

I CONFIRM THAT I AM CURRENTLY ENGAGED IN WORK OUTSIDE OF MY COMMITMENTS TO RECRUITMENT SOLUTIONS ALBA WHICH WILL NEED TO BE TAKEN INTO ACCOUNT IN CALCULATIONS OF WORKING TIME UNDER THE ROAD TRANSPORT (WORKING TIME) REGULATIONS 2005. I UNDERTAKE TO KEEP RECRUITMENT SOLUTIONS ALBA INFORMED IF THERE IS ANY CHANGE TO THESE DETAILS AND TO RECORD DETAILS OF HOURS WORKED FOR ALL EMPLOYERS IN MY WEEKLY TIMESHEETS.

IF YOU HAVE CIRCLED PART A2 OR PART B2, PLEASE PROVIDE DETAILS OF ANY OTHER EMPLOYERS

EMPLOYER NAME AND ADDRESS			
TYPE OF WORK			
DATE STARTED		HOURS WORKED PER WEEK	

SIGNED _____

OPT OUT OF 48 HOUR WORKING WEEK AGREEMENT

1. DEFINITIONS

i) IN THIS AGREEMENT THE FOLLOWING DEFINITIONS APPLY

ASSIGNMENT – MEANS THE PERIOD DURING WHICH THE TEMPORARY WORKER IS ENGAGED TO RENDER SERVICES TO THE CLIENT.

CLIENT – MEANS THE PERSON, FIRM OR CORPORATE BODY ENGAGING THE SERVICES OF THE TEMPORARY WORKER

WORKING WEEK – MEANS AN AVERAGE OF 48 HOURS EACH WEEK CALCULATED OVER A 17 WEEK REFERENCE PERIOD

- ii) REFERENCES TO THE SINGULAR INCLUDE THE PLURAL AND REFERENCES TO THE MASCULINE INCLUDING THE FEMININE AND VICE VERSA.
- iii) THE HEADINGS CONTAINED IN THESE TERMS ARE FOR CONVENIENCE ONLY AND DO NOT AFFECT THEIR INTERPRETATION

2. RESTRICTION

- i) THE WORKING TIME REGULATIONS 1998 PROVIDE THAT THE TEMPORARY WORKER SHALL NOT WORK ON AN ASSIGNMENT WITH THE CLIENT IN EXCESS OF THE WORKING WEEK UNLESS HE AGREES IN WRITING THAT THIS LIMIT SHOULD NOT APPLY.

3. CONSENT

- i) THE TEMPORARY WORKER HEREBY AGREES THAT THE WORKING WEEK LIMIT SHALL NOT APPLY TO THE ASSIGNMENTS.

4. WITHDRAWAL OF CONCENT

- i) THE TEMPORARY WORKER MAY END THIS AGREEMENT BY GIVING THE EMPLOYMENT BUSINESS 2 MONTHS NOTICE IN WRITING
- ii) FOR THE AVOIDANCE OF DOUBT, ANY NOTICE BRINGING THIS AGREEMENT TO AN END SHALL NOT BE CONSTRUED AS TERMINATION BY THE TEMPORARY WORKER OF AN ASSIGNMENT WITH A CLIENT.
- iii) UPON THE EXPIRY OF THE NOTICE PERIOD SET OUT IN CLAUSE 4.1 THE WORKING WEEK LIMIT SHALL APPLY WITH IMMEDIATE EFFECT.

5. THE LAW

- i) THESE TERMS ARE GOVERNED BY THE LAW OF THE COUNTRY AND THE EXCLUSIVE JURISDICTION OF THE COURTS OF THE COUNTRY IN WHICH THE EMPLOYMENT BUSINESS HAS ITS OPERATIONAL ADDRESS.

SIGNED _____

APPLICANTS DECLARATION

- I UNDERSTAND THAT FOR HEALTH & SAFETY REASONS IT IS RECOMMENDED THAT PROTECTIVE CLOTHING EG. SAFETY BOOTS BE WORN AT ALL TIMES WHILST CARRYING OUT ASSIGNMENTS.
- I CONFIRM THAT I AM ELIGIBLE TO WORK IN THE UK
- I AM AWARE THAT THE EMPLOYMENT BUSINESS IS AN EQUAL OPPERTUNITIES EMPLOYER
- I HAVE RECEIVED AND UNDERSTOOD THE TERMS OF ENGAGEMENT FOR TEMPORARY WORKERS ISSUED BY THIS OFFICE
- I CONFIRM THAT I WILL CORRECTLY DECLARE MY EARNINGS IN RESPECT OF ANY BENEFIT CLAIM
- I ALSO UNDERTAKE TO INFORM THIS OFFICE OF THE NUMBER OF HOURS I HAVE DRIVEN SHOULD I AT ANY TIME WORK AS A DRIVER ON MY OWN BEHALF OR ON THE BEHALF OF ANY PERSON, FIRM OR ANY COMPANY OR ANY PERIOD(S) OF DRIVING THAT I MAY DO AS A RESULT OF ANY INTRODUCTION BY YOU BETWEEN THE TIME COMPLETING THIS APPLICATION AND ACCEPTING MY FIRST ASSIGNMENT
- I UNDERTAKE TO INFORM THIS OFFICE OF ANY FUTURE CHANGE IN CIRCUMSTANCES INCLUDING ANY DRIVING OFFENCES IE ENDORSEMENTS, WHICH MAY ALTER MY REPLIES TO THE ABOVE QUESTIONS
- I UNDERSTAND THAT SHOULD I BE ASKED TO WORK FOR ANY COMPANY AT WHICH I HAVE WORKED WITHIN THE LAST 12 WEEKS I WILL INFORM RECRUITMENT SOLUTIONS ALBA AT THE EARLIEST POSSIBLE MOMENT.
- I CONFIRM THAT ALL THE ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE AND AUTHORISE YOU TO SEEK THE REFERENCES YOU REQUIRE

SIGNED _____

QUALIFICATIONS AND EXPERIENCE

- i) WHAT TYPE OF LICENCE DO YOU HOLD? _____
- ii) IN WHICH COUNTRY DID YOU PASS YOUR TEST? _____
- iii) PLEASE GIVE DETAILS OF ANY ACCIDENTS DURING THE LAST 5 YEARS AND OF ANY LICENCE ENDORSEMENTS

- iv) _____
- v) HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE RELATING TO DRIVERS HOURS/DRIVING RECORDS OVERLOADING OF A VEHICLE, THE ROADWORTHINESS OF A VEHICLE WITHIN THE LAST 4 YEARS? YES NO
IF YES PLEASE GIVE DETAILS

OPERATIVE SKILLS - PLEASE INDICATE YOUR COMPETENCE IN ANY OF THE FOLLOWING AREAS BY TICKING THE BOX

<input type="checkbox"/>	PICKERS	<input type="checkbox"/>	GROUND WORKER	<input type="checkbox"/>	SCAFFOLDER	<input type="checkbox"/>	CONFINED SPACE (CERT)
<input type="checkbox"/>	PACKERS	<input type="checkbox"/>	CLEANER	<input type="checkbox"/>	SLINGER	<input type="checkbox"/>	CONSTRUCTION (CSCS)
<input type="checkbox"/>	GEN. WAREHOUSE	<input type="checkbox"/>	SECURITY	<input type="checkbox"/>	CASH HANDLING	<input type="checkbox"/>	LABEROUR
<input type="checkbox"/>	FURNATURE PORTER	<input type="checkbox"/>	ASSEMBLER	<input type="checkbox"/>	PRESS OPERATIVE	<input type="checkbox"/>	PLANT OPERATIVE
<input type="checkbox"/>	PRESS OPERATIVE	<input type="checkbox"/>	DESPATCH	<input type="checkbox"/>	DRIVERS MATE	<input type="checkbox"/>	PORT OPERATIVE
<input type="checkbox"/>	CHILLED	<input type="checkbox"/>	FOOD HANDLING	<input type="checkbox"/>	PLATFORM OPERATIVE	<input type="checkbox"/>	FREEZER

KEY SKILLS – PLEASE INDICATE YOUR COMPETENCE IN ANY OF THE FOLLOWING AREAS BY TICKING THE BOX

<input type="checkbox"/>	UNION	<input type="checkbox"/>	DRAWBAR	<input type="checkbox"/>	TIMBER	<input type="checkbox"/>	FORKLIFT C/B
<input type="checkbox"/>	DRIVER NEG	<input type="checkbox"/>	REFRIGERATION	<input type="checkbox"/>	COMPACTORS	<input type="checkbox"/>	AVSEC4
<input type="checkbox"/>	TACHOGRAPH	<input type="checkbox"/>	ROLL ON/OFF	<input type="checkbox"/>	SWEEPERS	<input type="checkbox"/>	CHAINS
<input type="checkbox"/>	MULTIDROP	<input type="checkbox"/>	SKIP	<input type="checkbox"/>	CHAUFFEUR	<input type="checkbox"/>	HOPPER
<input type="checkbox"/>	PCV	<input type="checkbox"/>	Dray	<input type="checkbox"/>	TAUTLINER/CURTAIN	<input type="checkbox"/>	RACHETS
<input type="checkbox"/>	TANKER	<input type="checkbox"/>	MIXERS	<input type="checkbox"/>	PARCEL DELIVERY	<input type="checkbox"/>	MINIBUS (APPROVED)
<input type="checkbox"/>	ADR-T	<input type="checkbox"/>	TIPPERS	<input type="checkbox"/>	REMOVAL	<input type="checkbox"/>	LEFT HAND DRIVE
<input type="checkbox"/>	ADR-P	<input type="checkbox"/>	PLANT (CERT)	<input type="checkbox"/>	SHUNTING	<input type="checkbox"/>	TACHOGRAPH (DIGITAL)
<input type="checkbox"/>	ARTICULATED	<input type="checkbox"/>	HIAB (CERT)	<input type="checkbox"/>	KINETIC (CERT)	<input type="checkbox"/>	IPAF (CERT)
<input type="checkbox"/>	TILT	<input type="checkbox"/>	MOFFETT (CERT)	<input type="checkbox"/>	TAIL LIFT	<input type="checkbox"/>	EPIC CARD
<input type="checkbox"/>	CONTAINER	<input type="checkbox"/>	BLOWER	<input type="checkbox"/>	CAR TRANSPORTERS	<input type="checkbox"/>	FUEL EFFICENCY
<input type="checkbox"/>	ROPE/SHEET	<input type="checkbox"/>	LIVESTOCK	<input type="checkbox"/>	LOW LOADER	<input type="checkbox"/>	HOME DELIVERY
<input type="checkbox"/>	DEMOUNTS	<input type="checkbox"/>	STEEL	<input type="checkbox"/>	FORKLIFT – R	<input type="checkbox"/>	

OTHER EXPERIENCES NOT LISTED IN THE SKILLS KEY?

COMMERCIAL VEHICLES YOU HAVE DRIVEN? (MAKE): _____

GEARBOX EXPERIENCE BY (TYPE): _____

MULTI DROP (PLEASE CIRCLE) 1-10 10-20 20-30 30-40 40+

AREA KNOWLEDGE: (LOCAL/REGIONAL)

WORK PREFERENCES (IE. PREFERRED START TIME)

AVAILABILITY FOR WORK:

DAYS NIGHTS WEEKENDS SHIFTS NIGHTS OUT
PART TIME

DO YOU POSSESS ANY OF THE PPE?

SAFETY BOOTS HIGH VIS JACKET GLOVES
HARD HAT SAFETY GOGGLES WATERPROOFS

APPLICANTS DECLARATION — PLEASE READ AND CIRCLE THE FOLLOWING DECLARATIONS

- | | | | |
|------|---|-----|----|
| i) | I HAVE COMPLETED MORE THAN 6 MONTHS RELEVANT WORK EXPERIENCE IN THE LAST 12 MONTHS | YES | NO |
| ii) | I AM OVER THE AGE OF 23 | YES | NO |
| iii) | I HOLD A FULL DRIVING LICENCE CLEAR OF ENDORSEMENTS OTHER THAN SP, TS, CU30 OR CU80 AND/OR PARKING OFFENCES TOTALING A MAXIMUM OF 6 POINTS | YES | NO |
| iv) | I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO ENSURE THAT THE VEHICLE OPERATOR/CLIENT ISSUE SUFFICIENT TACHOGRAPH CHARTS TO ME, AND THAT I SHALL ENSURE THAT THESE ARE RETURNED TO THE OPERATOR/CLIENT WITHIN 42DAYS OF THE DATE OF COMPLETION. | YES | NO |

REFERENCES

PLEASE PROVIDE AT LEAST 2 REFERENCES WITH TELEPHONE NUMBERS

	1	2	3
REFERENCES NAME			
POSITION			
COMPANY			
ADDRESS			
CONTACT NUMBER			

BELOW OFFICE USE ONLY

NAME _____ COMPANY _____	NAME _____ COMPANY _____																																																		
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Applicants position _____ Time Employed _____ Would you re-employ YES NO If NO please give reasons _____	Applicants position _____ Time Employed _____ Would you re-employ YES NO If NO please give reasons _____																																																		

ANY ADDITIONAL COMMENTS BY REFEREE

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ABOVE REFERENCE COLLATED BY _____ DATE _____

INTERVIEWER'S COMMENTS ON APPLICANT

BANK / BUILDING SOCIETY DETAILS

PAYMENT BY: CHEQUE

BUILDING SOCIETY

BANK

BANK/BUILDING SOCIETY	
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ACCOUNT NAME(S)	
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ACCOUNT NUMBER								
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SORT CODE					
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FINES

WE UNDERSTAND THE DIFFICULTIES ASSOCIATED WITH DRIVING DELIVERY VEHICLES, ESPECIALLY IN HEAVILY CONGESTED CITIES. HOWEVER MANY OF THESE PROBLEMS CAN BE AVOIDED THROUGH PRIOR PLANNING AND GOOD COMMUNICATIONS WITH OURSELVES AND THE CLIENT FOR WHOM YOU ARE WORKING.

BELOW IS AN OVERVIEW OF YOUR RESPONSIBILITIES IN RELATION TO THE VARIOUS TRAFFIC AND VEHICLE RESTRICTIONS AND FINES WHICH YOU MAY ENCOUNTER DURING YOUR WORKING DAY. ONCE YOU HAVE READ THESE, PLEASE SIGN BELOW AND RETURN IT TO RECRUITMENT SOLUTIONS ALBA

PARKING

IF YOU ARE MAKING A DELIVERY AND FINDING IT A STRUGGLE TO PARK ANYWHERE OTHER THAN IN A RESTRICTED AREA, YOU MUST CONTACT THE CLIENT AND GAIN THEIR CONSENT TO PAY ANY FINES WHICH YOU MAY INCUR THROUGH SUCH ACTIONS. IN ANY EVENT, ENDORSABLE OFFENCES – SUCH AS PARKING ON ZIG-ZIG MARKINGS ON THE APPROACH TO A PEDESTRIAN CROSSING – WILL ALWAYS BE YOUR RESPONSIBILITY.

MOVING TRAFFIC OFFENCES

OFFENCES SUCH AS EXCESSIVE SPEED AND FAILURE TO STOP AT TRAFFIC LIGHTS WILL LEGALLY REQUIRE THAT WE PASS YOUR DETAILS TO THE RELEVANT AUTHORITIES IF A NOTICE OF INTENDED PROSECUTION (NIP) IS ISSUED. RECRUITMENT SOLUTIONS ALBA DOES NOT CONDONE SUCH BEHAVIOUR; NO DELIVERY IS WORTH RISKING YOUR LICENCE AND ULTIMATELY YOUR CAREER FOR.

CONGESTION CHARGE

IF YOU HAVE NOT BEEN BRIEFED THAT IT IS ACCEPTABLE TO DO SO, DO NOT TAKE YOUR VEHICLE INTO THE CONGESTION CHARGE ZONE WITHOUT FIRST CONSULTING WITH THE CLIENT OR OURSELVES TO OBTAIN PERMISSION AND ENABLE THE CLIENT TO PAY THE CHARGE, IF YOU CHOOSE TO IGNORE THIS ANY RESULTING FINES WILL BE YOUR RESPONSIBILITY.

OTHER RESTRICTIONS

THERE ARE A NUMBER OF OTHER SCHEMES AND RESTRICTIONS OF WHICH YOU SHOULD BE AWARE; THESE INCLUDE BUS LANES, LONDON BOROUGH TRANSPORT SCHEME, RED ROUTES AND TIME/WEIGHT RESTRICTIONS. FAILURE TO ADHERE TO THE REQUIREMENTS OF THESE SCHEMES AND RESTRICTIONS MAY RESULT IN THE OPERATOR HAVING TO PAY A FINE. IF THESE CHARGES ARE PASSED ONTO RECRUITMENT SOLUTIONS ALBA WE RESERVE THE RIGHT TO PASS THESE CHARGES ONTO YOU. IF YOU ARE UNCERTAIN OF WHAT TO DO IN ANY GIVEN SITUATION PLEASE CONTACT EITHER THE CLIENT OR OURSELVES AND WE WILL ADVISE YOU ON THE BEST COURSE OF ACTION.

ACKNOWLEDGEMENT FORM

BY SIGNING THIS FORM, YOU ARE CONFIRMING THAT YOU HAVE RECEIVED, READ AND UNDERSTOOD THE FINES AND VEHICLE AND PROPERTY DAMAGE DOCUMENT, AND HEREBY GIVE CONSENT FOR RECRUITMENT SOLUTIONS ALBA TO RECOVER FINES AND COSTS INCURRED BY YOU, BY MEANS WHICH MAY INCLUDE MAKING WEEKLY DEDUCTIONS FROM YOUR SALARY.

YOU SHOULD RETURN THE SIGNED FORM TO RECRUITMENT SOLUTIONS ALBA, YOU MAY WISH TO KEEP A COPY FOR YOUR RECORDS.

FULL NAME (PRINTED)

SIGNED

DATE
