

Registration Form

I know, I know, I hate forms too - but this one won't take too long to fill in and the info will help me greatly.



RECRUITMENT LTD

01527 591277 solutions@stevecooper-crs.co.uk

Personal Information

First Name: Surname:

Nationality:

Sex: Male Female Status: Married Single Divorced/Separated No. of children:

Address:

Town: County: Post Code:

House details: Own Rented Parents Email:

Telephone: Home: Office: Mobile:

Do you have any health limitations that might affect your work? Yes No (Network.....)

(if you answer yes, please give details)

Do you hold a current driving licence?: Yes No Any Points? Car details: Own Company

Job Details

Would you be prepared to relocate for the right position? Yes No if yes, please tell me where.

.....

What areas would be commutable from where you live?:

What is your current job title?:

Please specify the kind of role you are seeking:

Salary or Hourly /Daily Rate: Current: Expected:..... Notice Req'd:

Bonus/commission package: Benefits:.....

What kinds of projects do you work on? (ie brochures, direct mail, packaging etc)

.....

To what industry sectors do the clients you work for belong? (ie Automotive, Retail, IT etc)

.....

Are there any companies that you would not like me to contact, you already freelance for or have recently had interviews with?

.....

Have you registered with any other recruitment agencies? (please list).....

MAC/PC Skills

Do you use a Mac or Windows based system? Mac Windows Both Are you using Mac OSX?

Please tell me the Software that you use regularly, and indicate your level of competence

Software	Wow!	Good	OK	Basic	Software	Wow!	Good	OK	Basic
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed Date: