

Registration No. \_\_\_\_\_

**FOR OFFICE USE ONLY**

- Temp       Perm       Temp to Perm  
 Full Time       Part Time       Student

CLASSIFICATION (CATEGORY)	CLASSIFICATION (POSITIONS)	T/P

**Eligibility to work checks:**

Birth Certificate/Passport expiry date \_\_\_\_\_  
 National Insurance proof seen \_\_\_\_\_  
 Eligibility to work check passed \_\_\_\_\_

**MBNA checks completed**

Candidates must provide all from either list A or B

**A**

Passport \_\_\_\_\_ expiry date \_\_\_\_\_  
 National Insurance Number \_\_\_\_\_ evidence \_\_\_\_\_

**or B**

Photographic driving licence \_\_\_\_\_ issued \_\_\_\_\_  
 Full birth certificate \_\_\_\_\_  
 National Insurance Number \_\_\_\_\_ evidence \_\_\_\_\_

**C—proof of address**

Bank statement or Utility bill \_\_\_\_\_  
 Right to work at MBNA checked \_\_\_\_\_ consultant \_\_\_\_\_  
 Verified \_\_\_\_\_ name \_\_\_\_\_ date \_\_\_\_\_

**PERSONAL DETAILS**

Surname \_\_\_\_\_  
 Forenames \_\_\_\_\_  
 Preferred Name \_\_\_\_\_  
 Have you ever been known by any other name Yes  No   
 If Yes please state \_\_\_\_\_  
 Current Address \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Country of Birth \_\_\_\_\_  
 Nationality \_\_\_\_\_ WORK PERMIT REQUIRED? Yes  No   
 National Insurance Number \_\_\_\_\_  
 Notice Period \_\_\_\_\_  
 Area \_\_\_\_\_

Are we able to send job details by text message? Yes  No   
 Home Telephone No \_\_\_\_\_ ANSWERPHONE Yes  No   
 Mobile \_\_\_\_\_ ANSWERPHONE Yes  No   
 Email Address \_\_\_\_\_  
 Driving Licence \_\_\_\_\_ Yes  No   
 Own Transport \_\_\_\_\_ Yes  No   
 Dates of holidays already booked \_\_\_\_\_

Permanent annual salary required £ \_\_\_\_\_  
 Temporary hourly rate required £ \_\_\_\_\_  
 Foreign Languages spoken or written (state fluency) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you become aware of The Business Connection  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you for your interest in The Business Connection, we assure you that your details will be treated in the strictest of confidence. If you require any help with your application at any stage, please ask.

## SKILLS & EXPERIENCE

Data Entry       Alpha       Numeric

Switchboard      Type

Audio       Shorthand

Computer Packages Used	Level of Ability		
	Basic	Good	High
	<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"/>	<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"/>

## ACCOUNTING EXPERIENCE

	Computerised	Software used	Manual
Management A/Cs	<input type="checkbox"/>		<input type="checkbox"/>
P&L	<input type="checkbox"/>		<input type="checkbox"/>
Cost A/Cs	<input type="checkbox"/>		<input type="checkbox"/>
Balance Sheet	<input type="checkbox"/>		<input type="checkbox"/>
Trial Balance	<input type="checkbox"/>		<input type="checkbox"/>
Nominal Ledger	<input type="checkbox"/>		<input type="checkbox"/>
Purchase Ledger	<input type="checkbox"/>		<input type="checkbox"/>
Sales Ledger	<input type="checkbox"/>		<input type="checkbox"/>
Payroll	<input type="checkbox"/>		<input type="checkbox"/>
Incomplete A/Cs	<input type="checkbox"/>		<input type="checkbox"/>
Other			

## TEST RESULTS—for office use only

	TYPING		DATA ENTRY		CALL CENTRE		AUDIO		OTHER (specify)	
	Score	Error	Score	Error	Score	Error	Score	Error	Score	Error
Date										
Date										

## BANK DETAILS

If you are looking for temporary position please supply your bank details

Bank:	Account Name:
Sort Code:	Account Number:

## EDUCATIONAL REFERENCE

*If you have attended further education/school in the last 5 years, please supply contact details for reference/validation purposes.*

Establishment:	To:	From:
Contact Name:	Referees Title:	
Address::		
Tel No:	Email Address:	

