

DETAILS OF EMPLOYMENT

Welcome to Ability Plus Limited

When you commence employment for Ability Plus as a temporary worker we would like to inform you of the following requirements expected:-

- ◆ All **signed** timesheets must be submitted to Ability Plus by the following Friday afternoon. They can be faxed, posted or delivered by hand. Failure to submit a timesheet by this deadline may result in wages being deferred until the following week.
- ◆ Your salary will be paid by BACS on the following Friday, meaning you work a “week in hand”. Ability Plus assumes responsibility for payment of wages, deductions and payment of all statutory contributions in respect of Income Tax (PAYE) and National Insurance.
- ◆ If you are unable to make it to work it is **imperative** that you call Ability Plus to inform us **before 9.30am**, so that we can contact the company your working for and let them know.
- ◆ You will not be paid for bank holidays or any days taken off ill, unless agreed by the company you are working for.
- ◆ If you have any problems with your assignment please inform Ability Plus. We will either sort out the problem to a satisfactory standard or try to find a replacement worker for the position. **Never just leave**, there will always be a solution!
- ◆ Please dress appropriately for the office. Sweatshirts and other casual attire are not acceptable when you are representing Ability Plus.
- ◆ Please do not use a client’s telephone for personal calls and access to the internet unless permission is granted.

We trust you will keep to the above requirements at all times and we will do our best to provide you with regular temporary assignments. You will not get lost in the shuffle at Ability Plus, everyone is our most important candidate which means that our focus is entirely on you.

- ◆ **If a company that I have worked for through Ability Plus makes me a direct offer I agree to inform Ability Plus of the offer made.**

I have read and understand the above fully, Signed:.....

DECLARATION OF SECRECY

I hereby solemnly declare that during the course of any work of any kind whatsoever I do (i) for ABILITY PLUS LIMITED or (ii) as agent for ABILITY PLUS LIMITED or (iii) for any other person, persons or body corporate to which I have been introduced by ABILITY PLUS LIMITED, any information of any description whatsoever which comes to my knowledge will not be divulged by me to any person under any circumstances (save as compelled by legal process) and I understand and accept that if I am in breach of this declaration I may be liable in damages to any of the party who has suffered as a result of such breach.

Have you ever been convicted by a court (civil or military) for offences other than motoring offences unless resulting in disqualification from driving, including fraud or other dishonesty (both in the UK and in other countries) relating to companies, including insider dealings, building societies, industrial or provident societies, credit unions, friendly societies, insurance, banking or other financial services, insolvency or consumer protection.

Please delete appropriate YES/NO

(If "yes", please provide full details)

Signed:

Date:

REFERENCE AGREEMENT

I agree that Ability Plus Limited are acting on my behalf to find employment, which is subject to suitable references, and therefore give my permission for them to perform reference checks.

Sign: **Print:**

Date:

PAYMENT BY BACS

We pay all temporary staff by BACS, this means that the money will be paid direct into your bank or building society account. In order to help us pay you more efficiently please complete the slip below and return it to the office as soon as possible.

Your Name: _____

Account Name: _____

Bank/Building Society Name: _____

**Bank/Building Society
Address:** _____

Branch Sorting Code:

--	--	--	--	--	--	--	--

Account Number:

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Invoice No: _____

WEEKLY TIMESHEET

Name of Temporary Worker: _____

Dates From: _____ To: _____

Day	Start	Lunch	End	Total Hours	Overtime Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
				Sub Total for Weekly Hours	
				Total Hours	

PLEASE RETURN THIS TIMESHEET TO ABILITY PLUS BY **FRIDAY AFTERNOON**, SIGNED & DATED BY YOUR SUPERVISOR BY FAX TO:- **662178**

FOR OFFICE USE ONLY	
FAO	
RATE	

IN CASE OF AN EMERGENCY: DETAILS OF NEXT OF KIN

In the event of a medical or other emergency involving you or the company that you are working for, we will need to contact your next of Kin. The contents of this form are confidential and held within the Ability Plus Limited Candidate database.

Your Name	
Next of Kin	
Relationship to you	
Address	
Telephone Number	Home: Mobile:
Email Address:	
Any other comments?	

I consent to Ability Plus Limited contacting my next of Kin in case of an emergency and also consent to the company disclosing information contained on this form to client companies in case of an emergency.

Signed:

Date: