

## Employee Information

### Personal Information

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Do you drive and have a car:      Yes      No  
Home Phone No: \_\_\_\_\_ Alternative Phone No: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
National Insurance No: \_\_\_\_\_ Passport No: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
How you want to be paid?      Ltd /company number      Umbrella

### Bank Details

Please note - to ensure that your first wages are paid directly into your bank account we must have your bank details before 11.30am on the Monday of the first week you are due to be paid.

Accounts Name: \_\_\_\_\_ Bank name: \_\_\_\_\_  
Sort Code: \_\_\_\_\_ Accounts No: \_\_\_\_\_

### Emergency Contact Information

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Phone No: \_\_\_\_\_ Alternative Phone No: \_\_\_\_\_  
Relationship: \_\_\_\_\_

# Reference Details

## Last 2 years employers

### Reference 1

Employers Name:

Employers Address:

Employers Telephone Number:

Employment period: From: (Month /Year) To: (Month /Year)

Reason for leaving

Salary on leaving

### Reference 2

Employers Name:

Employers Address:

Employers Telephone Number:

Employment period: From: (Month /Year) To: (Month /Year)

Reason for leaving

Salary on leaving

I hereby give Chefoholics Ltd permission to approach my previous/present employer and I Certify that to the best of my knowledge and belief all the information given by me is true and correct, and that all the questions have been accurately and fully answered. I can confirm that by signing this form that I have read and accepted Chefoholics Ltd Terms of Business

I authorize Chefoholics Ltd to pay my wages into the bank account details given above, and that they are true and accurate and I give permission to use this account for the purpose of payment of wages.

As per GDPR Legislation I give Chefoholics consent to share my information with our clients and payroll

Please could you make us aware in confidence of any conditions that might affect you working in the Kitchen

\_\_\_\_\_  
Name of Temporary Worker\*

\_\_\_\_\_  
Date