

Network Application Form



VOMnet-UK

73 Cypress Road
 Eccles, Manchester
 United Kingdom
 M30 8JX
 Phone: +44(0) 844 884 2867
 Fax: +44(0) 7006 044 267
 www.vomnet.me.uk
 Claire.ray@vomnet.me.uk

Date:

Name:

Address:

State/Province:

Zip/Postal Code:

Country:

Home Phone:

Mobile Phone:

Position Applied for:

Contract:

Hours Available to Work:

Mon	<input type="text"/>
Tues	<input type="text"/>
Wed	<input type="text"/>
Thurs	<input type="text"/>
Fri	<input type="text"/>
Sat	<input type="text"/>
Sun	<input type="text"/>

When available to begin work?

Please state ALL previous addresses that you have lived in the past 5 years:

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>
College / Business School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional School	<input type="text"/>	<input type="text"/>	<input type="text"/>
University	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been convicted of a crime: yes no

If yes, please explain

Do you have a drivers license? yes no

Date of issue:

Have you had any accidents in the past 3 years? yes no

How many?

Do you had any moving violations in the past 3 years? yes no

How many?

Continue on the next page

Previous Employment (list up to 3) covering the past 5 years:

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From: To:

Salary:

From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From: To:

Salary:

From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Continue on the next page

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Office Skills:

Typing Speed (wpm):

Computer:

PC

Mac

Both

Applications (list all that apply):

Other Skills:

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe you as a potential Networker:

To complete the Application, the following information is required :

Person Signing Contract	Please Produce a Valid Copy of the following:
VIRTUAL OFFICE MANAGER	PASSPORT / DRIVING LICENCE (with Photo ID)
VIRTUAL OFFICE MANAGER	BANK DETAILS FOR PAYMENT
VIRTUAL OFFICE MANAGER	UTILITY BILL (with current address)
VIRTUAL OFFICE MANAGER	PROFESSIONAL INDEMNITY INSURANCE POLICY (UK, Europe and Australia)

AUTHORISATION AND COMPLIANCE

DECLARATION

I certify that to the best of my knowledge, the information that I have given in my application to join **VOMnet-UK** as a Networker is true and complete. I understand and agree that if so required I will make a **Statutory Declaration** in accordance with the provisions of the **Statutory Declarations Act 1835** in confirmation of previous employment or unemployment. I authorise **VOMnet-UK** or its agents to approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment / unemployment record.

DATA PROTECTION ACT 1998

Claire Lydia Ray, T/as VOMnet-UK will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability as a Networker. It may be necessary to disclose your information to our Clients and other service providers.

By returning this form to us you consent to our processing sensitive personal data about you where this is necessary, for example information about your health, your credit status, ethnic origin, qualifications or criminal offences. You also consent to the transfer of your information to your current and future potential Clients where this is necessary (this may be to Clients operating in the UK and abroad and also if you Network for **VOMnet-UK** outside of the United Kingdom).

Your information will be held on our computer database and in our paper filing systems. By signing below you agree to this process and confirm that you do not have a criminal record subject to the current Rehabilitation of Offenders Act and any amendments. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

DISCLOSURE

To verify gaps in your employment record we may ask for your permission to apply for a Disclosure. You are applying for a position of trust and in the event of your being offered assignments by **Claire Lydia Ray, T/as VOMnet-UK** for one of its Clients we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from working as a Networker. For more information ask for the **CRB Code of Practice** and / or policy statement regarding ex-offenders. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make an adjoinment decision. By signing this document you agree to show a copy of the Disclosure to **VOMnet-UK** on request. The Disclosure information is not retained i.e it is disposed of within the timescales recommended in the CRB Code of Practice. By digitally signing below you agree to this process.

PLEASE ENSURE THAT A PHOTO ID (ie., Passport, Driving License) and a Utility Bill with your address on is applied to this Application Form along with your bank details and a copy of your Professional Indemnity Insurance Policy.

Claire Lydia Ray
NETWORK MANAGER

Networker Signature:

Date/Time Field:

Authorised by:

Date/Time Field: