



PARKING SERVICES LIMITED

Personal Details Record Form

Position Applied for: **Date:**

Personal details	
Surname:	Forename(s):
Maiden Name if applicable:	Preferred Name (if applicable):
Title:	Male / female:
Date of birth:	
National Insurance Number:	
Nationality:	
Current Driving Licence: YES/NO	IF YES, Licence Number:
Home Address:	
Postcode:	
Home Telephone:	
Mobile:	
Do you require a work permit to work in this country? YES/NO	

Emergency Contact Details:	
Surname:	Forename(s):

Title:	Preferred Name:
Relationship to employee:	
Contact address if different from above:	
Postcode:	
Home Telephone:	
Work Telephone:	
Personal Mobile:	

Work Mobile:
Emergency Contact Two:
Name:
Relationship:
Home Telephone:
Work Telephone:
Mobile:

I authorise Parking Services Limited to deposit my wages into the following bank account. I shall advise Parking Services Limited in writing, a week in advance if I change my bank details.

Bank Details	
Sort Code:	Account Number:
Account Name:	
Bank Name and Full postal address including postcode:	

Applicant's Declaration

I declare that all the information I have given is true and I understand that false or misleading information may result in removal from Parking Services Limited staff register. I agree that the premiums for professional negligence indemnity insurance may be deducted from my fees and that any loss or breakage of company equipment due to negligence will be deducted from my fees. I agree to abide by the conditions of terms of engagement

Applicant's Signature:Date:.....