



**DOCUMENT CHECK LIST**

- C.V
- 2 X PASSPORT PHOTOS
- COPY OF PASSPORT / I.D.
- NI No. or proof of eligibility to work in the UK
- P45 / P46
- CBR
- T&C SENT. DATE
- PAYE

CONSULTANT
REGISTRATION DATE
PHONE / PERSON
PAYROLL No.
PERM / TEMP / BOTH (Please circle)

**APPLICATION FORM - CONSTRUCTION**

(PLEASE COMPLETE IN BLOCK CAPITALS)

POSITION APPLYING FOR: .....

**PERSONAL DETAILS**

JOB TITLE:

TITLE: ..... SURNAME: .....

FORENAMES IN FULL: ..... MAIDEN NAME: .....

HOME ADDRESS: .....

.....

..... POSTCODE: .....

HOME TEL: ..... MOBILE: .....

EMAIL ADDRESS: .....

DATE OF BIRTH: ..... NATIONALITY: .....

NATIONAL INSURANCE NUMBER

DO YOU HOLD A CSCS / CPCS CARD? YES  NO  ..... CSCS/CPCS No: .....

DO YOU HOLD YOU A UTR CARD YES  NO  ..... UTR No: .....

PAYE .....

DO YOU HOLD A CURRENT UK DRIVING LICENCE YES  NO  ... DO YOU HAVE USE OF A CAR YES  NO

NEXT OF KIN. NAME. .... RELATIONSHIP TO YOU .....

CONTACT TEL No: .....

**BANK DETAILS**

SORT CODE:    ACCOUNT NUMBER:

BANK / B.Soc.NAME: .....

ACCOUNT IN THE NAME OF: .....

REF/ROLL NUMBER (If building society A/c) .....

I authorise Elect to pay my weekly wages into my ..... SIGNATURE: .....

..... DATE: .....

## ELIGIBILITY TO WORK IN THE UK

ARE YOU A BRITISH CITIZEN/EU NATIONAL?

If no, what entry stamp was put on your passport but immigration (please enclose copy of entry)

YES  NO

ARE THERE ANY RESTRICTIONS ON YOUR PASSPORT  
TO PROHIBIT YOU WORKING IN THE UK?

If yes please attach details

YES  NO

ARE YOU SUBJECT TO WORK PERMIT PROVISIONS

If yes please provide copy of work permit

YES  NO

## PREVIOUS EMPLOYMENT

EMPLOYMENT DETAILS ..... DATE FROM .....

(In chronological order most recent first)

Please continue on separate sheet if required

DATE TO .....

POSITION HELD .....

## EDUCATION DETAILS

please start with the latest and work your way backwards

SCHOOL / COLLEGE / UNIVERSITY ATTENDED DATE

QUALIFICATIONS OBTAINED

## SPECIALIST SKILLS / QUALIFICATIONS

## ADDITIONAL TRAINING COURSES

COURSE .....INSTRUCTING BODY .....

QUALIFICATIONS OBTAINED .....

DO YOU HAVE THE CERTIFICATES IN THE FOLLOWING (PLEASE TICK)

ABRASIVE WHEELS

MANUAL HANDLING

IPAF LICENSE

CONFINED SPACES

WORKING AT HEIGHTS

PASMA

## REFEREES

Please give the name of two recent uk professional referees (not friends / relatives)

**A** NAME ..... DATE OBTAINED: .....

POSITION HELD ..... BY WHOM: .....

ADDRESS .....

POSTCODE .....

TELEPHONE NUMBER ..... EMAIL .....

NOTES: .....

**B** NAME ..... DATE OBTAINED: .....

POSITION HELD ..... BY WHOM: .....

ADDRESS .....

POSTCODE .....

TELEPHONE NUMBER ..... EMAIL .....

NOTES: .....

Can we apply for references from the above persons immediately YES  NO

I give permission to forward my cv to prospective clients YES  NO

## ADDITIONAL REFERENCE SHEET

Please give the name of two recent uk professional referees (not friends / relatives)

**C** NAME..... DATE OBTAINED:.....  
POSITION HELD ..... BY WHOM:.....  
ADDRESS .....  
..... POSTCODE.....  
TELEPHONE NUMBER ..... EMAIL.....  
NOTES:.....  
.....  
.....

**D** NAME..... DATE OBTAINED:.....  
POSITION HELD ..... BY WHOM:.....  
ADDRESS .....  
..... POSTCODE.....  
TELEPHONE NUMBER ..... EMAIL.....  
NOTES:.....  
.....  
.....

**E** NAME..... DATE OBTAINED:.....  
POSITION HELD ..... BY WHOM:.....  
ADDRESS .....  
..... POSTCODE.....  
TELEPHONE NUMBER ..... EMAIL.....  
NOTES:.....  
.....  
.....

Can we apply for references from the above persons immediately YES  NO

I give permission to forward my cv to prospective clients YES  NO

## CSCS/CPCS SKILL DETAILS

### LABOURER

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> SITE CLEARANCE                         | <input type="checkbox"/> DEMOLITION     | <input type="checkbox"/> CHAIN BOY |
| <input type="checkbox"/> TRAFFIC MANAGEMENT                     | <input type="checkbox"/> TRENCH DIGGING | <input type="checkbox"/> WELFARE   |
| <input type="checkbox"/> TRADE LABOURER-(IF SO WHAT TYPE?)..... |   |                                    |

### GROUND WORKER

- |                                      |                                     |                                   |
|--------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> KERBS/SLABS | <input type="checkbox"/> PIPELAYING | <input type="checkbox"/> TARMAC   |
| <input type="checkbox"/> MANHOLES    | <input type="checkbox"/> CONCRETE   | <input type="checkbox"/> DRAINING |
| <input type="checkbox"/> POWERFLOAT  |                                     |                                   |

### JOINER/CARPENTER

- |                                     |                                    |                                       |
|-------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> FIRST FIX  | <input type="checkbox"/> SHOP FIT  | <input type="checkbox"/> PARTITIONING |
| <input type="checkbox"/> SECOND FIX | <input type="checkbox"/> BENCHWORK | <input type="checkbox"/> CEILING      |
| <input type="checkbox"/> SHUTTERING | <input type="checkbox"/> ROOF      |                                       |

### PAINTER/DECORATOR

- |                                  |                                   |                                       |
|----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> PAINTER | <input type="checkbox"/> TILER    | <input type="checkbox"/> PAPER HANGER |
| <input type="checkbox"/> ARTEX   | <input type="checkbox"/> SPRAYING |                                       |

### PLASTERER

- |                                     |                                 |                                    |                                   |
|-------------------------------------|---------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> DRY LINING | <input type="checkbox"/> PATCH  | <input type="checkbox"/> SCREEDING | <input type="checkbox"/> CEILINGS |
| <input type="checkbox"/> RENDERING  | <input type="checkbox"/> TAPING | <input type="checkbox"/> JOINTING  | <input type="checkbox"/> CORNICE  |

### BRICKLAYER

- |                                    |                                     |                               |                                       |
|------------------------------------|-------------------------------------|-------------------------------|---------------------------------------|
| <input type="checkbox"/> FACE WORK | <input type="checkbox"/> BLOCK WORK | <input type="checkbox"/> PATH | <input type="checkbox"/> BLOCK PAVING |
|------------------------------------|-------------------------------------|-------------------------------|---------------------------------------|

### MISCELLANEOUS

- |                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> STEEL FIXER | <input type="checkbox"/> SCAFFOLDER | <input type="checkbox"/> SITE ENGINEER |
|--------------------------------------|-------------------------------------|--|

### DRIVER TICKETS

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> TELESCOPIC FLD   | <input type="checkbox"/> 180 EXCAVATOR | <input type="checkbox"/> SCISSORS LIFT   | <input type="checkbox"/> FRONT TIP DUMPER |
| <input type="checkbox"/> ROLLER           | <input type="checkbox"/> TRACTOR       | <input type="checkbox"/> REAR TIP DUMPER | <input type="checkbox"/> TOWER CRANE      |
| <input type="checkbox"/> PEDESTRIAN CRANE | <input type="checkbox"/> 360 EXCAVATOR | <input type="checkbox"/> CHERRY PICK UP  |   |
| <input type="checkbox"/> OTHER .....      |  |  |   |

### EQUIPMENT

TO WORK FOR ELECT RECRUITMENT SOLUTIONS LTD YOU MUST HAVE THE FOLLOWING (PLEASE TICK)

- |                              |  |                  |  |         |  |
|------------------------------|--|------------------|--|---------|--|
| SAFETY BOOTS                 | YES <input type="checkbox"/> NO <input type="checkbox"/> | HARDHAT          | YES <input type="checkbox"/> NO <input type="checkbox"/> | GOGGLES | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| HIGH VIZ VEST                | YES <input type="checkbox"/> NO <input type="checkbox"/> | FIRST AID TICKET | YES <input type="checkbox"/> NO <input type="checkbox"/> | GLOVES  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| TOOLS                        | YES <input type="checkbox"/> NO <input type="checkbox"/> |                  |  |         |  |
| IF YES LIST MAIN TOOLS ..... |  |                  |  |         |  |

### HEALTH

(Any information that you provide us with is strictly confidential)

ARE YOU AWARE OF ANY PHYSICAL AND MENTAL MEDICAL CONDITION OR DISABILITY WHICH WILL, OR MAY, AFFECT YOUR WORKING CAPACITY, IF **YES**, PLEASE GIVE DETAILS

.....

ARE YOU ON ANY MEDICATION AT PRESENT YES  NO

IF YES, PLEASE GIVE DETAILS

.....

## ADDITIONAL INFORMATION

DO YOU WORK FOR ANY OTHER AGENCY YES  NO

If so whom .....

HOW MANY HOURS CAN YOU WORK PER WEEK? .....

WHAT HOURS AND DAYS ARE YOU AVAILABLE TO WORK? .....

COMPANIES I DO NOT WANT TO WORK FOR: .....

PLEASE INDICATE YOUR WORKING PREFERENCE: .....

AREAS WILLING TO TRAVEL: .....

## WORKING TIME DIRECTIVE

The working time regulations 1998 (as amended) require Elect to limit your average work weekly time to 48 Hours unless you agree with Elect that this limit shall not apply to you to signify whether you wish to apply please sign and date the appropriate box below should you elect to opt out and work over and above the average weekly working time limit of 48 hours you are Entitled to reinstate the working time limit upon giving three months written notice.

I wish to opt out and work more than the 48 hour working time limit SIGNED ..... DATE .....

I do not wish to opt out and work more than the 48 hour working time limit SIGNED ..... DATE .....

## COMPLETION

### Rehabilitation of offenders act 1974

By virtue of the rehabilitation of offenders act 1974 (exceptions) order 1975, the provisions of section 4.2 of the rehabilitation offenders act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in respect of such services in the course of his normal duties. Your answer to the following questions should include any (spent) convictions

**Have you ever been convicted of a criminal offence** YES  NO

If yes please give details and dates

**DECLARATION:** I declare that I have answered the above questions honestly and fully I realise that any false or incomplete statement on my part render me liable to disciplinary action or dismissal

**SIGNED** ..... **DATES** .....

## FOR OFFICE USE ONLY

### NOTES