ALL TO COMPLETE: PLEASE USE BLOCK CAPITALS

STATE POSITION YOU ARE APPLYING FOR:

**YOUR PERSONAL DETAILS**

Surname First Name Middle Name:

Address

Postcode

e Home Tel Mobile

Email

**TITLE**

*RIGHT TO WORK IN UK*

* Are you legally entitled to work in the UK? YES ❑ NO ❑
* We will require evidence of this, prior to commencing employment
* YOUR NATIONALITY:

**DRIVER DETAILS**

IF THIS POSITION REQUIRES DRIVING COMPANY VEHICLES – PLEASE COMPLETE THE FOLLOWING:

* Do you have a Driving License? YES ❑ NO ❑
* If YES, what kind of License? PROVISIONAL ❑ FULL ❑ HGV ❑
* If HGV Class 1❑ Class 2❑
* Do you have your own transport? YES ❑ NO ❑
* Endorsements? YES ❑ NO ❑

Code: Date:

Code: Date:

Code: Date:

* Have you ever been disqualified from Driving? YES ❑ NO ❑

If YES, please give further details:

**EMPLOYMENT HISTORY**

Please give details of relevant previous employment/key achievements that might help us assess your suitability

for the job for which you are applying, starting with the most recent employment, working backwards

**Current / Last Employer**

Name
Address
Postcode Email: Telephone

*Please Note: We will NOT contact your present employer for a reference without your permission. However, any job offer made will be subject to receipt of satisfactory references. It is our policy to contact TWO named referees.*

May we contact your current employer for a reference? YES ❑ NO ❑

Current Position (s) Held Salary/Wage

Outline of current duties & key achievements

Reason for leaving

Notice Period

**Previous Employer 1**

Name Contact for Reference

Address

Postcode Email: Telephone

Position (s) Held Salary/Wage

Outline of duties & key achievements

Reason for leaving

**Previous Employer 2**

Name Contact for Reference

Address

Postcode Email: Telephone

Position (s) Held Salary/Wage

Outline of duties & key achievements

Reason for leaving

*Please tell us here what skills and personal qualities you have that suit the role you seek and would mean you work successfully for us*

 **EDUCATION**

Please give brief details of all Secondary Education, including examinations taken (with results)

SCHOOLS/COLLEGES
COURSES/EXAMS
QUALIFICATIONS OBTAINED

ANY OTHER QUALIFICATIONS RELEVANT TO THE ROLE YOU ARE APPLYING FOR:

INTERESTS, HOBBIES AND SPORTS

*Please give details of spare time interests and hobbies, including details of membership of bodies, committees, voluntary work, etc.*

CRIMINAL RECORD

*Please give details of any criminal convictions except those spent under the Rehabilitation of Offenders Act 1974.*

**YOUR HEALTH**

Do you suffer from any permanent or long-term medical conditions? YES ❑ NO ❑

If yes, please provide details:

*Please give details of any medication you currently take:*

**DATA PROTECTION**

UNAUTHORISED USE OR DISCLOSURE: The Act gives you certain rights. Except to the extent we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application (“the information”) will be used solely for the purpose of assessing your application. If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below.

 I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSE AND ON THE TERMS ABOVE

 Signed: ......................................................................................... Date: ..............................................

**DECLARATION**

 Please read and sign the following declaration:

I confirm the above information is complete and correct and any untrue or misleading information will give my employer the right to terminate any employment contract offered.

If my Application for Employment is successful, I authorise you to contact my doctor for further details and confirmation of my state of health.

 I authorise you to contact the above two stated referees

Signed: ........................................................................................ Date: ..............................................

Note: We are an equal opportunities employer and will not tolerate discrimination in any form.

- PLEASE CONTINUE ON TO NEXT PAGE -

HGV DRIVER APPLICANTS:

COMPLETE SECTION 1 >>>>>

MACHINE OPERATIVES:

COMPLETE SECTION 2 >>>

SITE OPS/OTHER APPLICANTS:

COMPLETE SECTION 3 >>>

SECTION 1:

HGV APPLICANTS ONLY

DETAILS OF DRIVING EXPERIENCE

(Please expand on the type of experience, vehicle, work etc. )

Are you familiar with tachographs, driver's hours and relevant driving regulations? YES ❑ NO ❑

 Provide details of any other relevant driving qualifications? (i.e. PSV, FLT, HIAB, ADR, CPC etc.): ……………………….

 Please indicate how many weeks/years Class 1 / Class 2 driving experience you have: ……………………………..

DO YOU HAVE A DRIVER’S DIGITAL TACHO CARD: YES / NO (circle response)

DO YOU HAVE A DRIVER’S QUALIFICATION CARD: YES / NO (circle response)

IF YES, STATE EXPIRY DATE: HOW MANY CPC HOURS HAVE YOU GAINED: ……. / 35 Hours

SECTION 2:

MACHINE OPERATOR APPLICANTS ONLY

Do you hold a CPCS CARD YES ❑ NO ❑ CARD EXPIRY DATE:

Have you passed a H,S&E test in the past 2 yrs? YES ❑ NO ❑

Do you hold any other accreditations? YES ❑NO ❑ if yes please state: eg, HIAB, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have your own transport? YES ❑ NO ❑

Circle which machines you are qualified to drive:

Machines 360 <10T Machines 360 >10T Machines 180 (JCB) Dozer

Skip Handler Grab Lorry Tipper Dumper (Artic/F/t/tracked/wheeled) Roller

Wheeled/Tracked Loading shovel Crusher/Screener Telescopic Handler Forklift

 OTHER: (PROVIDE DETAILS)

MACHINE OPERATOR’S SITE EXPERIENCE

(Please expand on your type of experience, vehicle, work etc. )

SECTION 3

SITE OPERATIVES/ADMIN ROLES/OTHER

STATE POSITION APPLIED FOR:

GIVE DETAILS OF YOUR PREVIOUS EXPERIENCE AND SUITABILITY FOR THIS ROLE:

Do you hold a CSCS or CPCS CARD? YES ❑ NO ❑

CSCS CARD EXPIRY DATE: ………………. TYPE OF CARD:

CPCS CARD EXPIRY DATE:……………….. Categories held:

Have you passed a H,S&E test in the past 2 yrs? YES ❑ NO❑

Do you hold any other accreditations? YES ❑NO ❑ if yes please state: eg, HIAB, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have your own transport? YES ❑ NO❑

Details of your experience & suitability for the role: