

APPLICANT INFORMATION											
Position Applied for				Registration No							
First Name			Surname			Initial		Date			
Street Address											
Town/City			County			Postcode					
Phone No			E-mail Address								
Date of Birth		Age		National Insurance No			Nationality				
Are you a UK citizen?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If not, do you have a permit to work in the UK?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Driving Licence				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Do you have your own transport		YES <input type="checkbox"/>	NO <input type="checkbox"/>

(Please ask for additional paper if needed)

EDUCATION									
Secondary Education			Address						
From		To		GCSEs/A-Levels					
College/University			Address						
From		To		Qualifications					

REFERENCES									
<i>Please list three Previous professional Employers references. (Relationship i.e. Employer, Manager etc)</i>									
Full Name				Relationship					
Company				Phone No					
Dates to :		From:		Salary:					
Full Name				Relationship					
Company				Phone No					
Dates to :		From:		Salary:					
Full Name				Relationship					
Company				Phone No					
Dates to :		From:		Salary:					

HEALTH	
Are you in good health? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are there any disabilities which may affect your application? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Describe disabilities	
Are you registered disabled ? YES <input type="checkbox"/> NO <input type="checkbox"/>	RDP No:

REHABILITATION OF OFFENDERS ACT 1974 (EXEMPTIONS) ORDER 1975	
Please give details of any criminal record you may have. You need not declare convictions that are "spent" under the Rehabilitation of Offenders Act (1974).	
Have you ever been convicted of a criminal offence? YES <input type="checkbox"/> NO <input type="checkbox"/> (Declaration subject to the Rehabilitation of Offenders Act):	
If yes, please specify details. (ask for additional page if needed)	

EMERGENCY CONTACT 1				
Name		Contact Number		
Street Address				
Town		County		Postcode
EMERGENCY CONTACT 2				
Name		Contact Number		
Street Address				
Town		County		Postcode

QUALIFICATIONS									
JIB ECS	<input type="checkbox"/>	CSCS	<input type="checkbox"/>	Skill Card	<input type="checkbox"/>	17 th Edition	<input type="checkbox"/>	HOIST	<input type="checkbox"/>
NVQ Level 1	<input type="checkbox"/>	NVQ Level 2	<input type="checkbox"/>	NVQ Level 3	<input type="checkbox"/>	NVQ Level 4	<input type="checkbox"/>	COMPEX	<input type="checkbox"/>
2391 – 10	<input type="checkbox"/>	2392 -20	<input type="checkbox"/>	2377 PAT	<input type="checkbox"/>	2330 Level 2	<input type="checkbox"/>	CONFINED SPACE	<input type="checkbox"/>
2330 Level 3	<input type="checkbox"/>	CCNSG	<input type="checkbox"/>	ACE Card	<input type="checkbox"/>	CPCS	<input type="checkbox"/>	ABBRAISIVE WHEEL	<input type="checkbox"/>
IPAF	<input type="checkbox"/>	ASBESTOS	<input type="checkbox"/>	PASMA	<input type="checkbox"/>	ASME	<input type="checkbox"/>	FIRST AID	<input type="checkbox"/>
ARC	<input type="checkbox"/>	MIG	<input type="checkbox"/>	TIG	<input type="checkbox"/>	STIK	<input type="checkbox"/>	Other Please list in Additional Information	
JOB TYPES									
Technician	<input type="checkbox"/>	Electrical Mate	<input type="checkbox"/>	Electrical Improver	<input type="checkbox"/>	Electrical Installer	<input type="checkbox"/>	Pipefitter/Welder	<input type="checkbox"/>
Testing	<input type="checkbox"/>	Mechanical Fitter	<input type="checkbox"/>	Electrical Engineer	<input type="checkbox"/>	Electrical Installation	<input type="checkbox"/>	Mechanical Mate	<input type="checkbox"/>
Estimator	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Estimator	<input type="checkbox"/>	Comms Engineer	<input type="checkbox"/>	Mechanical Installer	<input type="checkbox"/>
Electrician	<input type="checkbox"/>	Pipefitter	<input type="checkbox"/>	Supervisor	<input type="checkbox"/>	Electronic Engineer	<input type="checkbox"/>	Mechanical Supervisor	<input type="checkbox"/>
Plumber	<input type="checkbox"/>	Duct Fitter	<input type="checkbox"/>	Duct Fitters Mate	<input type="checkbox"/>	Welder	<input type="checkbox"/>	Coded Welder	<input type="checkbox"/>
Fabricator	<input type="checkbox"/>								
INDUSTRY									
Building Services	<input type="checkbox"/>	Power Station	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
ADDITIONAL INFORMATION, QUALIFICATIONS OR EXPERIENCE <i>continue on next page if needed</i>									

OPT OUT OF THE 48-HOUR WORKING WEEK AGREEMENT

Under the Working Time Regulations 1998, employees are not permitted to work more than 48 hours a week unless they choose to opt out. If you choose not to opt out of the Regulations, it may be difficult for us to use you in bigger and longer term contracts. You may change your mind about opting out by giving us 3 months notice in writing. Please delete as appropriate and sign below.

I choose / do not choose to opt out of the 48 hour working week

Signature		Date	
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DATA PROTECTION CONSENT

The data protection Act 1998 aims to ensure that any personal or sensitive data that an organisation (known, in this context as the "Data Controller") hold about an individual is used appropriately.

I confirm that I consent to Pier Consulting Ltd handling, storing and processing my data in accordance with the Data Protection laws.

I confirm that I understand that my information may need to be shared with other group companies for the purposes of managing my employment and I consent to this transfer of information.

I confirm that I consent to Pier Consulting Ltd sharing my data with prospective clients in relation to a live vacancy, and I understand that this will be checked with me (either verbally or in writing) before my data is passed to them.

Signature		Date	
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RECRUITMENT POLICY

It is Pier Consulting Ltd's policy to employ the best qualified personnel, provide equal opportunity for advancement and not discriminate against any person for any reason including, but not limited to, race, colour, national origin, religion, sex or marital status.

DECLARATION & SIGNATURE

I authorise the Company to obtain references to support this application once an offer has been made and accepted and release the Company and referees from any liability caused by giving and receiving information.

Declaration: I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signature		Date	
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For office use only Valid CSCS Card Yes No Right to work verified Yes No References Checked Yes No

Grade Applicant A B C D E Consultant Signature