

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"/>	

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 (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			
SMSTS 5 Day <input type="checkbox"/>	Asbestos Awareness <input type="checkbox"/>	First Aid <input type="checkbox"/>	HND <input type="checkbox"/> CSCS <input type="checkbox"/>
BSC <input type="checkbox"/>	MA <input type="checkbox"/>	CIOB <input type="checkbox"/>	ACIOB <input type="checkbox"/>
JOB TYPES			
Project Director <input type="checkbox"/>	Senior Quantity Surveyor <input type="checkbox"/>	Commercial Manager <input type="checkbox"/>	
Project Manager <input type="checkbox"/>	Quantity Surveyor <input type="checkbox"/>	Design Manager <input type="checkbox"/>	
Senior Site Manager <input type="checkbox"/>	Assistant Surveyor <input type="checkbox"/>	M & E Co-Ordinator <input type="checkbox"/>	
Site Manager <input type="checkbox"/>	Trainee Surveyor <input type="checkbox"/>	Planner <input type="checkbox"/>	
Assistant Site Manager <input type="checkbox"/>	Tenant Liaison Officer <input type="checkbox"/>	Managing QS <input type="checkbox"/>	
Foreman <input type="checkbox"/>	Buyer <input type="checkbox"/>	Other Please list below <input type="checkbox"/>	
Additional Professions:			
Freelance <input type="checkbox"/>	Permanent <input type="checkbox"/>		

OTHER PLEASE LIST:**ADDITIONAL INFORMATION, QUALIFICATIONS OR EXPERIENCE:****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

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

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