



pier consulting

Expert service. Quality recruits.



www.pierconsulting.co.uk

Pier Consulting Ltd
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Cardiff Road, Vale of Glamorgan CF63 2AW,
T. 01446 688 886, F. 01446 688 887,
E. info@pierconsulting.co.uk

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

JOB TYPES		
Labourer <input type="checkbox"/>	2 nd fix <input type="checkbox"/>	Cement Render <input type="checkbox"/>
Sweeping <input type="checkbox"/>	Shopfitting <input type="checkbox"/>	BlueBoard <input type="checkbox"/>
Digging <input type="checkbox"/>	Shuttering <input type="checkbox"/>	Veneer <input type="checkbox"/>
Filling Skips <input type="checkbox"/>	Joinery <input type="checkbox"/>	Stucco <input type="checkbox"/>
Kango <input type="checkbox"/>	Hard Wood <input type="checkbox"/>	Roughcast <input type="checkbox"/>
Using Tools <input type="checkbox"/>	Dry Liner <input type="checkbox"/>	Painter <input type="checkbox"/>
Assist Trades <input type="checkbox"/>	BlastWall <input type="checkbox"/>	Gloss <input type="checkbox"/>
Bricklayer <input type="checkbox"/>	Fixed Metal Framing <input type="checkbox"/>	Paper Hanging <input type="checkbox"/>
Face Work <input type="checkbox"/>	Fire Walls <input type="checkbox"/>	All tools <input type="checkbox"/>
Blockwork <input type="checkbox"/>	Audio Walls <input type="checkbox"/>	Cleaner <input type="checkbox"/>
Flemish Bond <input type="checkbox"/>	Curved Partitions <input type="checkbox"/>	Cherry Picker <input type="checkbox"/>
English Bond <input type="checkbox"/>	MF Curved Ceilings <input type="checkbox"/>	Fire Marshal <input type="checkbox"/>
Stretcher Bond <input type="checkbox"/>	Suspended Grid Ceilings <input type="checkbox"/>	Hoist <input type="checkbox"/>
Weather struck <input type="checkbox"/>	Encasements <input type="checkbox"/>	Handyman <input type="checkbox"/>
Tuck Pointing <input type="checkbox"/>	Dot & Dab <input type="checkbox"/>	Scissor Lift <input type="checkbox"/>
Iron Pointing <input type="checkbox"/>	Plasterer <input type="checkbox"/>	Taper & Jointer <input type="checkbox"/>
Carpenter <input type="checkbox"/>	Sgraffito <input type="checkbox"/>	Traffic Marshal <input type="checkbox"/>
1 st fix <input type="checkbox"/>	Skimming <input type="checkbox"/>	

QUALIFICATIONS							
CSCS Green	<input type="checkbox"/>	CSCS Blue	<input type="checkbox"/>	CSCS White	<input type="checkbox"/>	CSCS Gold skilled	<input type="checkbox"/>
CSCS Gold Supervisor	<input type="checkbox"/>	CSCS Platinum	<input type="checkbox"/>	CSCS Black	<input type="checkbox"/>	CPCS Red	<input type="checkbox"/>
CPCS Blue	<input type="checkbox"/>	IPAF	<input type="checkbox"/>	PASMA	<input type="checkbox"/>	CCNSG Card	<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"/>
RTITB	<input type="checkbox"/>	NPORS	<input type="checkbox"/>	FAS Safe Pass	<input type="checkbox"/>	Sentinel	<input type="checkbox"/>
SMSTS	<input type="checkbox"/>	SSSTS	<input type="checkbox"/>	PTS	<input type="checkbox"/>		

(Please ask for additional paper if needed)

ADDITIONAL INFORMATION, QUALIFICATIONS OR EXPERIENCE:

OPT OUT OF THE 48-HOUR WORKING WEEK AGREEMENT				
<p>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.</p> <p>I choose / do not choose to opt out of the 48 hour working week</p>				
<table border="1"> <tr> <td>Signature</td> <td> </td> <td>Date</td> <td> </td> </tr> </table>	Signature		Date	
Signature		Date		

DATA PROTECTION CONSENT				
<p>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.</p> <p>I confirm that I consent to Pier Consulting Ltd handling, storing and processing my data in accordance with the Data Protection laws.</p> <p>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.</p> <p>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.</p>				
<table border="1"> <tr> <td>Signature</td> <td> </td> <td>Date</td> <td> </td> </tr> </table>	Signature		Date	
Signature		Date		

RECRUITMENT POLICY
<p>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.</p>

DECLARATION & SIGNATURE				
<p>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.</p> <p>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.</p>				
<table border="1"> <tr> <td>Signature</td> <td> </td> <td>Date</td> <td> </td> </tr> </table>	Signature		Date	
Signature		Date		

For office use only Valid CSCS Card Yes <input type="checkbox"/> No <input type="checkbox"/> Right to work verified Yes <input type="checkbox"/> No <input type="checkbox"/> References Checked Yes <input type="checkbox"/> No <input type="checkbox"/>
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