

All details in this application will be treated as private and confidential. Please complete this form using BLOCK CAPITALS. If you also have a CV, please attach a copy to this application.

PERSONAL DETAILS

<p>Title: _____</p> <p>Surname: _____</p> <p>Forename(s): _____</p> <p>Date of Birth: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Telephone(s): _____</p> <p>Mobile: _____</p> <p>Email: _____</p> <p>National Insurance Number: _____</p> <p>Proof of I.D. Supplied: _____</p>	<p>CV Attached: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you hold a current driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes: Full <input type="checkbox"/> Provisional <input type="checkbox"/> HGV1 <input type="checkbox"/> HGV2 <input type="checkbox"/></p> <p>How Long Held: _____</p> <p>Do you have any endorsements? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide details: _____</p> <p>_____</p> <p>Do you have your own transport? If yes, what type available? _____</p> <p>Nationality: _____</p> <p>Do you require a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide details/ expiry: _____</p> <p>_____</p>
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QUALIFICATIONS/ TRAINING DETAILS/ CURRENT EMPLOYMENT

Do you hold a CSCS Card? Yes No

Current Salary/ Rate: _____

Do you own the required Health & Safety Equipment Yes No

(Please also "tick" your answer to the items listen below)

Y N	Y N	Y N	Y N	Y N
Hard Hat <input type="checkbox"/> <input type="checkbox"/>	Hi-Vis Vest <input type="checkbox"/> <input type="checkbox"/>	Steel Toe Capped Boots <input type="checkbox"/> <input type="checkbox"/>	Safety Glasses <input type="checkbox"/> <input type="checkbox"/>	Safety Gloves <input type="checkbox"/> <input type="checkbox"/>

Do you hold a CIS Card? Yes No

CIS Number: _____

BANK DETAILS (to be completed by temporary workers)

Bank / Building Society Name:

Bank / Building Society Address:

Sort Code:

Account Number:

Account Name:

EMERGENCY CONTACT DETAILS

1st Contact Name:

Relationship:

Telephone:

Mobile:

2nd Contact Name:

Relationship:

Telephone:

Mobile:

DATA PROTECTION ACT

Data Protection compliance is seen as an integral part of our business practice. The data provided on this application form will be used by Quanta Contracts to provide services to you, to maintain our relationship, to enable you to submit your CV for general applications, to apply for specific jobs or to subscribe to our newsletter.

The question below MUST be answered

1. Are you willing for your details to be held on file / database for consideration for suitable vacancies?
Yes No
2. Are you willing for your details to be forwarded to a third party if they are considered suitable for vacancies? Yes No
3. Do you consent for your bank details to be forwarded to a third party for the purpose of payment of your wages? Yes No
4. I authorise Quanta Contracts to take up references and to communicate the details of such references as necessary in the course of finding me suitable temporary assignment or permanent employment.
Yes No
5. I agree that copies of my qualifications / certificates may be forward to clients on their request.
Yes No
6. I agree to abide by all Health & Safety, Quality and Environmental requirements as defined by Quanta Contracts or its clients.
Yes No
7. I understand that I may be subject to random Alcohol and Drug Testing whilst under engagement by Quanta Contracts.
Yes No

I declare that all the information contained in this application is true. I understand that any incorrect or false statement may render my application invalid, and disqualify me from temporary assignment or instigate termination of temporary assignments or permanent employment.

I hereby certify that information given is true to the best of my knowledge, and give consent for this information to be kept on my personal file and to be forwarded on to relevant third parties.

Applicant's Signature:

Date:
