



# ukces

**UK Civil Engineering Services Ltd**

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## Application for Employment

UK Civil Engineering Services Ltd works towards equality of opportunity. We recruit solely on merit and suitability.

Applicants are welcome from people with the relevant skills and potential to do the work.

Please complete the form below.

Position sought

How did you hear about this employment opportunity?

Surname

Forenames

Title (Mr, Mrs, Miss etc)

Date of Birth

Home Address

Postal Address

Contact number

fax

e-mail

Contact number (evenings)

mobile

National Insurance number

Do you need a work permit to work in the UK?

Yes

No

Do you hold a current driving Licence?

Do you have any current endorsements?

Yes

No

(if yes) Number of points

### Details of next-of-kin

Surname

Forenames

Title (Mr, Mrs, Miss etc)

Home Address

Home contact number

Contact mobile number

**General health and medical conditions**

**Yes**

**No**

- Have you had any operations in the last 6 months?  Yes  No
- Have you suffered from back pain, which has caused any disability?  Yes  No
- Have you had any serious illness?  Yes  No
- Have you had any serious injuries?  Yes  No
- Are you taking any medication?  Yes  No
- Do you have any physical defects or disabilities?  Yes  No
- Are you a smoker?  Yes  No

Any current endorsements? (if yes please give details below). If yes to any of the above, please specify below:

How many days sick-leave you had in the last 12 months?

**Qualifications**

Starting with most recent. Educational or professional

Subject and Level	Awarding body	Grade achieved	Year of qualification
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Work based training courses and other skills acquired. Eg apprenticeship or Healthand safety courses etc

Subject and Level	Awarding body	Grade achieved	Year of qualification

Do you hold construction safety certificate skills (CSCS) or any other major construction group certificate?

Subject and Level	Awarding body	Grade achieved	Year of qualification

**Membership of professional bodies**

Organisation	Type/level of membership	Year attained

Responsibilities held outside work/position e.g. local club or society

## Employment history

Please provide at least three years experience, starting with the most recent, attaching additional pages if necessary. Please include details of voluntary, unpaid work and any periods of unemployment as may apply.

Current/Last Employer	Employer location	Job title/position	from	to

Type of business		reason for leaving	final salary

Duties and responsibilities

Previous employer	Employer location	Job title/position	from	to

Type of business		reason for leaving	final salary

Duties and responsibilities

Previous employer	Employer location	Job title/position	from	to

Type of business		reason for leaving	final salary

Duties and responsibilities

## References

Please provide two employer references, or personal references who have known you for a minimum of two years but not a relative, bank manager or Doctor. Students or college leavers, please supply the name of your lecturer or Head of department. References will only be sought if the offer of employment has been accepted.

(1) Name

Occupation

Address

Contact number

fax

e-mail

(2) Name

Occupation

Address

Contact number

fax

e-mail

Please give details of any court martial convictions, outstanding summons or prosecution (except convictions under rehabilitation of offenders Act 1974)

## Equality and Opportunities monitoring Questionnaires

Our company believes in employing the very best people, whose skills most closely match requirements for the work we do. We are strongly committed to no discrimination or less favorable treatment of employees in respect of race, color, ethnic origin, sex, marital status, age, and disability, religious or political beliefs,

In order to help us achieve the effectiveness of Equal opportunities policy and procedure, you are required to tick the appropriate boxes below. Where you have ticked (other) please specify in detail.

The information below will not be used to form any part of selection process.

Ethnicity

**Do you suffer any disability?**

Please give details of any factors affecting you which should be taken into account when allocating work, or in planning your hours of work.

**Declaration:** I declare that the information I have given on this questionnaire is true complete and accurate to the best of my knowledge.

Name

Signature

### Working Time Regulations 1998 – Opt-Out Clause

You agree with the company that the limit on your working time of not more than an average of 48hours per week over a 17 week period imposed by Regulation 4 of the Working Time Regulations 1998, shall not apply during your employment, subject to your right to terminate the agreement provided for in this paragraph on three months written notice given at any time.

Signature

Date