

Head Office:
Walton House, 2nd Floor Offices
12 Hall Road, Wallington
Surrey SM6 0RT



www.landrscaffolding.co.uk

Accounts/Sales: 020 8669 0826

Scaffolding Enquiries: 07836 231 818

Email: enquiries@landrscaffolding.co.uk

This application form should be completed in **BLACK INK AND BLOCK CAPITALS**
Applications that's are not fully completed may **not** be considered.

PLEASE STATE WHICH POSITION YOU ARE APPLYING FOR:

.....

PERSONAL DETAILS:

Title: Mr Mrs Ms Miss

(please delete as appropriate)

Surname(s):

Forename(s):

Previous Surname *(if applicable)*:

Address:

.....Postcode:.....

Telephone: Mobile:.....

Email address:.....

Date Of Birth: Sex:.....Male.....Female.....

L and R Scaffolding (Carshalton) is an equal opportunity employer and is determined to ensure that no applicant, sub-contractor or employee receives less favourable treatment on the grounds of gender, age, disability, religion, belief, sexual orientation, marital status, or

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race, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable. All employees and prospective employees are to be treated with respect.

SUB-CONTRACTOR DETAILS:

Start date availability:.....

Do you hold a current, full UK driving licence? Yes / No

Do you have use of a car for work? Yes / No

Do you have a HGV Licence?

Please give details of any current endorsements:.....

.....

ENTITLEMENT

Are you eligible to work in the UK? Yes / No

(Please provide proof of entitlement to work in the UK if applicable)

Do you need a permit to work? Yes / No

HEALTH & ATTENDANCE RECORD:

Are you registered disabled? Yes / No

RDP Number *(if applicable)*:.....

Are you aware of any medical or physical factors that might affect your performance in this job (e.g. Weak back/lifting): Yes / No

Please complete the attached Heath Questionnaire.

Have you had any absence due to sickness over the last 2 years? Yes / No

If yes, please give details and circumstances below:

.....

.....

.....

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**SCAFFOLDING TRAINING:**

(Please provide details of your most recent scaffolding training, please continue on a blank piece of paper if needed. Leave blank if not applicable)

Qualifications gained/ Courses attended:	Grade:	Date:

RECORD OF PREVIOUS WORKS:

Name of present or most recent employer/ contractor:.....

Employers/ Contractors address:.....

.....

Nature of business (client group, *if applicable*):.....

Starting Date:.....Leaving Date:.....

Job title:.....

Date appointed to current job:.....

L & R Scaffolding is the trading name of L & R Scaffolding (Carshalton) Ltd. Director: A. Walter.

Registered Office: 67 Groveside Close, Carshalton, Surrey, SM5 2ER

Registered in England and Wales No: 6644939

VAT Registration No: 608 8246 26

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Grade:..... Current/ Last salary.....Per:.....

Main Duties and Responsibilities:.....

.....

Reason for leaving (*if applicable*):.....

Please list below (*most recent first*) details of **ALL** your employment history since leaving school including **month** and **year**. Please indicate any gaps in employment and the reason for these. (*Please use additional paper if necessary*)

Previous Employer Names/Addresss	Job title, Grade & Client Group	From Month/Year	To Month/Year	Main Duties/ Reason for Leaving

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Other relevant experience:	From Month/Year:	To Month/Year:

GENERAL DETAILS ABOUT YOURSELF:

Please give details of any interests and hobbies:.....

Are you a member of a professional body? Yes / No

If yes, please give details:.....

Please provide details of any professional training number, i.e. CIS Card Number, CITB Card details or PTS etc:.....

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If offered this post do you intend to seek or continue to work in any other capacity?

Yes / No

If yes, please give details:.....

.....

JUSTIFICATION:

Please state the reason(s) why you have applied for this post:

(please use additional sheets if required):

.....

.....

.....

How does your experience, knowledge and skills equip you for this job?

(please use additional sheets if required):

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.....

.....

ANY OTHER INFORMATION:

If there is any information that you believe to be relevant in this application please let us know

(Please use additional paper if necessary):

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REHABILITATION OF OFFENDERS

All successful candidates will be required to obtain an enhanced disclosure report from the criminal record bureau before commencing work at. You are required to declare any convictions, cautions and bind overs. (The Rehabilitation of Offenders Act 1974) Your entitlement to withhold any information which for others purposes is 'spent' does not therefore apply. Failure to disclose convictions could lead to dismissal. Any disclosure will be treated in the strictest confidence and will be considered only in relation to the application.

Have you ever been convicted of a criminal offence, or been subject to any confidential discharge, bind overs or cautions?

If no please sign the declaration below Yes / No

If yes, please give details:.....
.....

I declare that I do not possess, nor have I ever possessed a criminal conviction, nor have I been subject to any conditional discharges, bind overs or cautions.

Please note: A criminal conviction will not necessarily lead to a refusal of your application.

Signed Date

Any information contained in this form will be treated in confidence. Failure to disclose any relevant information or providing false or inaccurate information may be regarded as a breach of any subsequent contract of employment resulting in disciplinary action / or dismissal.

DECLARATION

I confirm that the information given within this form is true and accurate. I consent to it being used for personnel administration and business management purposes.

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Signed Date.....

Name