

CGS Contractors

Application Form

Please note that ALL sections of this application form must be filled in and must also be completed using BLACK ink. We will not accept applications with missing information. If any of the sections do not apply to you, please state this in the relevant section.

If you require any assistance with this application, please call us on 01736 788344 or email us at enquiries@cgscontractors.co.uk

Position Applied for: Date:

Personal Details

First Name: Surname:

Date of Birth:

Home Address:

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Postcode:

Home Telephone:

Mobile:

Email Address:

National Insurance Number:

Do you have a valid UK driving Licence? Yes No

Do you have any endorsements (penalty points)?* Yes No

*if yes, please give details (endorsement code, date and description)

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Have you ever been convicted of a criminal offence or do you have any pending court offences? **

Yes No

**if yes, please give details

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Are you eligible to work in the UK? Yes No

Do you have any medical conditions or physical disabilities that may affect your ability to perform in this position?***

Yes No

***if yes, please give details

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Employment

Please give details of previous employment, starting with the most recent. If you require more space, please continue on the back of this sheet or print a second copy of this sheet and return it with your application.

Employer:

Position:

Responsibilities:

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Start Date: Finish Date*:

*If you are still employed, what is the notice period?

Employer:

Position:

Responsibilities:

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Employer:

Position:

Responsibilities:

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Start Date: Finish Date:

Do you have any other relevant experience?

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Hobbies

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References

Please provide details of two references.

Name:

Employer:

Position:

Relationship:

Contact Details:

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Name:

Employer:

Position:

Relationship:

Contact Details:

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Declaration

I declare that the information given on this application is complete and correct. If any of this information is found to be untrue, I understand that it could result in the withdrawal of any offer or termination of employment.

I give my permission for the references on this application to be contacted.

Signature: Date: