

M W BENNEY LTD BRONSHILL WORKS REAR 4/6 DUNMERE ROAD TORQUAY, TQ1 1LS Tel 01803 297049 Fax 01803 200442 Email: office@mwbenney.co.uk	DATE
	For Office Use Only
	Position:
	Start Date:
	CIS or PAYE
	PAY:
	Holidays

APPLICATION FOR EMPLOYMENT

Surname:	Forenames:
Address:	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Tel No:
	Tel No:
	D. O. B:
	Marital status:
Postcode:	Email:

Equal Opportunities Policy.

It is the policy of M W Benney to treat all employees, and job applicants fairly and equally regardless of their sex, sexual orientation, gender reassignment, marital status, civil partnership, race, colour, nationality, ethnic or national origin, religion or belief, age, disability or union membership status.

Furthermore, M W Benney will ensure that no requirement or condition will be imposed without justification which could disadvantage individuals purely on any of the above grounds.

The policy applies to recruitment and selection, terms and conditions of employment including pay, promotion, training, transfer and every other aspect of employment.

M W Benney will regularly review its procedures and selection criteria to ensure that individuals are selected, promoted and otherwise treated according to their relevant individual abilities and merits.

M W Benney is committed to the implementation of this policy and to a programme of action to ensure that the policy is, and continues to be, fully effective. The overall responsibility for the policy lies with the Directors Trevor Betts and Alex Bickham. However, all staff are required to comply with the policy and to act in accordance with its objectives so as to remove any barriers to equal opportunity.

Any act of discrimination by employees or any failure to comply with the terms of the policy will result in disciplinary action.

Are you legally eligible for employment in the UK	YES <input type="checkbox"/> / NO <input type="checkbox"/>
If invited to attend an interview whether you will require any adjustments for the interview?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
If so please describe what adjustments would be required.	
Do you have a current driving licence?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Is it clean?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
If NO give details	
Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974?	YES <input type="checkbox"/> / NO <input type="checkbox"/>

EMPLOYMENT

Position applied for :	
Would you work full time?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Part time state days / hours	
If offered this position, will you continue to work in any other capacity? if YES, When?	
Have you previously worked for us?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
If YES when did you work for us	
On what date would you be available to start work?	
Would you be paid CIS (self employed) or PAYE	CIS <input type="checkbox"/> / PAYE <input type="checkbox"/>
Pay expected:	£ PER

EMPLOYMENT HISTORY List below your present and past employment, beginning with your most recent.

Name & Address of Employer	From: mm/y	Starting Salary		Leaving Salary	
	To : mm/y	£	Per	£	Per
	Job Title				
	Describe the work you did:				
Tel No					
Type of Business	Reason for Leaving				
Name of Supervisor					
Name & Address of Employer	From : mm/y	Starting Salary		Leaving Salary	
	To : mm/y	£	Per	£	Per
	Job Title				
	Describe the work you did:				
Tel No					
Type of Business	Reason for Leaving				
Name of Supervisor					
Name & Address of Employer	From : mm/y	Starting Salary		Leaving Salary	
	To : mm/y	£	Per	£	Per
	Job Title				
	Describe the work you did:				
Tel No					
Type of Business	Reason for Leaving				
Name of Supervisor					
Name & Address of Employer	From : mm/y	Starting Salary		Leaving Salary	
	To : mm/y	£	Per	£	Per
	Job Title				

	Describe the work you did:
Type of Business	Reason for Leaving
Name of Supervisor	

I hereby give permission to contact the employers listed above concerning my prior work experience.

Sign

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s).

PERSONAL REFERENCES

Please give details of two people (NOT relatives or former employers) we could approach for references

Name	Name
Occupation	Occupation
Address	Address
Tel No.	Tel No.

The facts set forth in this application for employment are, to the best of my knowledge, true and complete.

Date	Sign		
PLEASE TICK YOUR CAPABILITIES	Good	Fairly Good	No Good
<u>Carpenter</u>			
Ist Fix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Fix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Facias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UPVC Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UPVC Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UPVC Windows & Doors Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Fitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing in relation to Kitchen Fitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrics in relation to Kitchen Fitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Tools</u>			
Hand tools	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
1 st Fix Paslode Gun	<input type="checkbox"/>	<input type="checkbox"/>	
2 nd Fix Paslode Gun	<input type="checkbox"/>	<input type="checkbox"/>	
Power Tools	<input type="checkbox"/>	<input type="checkbox"/>	
Planer	<input type="checkbox"/>	<input type="checkbox"/>	
Mitre Saw	<input type="checkbox"/>	<input type="checkbox"/>	
Skill Saw	<input type="checkbox"/>	<input type="checkbox"/>	
Electric Drill Hammer	<input type="checkbox"/>	<input type="checkbox"/>	
Extension Battery, Screw Driver	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Own Transport</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Labourer / Ground Worker</u>	Good	Fairly Good	No Good
Can you concrete foundations & slabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lay Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lay Blocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stone Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lay Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel Fixing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plaster Boarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plaster Patching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Good	Fairly Good	No Good
Rendering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tools			
Pick	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Shovel	<input type="checkbox"/>	<input type="checkbox"/>	
Lump Hammer	<input type="checkbox"/>	<input type="checkbox"/>	
Chisels	<input type="checkbox"/>	<input type="checkbox"/>	
Own Transport	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Painter / Decorator</u>	Good	Fairly Good	No Good
Wall Papering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artexing (Minor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting – Internal and External	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tools			
Ladder	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Drill	<input type="checkbox"/>	<input type="checkbox"/>	
Sander	<input type="checkbox"/>	<input type="checkbox"/>	
Paint Brush	<input type="checkbox"/>	<input type="checkbox"/>	
Own Transport	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Plumbing</u>	Good	Fairly Good	No Good
Gas Safe Registered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boilers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tools	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Own Transport	<input type="checkbox"/>	<input type="checkbox"/>	
Employers compliance check list.			YES /NO
1.	Is the vehicle you use insured for work	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you employ a second person to enable work to continue should you be unable to work yourself.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you prepared to enter into an agreement which would incur liquidated damages (penalties)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you put right defects at our own cost.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you maintain your own plant	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you got £5m public liability insurance (are you prepared to upgrade)	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you got product liability insurance	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you got employees liability insurance	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you start and finish when directed	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you have financial risk	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you claim sickness benefit	<input type="checkbox"/>	<input type="checkbox"/>
12.	Do you claim holiday pay	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you claim pension	<input type="checkbox"/>	<input type="checkbox"/>
14.	As a subcontractor do you tender for work or submit a price	<input type="checkbox"/>	<input type="checkbox"/>
15.	Do you carry out valuations and invoice accordingly	<input type="checkbox"/>	<input type="checkbox"/>

16.	Have you got your own plant	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have you got your own works vehicle	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above is NO you should be on PAYE employment

ANY EXTRA INFORMATION YOU MAY WISH YOU WRITE.: