



LANE ROOFING

Walsall House, 167 Walsall Road, Perry Barr, Birmingham, B42 1TX
Tomo Industrial Estate, Packet Boat Lane, Uxbridge, UB8 2JP

Surname: _____ First Name: _____ Middle Name: _____ Address _____ _____ _____ Telephone No. _____ Age _____ D.O.B _____ Qualifications Acquired at School _____ _____ _____	<u>FOR OFFICE USE</u>
Do you hold a CSCS Card? Yes <input type="checkbox"/> No <input type="checkbox"/> Applied <input type="checkbox"/>	Today's Date _____ Interview Date and Time _____ Source of Advertisement _____
Qualifications Acquired since School _____ _____ _____	Job Description _____
Do you have copies of certificates Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please Provide copies	Comments _____ _____ _____
Previous Employment and position held 1. _____ 2. _____ 3. _____	_____
Details of experience _____ _____	Start date _____ National Insurance No. _____ Nationality _____
Is English 1st Language YES/NO Origin _____	Ethnic _____
Interest and Hobbies _____ _____	Marital Status _____
Questions _____ _____ _____	Have you ever been convicted of a Criminal offence or do you have a Criminal record? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have cultural or religious needs you wish us to address (Please feel free to request a copy of our equal Opportunities Policy, however this will be issued to you during induction)	Do you hold Driving Licence Yes <input type="checkbox"/> No <input type="checkbox"/> Endorsements Yes <input type="checkbox"/> No <input type="checkbox"/> Do you Smoke Yes <input type="checkbox"/> No <input type="checkbox"/>

Please indicate ethnic origin by ticking one of the boxes below.

<u>WHITE</u> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White Background <input type="checkbox"/> Please state: _____ _____ _____	<u>MIXED</u> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed Background <input type="checkbox"/> Please State: _____ _____	<u>BLACK OR BLACK BRITISH</u> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black Other <input type="checkbox"/> Other Black or White Black <input type="checkbox"/> British Background <input type="checkbox"/> Please State: _____	<u>ASIAN OR ASIAN BRITISH</u> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian Background <input type="checkbox"/> Please State: _____ _____
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