



office@mpscraneoperators.com

www.mpscaneoperators.com

MPS CRANE DIVISION APPLICATION FORM

UNIT 2, SOVEREIGN COURT, LLANTRISANT BUSINESS PARK, LLANTRISANT,
RHONDDA CYNON TAF, UNITED KINGDOM, CF72 8YX

Tel: +44 (0) 1443 238452

Personal Details

Surname:	Title:
Forenames:	DOB:
Address:	
Postcode:	
Telephone(Home):	Mobile:
Email:	
Driving Licence: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Next of Kin:	Relationship:	Tel No:
Address:		Postcode:

Employment Background

CPCS Card Number:	Expiry Date:	No. of years' Experience
Makes and models of cranes that you have operated:		
Type of work involved (i.e. Piling, Steel Erection):		
Please specify whether you will lodge away from home Yes <input type="checkbox"/> No <input type="checkbox"/>		

Right to Work in UK

Do you have the right to work in the United Kingdom YES NO

If YES, please forward, preferably by email a good quality copy (scanned or a picture) of any relevant documentary evidence.
In line with Home Office guidance on the prevention of illegal working we will need to verify ID documentation as evidence of your right to work in the UK if you are to be engaged by MPS for temporary work.
We may conduct searches on electoral roll, credit reference agencies, this will place a search footprint on the electronic file and your personal details may be accessed by third parties for the specific purpose of identity verification.

Last Company Worked For- For Reference Purposes

Employers Name:

Address:

Postcode:

Tel No:

Contact Name (for reference)

Email:

Job Title:

Employed from:

to:

Colleague Reference

(The name of one Operator or Slinger/Slinger/Crane Supervisor/Appointed Person with whom you have worked)

Name:

Address:

Postcode:

Tel No:

Email:

Job Title:

Opt Out of 48 Hour Working Week

MUST BE SIGNED BY THE EMPLOYEE.

1. Definition

- 1.1 "Assignment" means the period during which the worker is engaged to render services to the client.
"Client" means the person, firm or corporate body engaging the services of the Worker.
"Employment Business" means Millennium Personnel Services of Unit 2, Sovereign Court, Llantrisant Business Park, Llantrisant, RCT, CF72 8YX.
"Temporary Worker" means **Full Name:**
"Working Week" means an average of 48 hrs each week calculated over a 17-week period.
- 1.2 References to the singular include the plural and references to the masculine include the feminine and vice versa.
- 1.3 The headings contained in this agreement are for convenience only and do not affect their interpretation.

2. Restriction

- 2.1 The Working Time Regulations 1998 provide that the Temporary Worker shall not work on an Assignment with the Client in excess of the Working Week unless he agrees in writing that this limit should not apply.

3. Consent

- 3.1 The Temporary Worker hereby agrees that the Working Week limit shall not apply to the Assignment.

4. Withdrawal of Consent

- 4.1 The Temporary Worker may end this Agreement by giving Millennium Personnel Services one working months' notice in writing.
- 4.2 For the avoidance of doubt, any notice bringing this Agreement to an end shall not be constructed as termination by the Temporary Worker of an Assignment with a Client.
- 4.3 Upon expiry of the notice period set out to include clause 4.1 the Working Week limit shall apply with immediate effect.

5. The Law

- 5.1 These terms are governed by English law and are subject to the exclusive jurisdiction of the English Courts.

Signed by the Temporary Worker:

Date:

Drugs & Alcohol Testing

We require your consent to drugs and alcohol testing as per MPS and our client's requirements. Anyone found testing positive for drugs and/or alcohol will be removed from site immediately, without pay, pending further testing-any necessary rehabilitation will be pursued where necessary.

Health & Disability

The following questions on health and disability are asked in order to find out your needs in terms of reasonable adjustments to access our recruitment service and to find out your needs in order to perform the job or position sought.

Do you have any health issues or a disability relevant which may make it difficult for you to carry out functions which are essential for the role you seek, or which may affect the client's risk assessments?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please specify
If you have a disability, what are your needs in terms of reasonable adjustments in order to access this recruitment service and to attend interview, or to take aptitude tests etc.?	Please specify

Criminal Convictions

Do you have any unspent* criminal convictions?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, state convictions and dates.	

*Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given. The information given will be treated in the strictest of confidence and only taken into account where, in the reasonable opinion of MPS, the offence is relevant to the post to which you are applying.
Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.

Data Protection Statement

The information that you provide on this form and on any CV given will be used by MPS to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients.
We may check the information collected, with third parties or with other information held by us.
We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other way permitted or required by law.

Payment into bank Account by BACS

National Insurance Number:	
Name on Account	
Bank Name:	
Address:	
	Postcode:
Sort Code:	Account No:
Building society Reference (if required)	

Applicant's Declaration:

I fully understand that if I failed to disclose information in my application that may jeopardise my application on grounds of safety or otherwise, my application may be terminated in respect of any false details submitted

Signed:	Date:
Print Name:	

Please check you have provided the following documents with this application

Have you provided a copy of your identification?

YES NO

For British citizen, please provide good quality copy of your Passport or Birth Certificate.

For European Economic Area (EEA) nations, please provide A good quality copy of your passport or identity card.

For all other nationalities, please provide a good quality copy of your passport and any residency cards or work permits

Copy of CPCS card (if applicable)

YES NO

Medical (if applicable)

Please send us a good quality copy of your most recent fit to work medical

YES NO

Any other relevant documentation to help with your application YES NO

If you send original documents, please send by secure post with return envelope.

Please return to:

MPS Crane Operators
Unit 2
Sovereign Court
Llantrisant business Park
Llantrisant,
Rhondda Cynon Taf
United Kingdom
CF72 8YX

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