

Tradeslink Construction Services Limited

P O Box 17, Disley, Cheshire, SK12 2FJ

Tel: 01663 761 900 / Fax: 01663 765 414 (or) 01663 766 657 (or) enquiries@tradeslinkconstruction.co.uk

Operative's Previous Work History Form

In order to conform to the Agency Working Regulations (AWR) we are required to obtain details of your **working history for the previous 18 weeks (ONLY APPLICABLE FROM THE 1ST OCTOBER 2011)** Please can you provide as much information as possible in the table below, if necessary, continue on a separate page and attach to this form.

You will ONLY be permitted to start work on one of our Assignments once we are in receipt of this completed form. Therefore, please ensure this form is returned duly "signed" to acknowledge that the detail provided is a true and accurate reflection of your previous work history.

Operative's Details					
Full Name of Operative					
Date of Birth of Operative		NI Number of Operative			
Mobile Number		Land Line Telephone Number			
Operative's Address					
Previous Work History Information					
To ensure an accurate work history is being recorded: <ul style="list-style-type: none"> Please record ANY breaks in employment e.g. Unemployed, Sickness (SSP), Statutory Paternity Pay (SPP), Statutory Adoption Pay (SAP), Statutory Maternity Pay (SMP), Annual Leave / Holiday, Jury Service, Customer Planned Shutdown i.e. Christmas Shutdown etc. Also, Please specify if you worked through an Agency (or) worked directly with the Hirer (Company) 					
Name of Agency Worked Through <small>(Please ensure Full Agency name is quoted where applicable)</small>	Name of Company (Hirer) Worked For <small>(Please specify Full Company Name)</small>	Tick this Box if Directly Employed with Company	Job Title Job Description	Start Date	End Date
By signing this form, you acknowledge that the detail provided above is a true and accurate reflection of your previous work history.					
Name of Operative (Print Full Name):					
Signature of Operative:			Date Signed:		