

FLOORLAYER APPLICATION FORM



Personal Details

First name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
Postcode:	<input type="text"/>	<input type="text"/>	
Telephone number:	<input type="text"/>		
Mobile number:	<input type="text"/>		
Email address:	<input type="text"/>		
NI number:	<input type="text"/>	Unique tax reference:	<input type="text"/>

CSCS

Passed CSCS H & S test:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date passed:	<input type="text"/>
Do you have a CSCS card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	CITB / CSCS number:	<input type="text"/>
CSCS card type & colour:	<input type="text"/>	CSCS card expiry date:	<input type="text"/>

Skills

	Experience (Years)	NVQ / City & Guilds		Experience (Years)	NVQ / City & Guilds
Carpet – Broadloom	<input type="text"/>	<input type="text"/>	Vinyl / Linoleum	<input type="text"/>	<input type="text"/>
Carpet – Axminster	<input type="text"/>	<input type="text"/>	Vinyl – cap & cove	<input type="text"/>	<input type="text"/>
Carpet – Tiles	<input type="text"/>	<input type="text"/>	Linoleum – cap & cove	<input type="text"/>	<input type="text"/>
Amtico	<input type="text"/>	<input type="text"/>	Wood – Laminate	<input type="text"/>	<input type="text"/>
Raised Access Flooring	<input type="text"/>	<input type="text"/>	Wood	<input type="text"/>	<input type="text"/>
Screed / DPM	<input type="text"/>	<input type="text"/>			

Other Information

Work away from area:	<input type="text"/>	Distance will travel:	<input type="text"/>
Have own transport:	<input type="checkbox"/> Estate <input type="checkbox"/> Van	Public liability insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work alone or employ a team:	<input type="text"/>	Number of fitters in team?	<input type="text"/>

Recent Work & References

Description of Recent Work (including client name)	<input type="text"/>		
References (2 required):	<input type="text"/>		
Signed:	<input type="text"/>	Date:	<input type="text"/>