

Guidance notes for applicants

Aims

City Suburban Tree Surgeons Ltd recruitment policy and procedures are designed to:

- select the best candidates
- ensure the process is as objective and fair as possible
- treat applicants professionally and courteously by providing the opportunity to learn more about the post and about the organisation and objectives as a service provider and employer
- ensure that no job applicant is discriminated against on the grounds of race, religion, gender, sexual orientation, disability or age

Procedures

1. Job Description

The Job Description aims to give an outline of the broad responsibilities and main tasks involved.

2. The Person Specification

Every vacancy is based on a person specification, which describes the skills, knowledge and experience the post needs.

3. Testing and Practical Assessments

We use testing and practical assessments to provide additional information for the final selection process but no appointments are made solely on the results of tests or assessments. Please let us know if you have a disability and require reasonable adjustments for interview, testing or practical assessment.

4. The decision

The final decision is based on the evidence available to the interviewers throughout the recruitment and selection stages and in relation to criteria set out in the person specification.

5. References

The appointment of all external candidates may be subject to the receipt of two satisfactory references, one of whom must be your current or most recent employer. The other reference should be from someone who knows you, your work and your ability well. We may ask for references before your interview so that we can be in a position to reach a firm decision about your application. However no references are taken up without candidate's prior agreement.

6. Eligibility to work in the UK

To comply with The Asylum & Immigration Act 1996, if you are invited for an interview, you must bring with you the following items of evidence of your eligibility to work in the UK, namely your passport, ID card or other relevant travel document (Visa) or, if none of these are available two separate documents such as your full UK birth certificate and a document giving your National Insurance Number, such as P45, P46, P60 or payslip. No offer of employment will be made unless such evidence has been produced.

7. Criminal Records

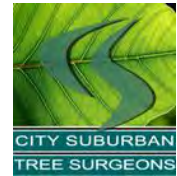
For positions where there is regular contact with vulnerable adults or children, a Disclosures and Barring Service (DBS) check will be carried out once an offer of employment has been made.

8. Web Applications

City Suburban Tree Surgeons have attempted to make this process as user friendly as possible by providing an electronic, editable application form which can be downloaded from our website. However this may not be compatible with all web browsers. In the event that this functionality is not accessible, save a copy of the application pack which can be completed by hand and posted to the address provided or scanned and returned via email to info@tree-surgeons.net.

If you have a valid driver's licence please complete the Driver's Application Form included in the application pack.

City Suburban Tree Surgeons Ltd



Employment Application Form

Please refer to the Guidance Notes for Applicants and complete all questions on this form in ink using capital letters.

Application for employment as: _____

Personal Information

Surname:	Date of Birth:
First name(s):	Tel. No:
Address:	Previous address if less than 3 years:
Do you hold a current driving licence? (If yes, complete Driver's Application form)	
Please give details of any endorsement or disqualification's in the last 5 years: Details:	

Eligibility to Work in the UK and Criminal Convictions

Have you ever been convicted of any criminal offences? (Declaration subject to rehabilitation of Offenders Act 1974. If yes, provide details)	
Are you legally eligible for employment in the UK?	
NI Number:	Nationality:
If a non British national, by what means are you eligible? (Provide details)	
Do you need to register under the workers registration scheme?	
If a non EC national, do you hold a current UK work permit?	

Employment References:

Please give details of 2 people we may approach for references, one of whom should be your most recent/last employer. An approach may be made to your present employer for a reference if you are invited for interview unless you indicate otherwise:

Name:	Name:
Title/Position:	Title/Position:
Company Name:	Company Name:
Address:	Address:
Telephone No:	Telephone No:
Capacity known to you:	Capacity known to you:
give permission to take up this reference prior to an offer of employment being made. (*delete as appropriate)	give permission to take up this reference prior to an offer of employment being made. (*delete as appropriate)

Education and Training

School / Further Education	Dates	Examinations passed and qualifications held:
Other training, professional membership or qualifications		

Employment History
Present or Last Employer

Name of Employer:		
Nature of Business:		
Address:		
Position(s) Held:	Start date:	Are you still employed?
If yes, how much notice is required by your present employer? If no, provide the date employment ended:		
Salary: (Please state whether monthly or weekly) £		
Summary of Duties:		

Previous Employment

Employer	Position(s) Held	Duties	Dates Employed	Rates of Pay	Reason for Leaving

* Please continue on separate sheets if required.

Further Information

Please give details of any skills, experiences or achievements, which you consider particularly relevant to this appointment.

When will you be free to take up a new appointment?

I confirm that to the best of my knowledge the information provided in this document is correct and gives a true representation of my qualifications and employment history.

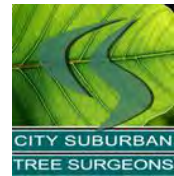
Signature Date

Print Name

Please return your application to the address given below, for the attention of:

City Suburban Tree Surgeons Ltd
Larkhall Park Depot
Larkhall lane
London SW8 2PX

City Suburban Tree Surgeons



VEHICLE DRIVER APPLICATION FORM

PLEASE RETURN WITH A COPY OF YOUR DRIVING LICENCE.

SURNAME:		FIRST NAME:	
DATE OF BIRTH:		JOB TITLE:	
ORDINARY DRIVING LICENCE:			
DRIVER LICENCE NUMBER:		GROUPS/CATEGORIES:	
VALID FROM:		VALID TO:	
DATE PASSED TEST:			
HOW REGULARLY DO YOU DRIVE:			
LGV/LCV LICENCE:			
SERIAL NUMBER:		MEDICAL DUE:	
GROUPS/CATEGORIES:		DATE PASSED TEST:	
VALID FROM:		VALID TO:	
ADDITIONAL QUALIFICATIONS/EXPERIENCE:			
Have you had any experience or do you hold any qualifications in any of the areas listed below: Please provide copies of any certificates.			
COMMERCIAL VEHICLE TYPES:			
FORK LIFT TRUCK:			
POWER TAKE OFF:			
TIPPER TRUCK OPERATION:			
LORRY MOUNTED CRANE:			
TAIL LIFTS:			
HAZARDOUS CHEMICALS:			
OTHER, PLEASE SPECIFY:			
ENDORSEMENTS/CONVICTIONS, INCLUDING SUSPENSIONS			
DATE	OFFENCE	ENDORSEMENT CODE	FINE/PENALTY POINTS

City Suburban Tree Surgeons



GIVE DETAILS OF ANY TRAFFIC ACCIDENT DURING THE LAST FIVE YEARS	
DATE:	BRIEF DESCRIPTION:
DRIVING EXPERIENCE	
HAVE YOU TAKEN ANY FORM OF ADVANCED/DEFENSIVE DRIVER TRAINING: YES/NO	
IF YES GIVE DETAILS:	
MEDICAL	
ARE YOU IN GOOD HEALTH	
IS YOUR HEARING IMPAIRED	
IS YOUR VISION IMPAIRED	
HAVE YOU EVER HAD TREATMENT FOR: DIABETES: EPILEPSY:	
DO YOU SUFFER FROM ANY OTHER ILLNESS/DISABILITY WHICH COULD AFFECT YOUR DRIVING ABILITY: YES/NO: IF YES PLEASE GIVE DETAILS:	
ARE YOU WILLING TO TAKE A MEDICAL WITH A COMPANY DOCTOR:	
I CERTIFY THAT THE ABOVE DETAILS ARE CORRECT:	
SIGNED:	DATE:

Office Use Only:	
DRIVING LICENCE CHECKED BY:	
DRIVING EXPERIENCE & MEDICAL CHECKED BY:	
PERMITTED TO DRIVE: CARS/VANS/LCV FROM	
SIGNED:	MANAGER: