



LASER

Tel: 01254 773718
enquiries@wecl.co.uk

twitter.com/wecgrouppltd

New Apprenticeship Opportunities at WEC!!



APPLICATION FORM

We are currently looking for highly motivated apprentices to join our WEC Laser division.

Could it be you?

Apply today and find out!

(Applicants should be 16-21 year old,
minimum grade C GCSE, Maths and English)



Current Vacancies *

- **Apprentice Press Brake Operator**
- **Apprentice CAD Technician**
- **Apprentice Laser Operators (Darwen and Liverpool)**

(* Immediate Start!)

www.laser-eng.com



LASER

Surname:	Telephone:
First Name:	Mobile Telephone:
Address:	Date of Birth:
Town:	National Insurance No:
Postcode:	Email:

General:

1. Why are you interested in joining the WEC Group apprenticeship scheme?

2. What do you think an apprenticeship involves?

3. Which Apprenticeship would be of interest to you?

	YES	NO
Press Brake Operator	<input type="checkbox"/>	<input type="checkbox"/>
Laser Operator	<input type="checkbox"/>	<input type="checkbox"/>
CAD Technician	<input type="checkbox"/>	<input type="checkbox"/>

4. Please provide details of any other workshop facilities you have attended and what was involved?

5. What do your parent/s do for a living? _____

Health:

	YES	NO
6. Do you have a disability/health problem that may affect your day to day activities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a disability/health problem that has affected your day to day activities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a disability/health problem which affects the work you can do?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you registered disabled?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered 'YES' to question(s) 6-9, please provide details:	<input type="checkbox"/>	<input type="checkbox"/>



LASER

Drug & Alcohol Testing:

The Company has zero tolerance towards drugs and alcohol. We therefore operate a random Drug & Alcohol testing policy. Are you prepared to accept this policy? YES NO

Health & Safety:

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 11. Are you willing to take full responsibility for your own health & safety whilst at work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you willing to adhere to the Company's Health & Safety rules at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you a registered first aider or fire marshal? | <input type="checkbox"/> | <input type="checkbox"/> |

Driving:

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 14. Do you hold a full driving license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. If 'YES', what type of vehicles are you eligible to drive? Car <input type="checkbox"/> Motorcylce <input type="checkbox"/> PSV <input type="checkbox"/> HGV <input type="checkbox"/> Hi-ab <input type="checkbox"/> | | |

16. Please give full details of any previous bans or endorsements: _____

17. If you currently have any points on your license, please state how many: _____

Education, Training, Work Experience:

Place of Study	Dates Attended	Subject Studied	Grade Achieved / Predicted Grade
Work Experience	Dates Attended	Duties Undertaken	

Note: If you are invited for an interview, please bring along an item you have made. The item/s can be made out of any material, for example wood, metal or plastic. Also bring along your last school report.



Other Details:

16. What are your hobbies and interests?

17. Please list any facts which you think may be useful when considering your application:

18. How soon would you be available to work? _____

19. Have you ever been convicted of a criminal offence (declaration subject to the Rehabilitation of Offenders Act 1974)?

YES NO

If 'YES', please provide details:

References:

Please provide two references below:

Referee 1	Referee 2
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Relationship:	Relationship:

I DECLARE, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ON THIS FORM IS CORRECT

Signed: _____ Date: _____

Please return this application form to:

Caroline Scholes, WEC Group Ltd, Britannia House, Junction Street, Darwen, Lancashire, BB3 2RB