



Gilwilly Road, Gilwilly Industrial Estate, Penrith. CA11 9BL

APPLICATION FOR EMPLOYMENT

* Please delete where applicable

POSITION APPLIED FOR [] AVAILABLE START DATE []

NAME []

ADDRESS [] POST CODE []

TELEPHONE NO. []

MOBILE NO. []

DATE OF BIRTH []

MARITAL STATUS []

NATIONAL INS. NO. []

NEXT OF KIN (AND RELATIONSHIP TO YOU) []

NUMBER OF DEPENDANTS []

DEPENDANTS UNDER 16 YRS OLD []

NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY []

EDUCATION & TRAINING [] (MP USE ONLY)

Table with 4 columns: SECONDARY AND FURTHER EDUCATION, FROM, TO, QUALIFICATIONS GAINED

PRESENT EMPLOYMENT



(MP USE ONLY)

<u>EMPLOYER NAME & ADDRESS</u>	
<u>POSITION</u>	
<u>DESCRIPTION OF DUTIES</u>	
<u>DATE STARTED</u>	<u>PERIOD OF NOTICE REQUIRED</u>
<u>PRESENT SALARY / HRLY</u>	WOULD YOU AGREE TO US CONTACTING YOUR CURRENT EMPLOYER ? * YES / NO

PREVIOUS EMPLOYMENT



(MP USE ONLY)

NAME & ADDRESS OF EMPLOYERS	DATES		POSITION & DUTIES	SALARY Mth / Wk	REASON FOR LEAVING
	FROM	TO			

REHABILITATION OF OFFENDERS ACT 1974



(MP USE ONLY)

PLEASE GIVE DETAILS OF ANY CRIMINAL OFFENCES FOR WHICH YOU HAVE BEEN CONVICTED, OR ANY PENDING CASES.

REFERENCES



(MP USE ONLY)

Please give name, address and occupation of two referees who agree with their names being used

<u>NAME</u>	<u>NAME</u>
<u>ADDRESS</u>	<u>ADDRESS</u>
<u>TELEPHONE</u>	<u>TELEPHONE</u>
<u>OCCUPATION</u>	<u>OCCUPATION</u>

DRIVING HISTORY

HOLDER OF CURRENT LICENCE Yes / No *

DRIVING LICENCE NO.

GROUPS COVERED

EXPIRES ON **ISSUED BY**

ENDORSEMENTS

CONVICTIONS

ANY CURRENT POINTS ON LICENCE

ANY MOTORING OFFENCES OR ACCIDENTS WITHIN THE LAST 12 MONTHS Yes / No* If 'YES' please give details

TRAINING ACHIEVEMENTS -



(MP USE ONLY)

Please continue on separate sheet if necessary

<u>TYPE</u>	<u>ISSUED BY</u>	<u>DATE ISSUED</u>	<u>EXPIRY DATE</u>	<u>CATEGORIES</u>
.....
.....
.....

MEDICAL DETAILS



(MP USE ONLY)

DO YOU OR HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING:- Please delete as applicable

- CIRCULATORY PROBLEMS SUCH AS VARICOSE VEINS, PHLEBITIS, THROMBOSIS Yes / No *
- HEART PROBLEMS SUCH AS ANGINA, HIGH BLOOD PRESSURE, HEART ATTACK Yes / No *
- CHEST PROBLEMS SUCH AS ASTHMA Yes / No *
- DIABETES Yes / No *
- ALLERGIES Yes / No *
- EPILEPSY OR FAINTING ATTACKS Yes / No *
- SKIN DISORDERS Yes / No *
- RECENT OPERATION OR FRACTURE Yes / No *
- ANY CURRENT MEDICATION Yes / No *
- BACK TROUBLE, ARTHRITIS, RHEUMATISM Yes / No *
- INJURY TO BONES, JOINTS, TENDONS, INCLUDING WRIST TENDONS Yes / No *
- INDUSTRIAL INJURY E.G / NOISE INDUCED HEARING LOSS, RSI, HAND ARM VIBRATION, OCCUPATIONAL STRESS ETC Yes / No *
- HAVE YOU WORKED IN AN INDUSTRY WITH HIGH NOISE OR VIBRATION LEVELS Yes / No *
- ANY OTHER SIGNIFICANT HEALTH PROBLEMS (EYES, HEARING, NUMBNESS TO FINGERS, SKIN, BLOOD) Yes / No *

IF 'YES' TO ANY OF THE ABOVE, PLEASE GIVE DETAILS:-

CLOTHING & FOOTWEAR

(Provided after initial 3 month trial period)

* Please delete where applicable

WAIST SIZE *BOILERSUIT / JACKET & TROUSERS

CHEST SIZE

FOOT SIZE * ANKLE BOOTS / RIGGER BOOTS

*** SAFETY CLOTHING (BOILERSUIT) & FOOTWEAR (STEEL TOE CAP BOOTS & WELLINGTONS)
TO BE PROVIDED BY YOURSELF AT THE START OF EMPLOYMENT ***

ADDITIONAL INFORMATION

Please Supply Any Additional Information

I hereby declare that the above information given is correct to the best of my knowledge and understand that any information found to be incorrect may result in my dismissal.

SIGNED PRINT

DATE

FOR OFFICE USE ONLY

BANK DETAILS: (For B.A.C.S. wage payments)

BANK / BUILDING SOCIETY NAME

ADDRESS SORT CODE / /

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ACCOUNT HELD IN NAME OF ACCOUNT NUMBER

INTERVIEWED BY: DATE:

REFERENCES (Minimum 1 no.) CONTACTED AND OUTCOME.

EMPLOYMENT DATE:

INDUCTION DATE:

EMPLOYMENT NUMBER: