

APPLICATION FOR EMPLOYMENT

Ref No:

Please tick or circle answers as required

PRIVATE AND CONFIDENTIAL

Return this form to: Mrs Julie Sutcliffe, c/o ID Maintenance Ltd, 4 Harewood Villas, Malt Kiln Lane, Harewood, Leeds LS17 9BZ

Tel 0845 873 8758 E-mail j.sutcliffe@idmaintenance.co.uk

POSITION APPLIED FOR:

Title		Forename(s):	Surname:
Mr	Mrs		
Miss	Ms		

Address:

Phone No: Mobile No:

Email:

National Insurance No:	Do you require a permit to work in the United Kingdom?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes / No
<i>Proof of your eligibility to work in the UK will be required if employment is offered to you.</i>	

Date of Birth: DD/ MM/ YEAR _ _ / _ _ / _ _ _ _	Workwear Sizes:	Marital Status	
	Boots: 7 / 8 / 9 / 10 / 11 Inside Leg: S / R / L	Married	<input type="checkbox"/>
	Waist: 30" / 32" / 34" / 36" / 38" / 40" / 42" / 44"	Single	<input type="checkbox"/>
	Chest: S / M / L / XL / XXL	Divorced/Separated	<input type="checkbox"/>

Do you hold a current Driving Licence? Yes / No	Details of any endorsements
<i>Please enclose a copy with your application</i>	
Driving Licence No;	

Education History

Schools	Qualifications gained

Colleges/ Universities	Qualifications gained

Apprenticeships/Training Courses you have completed (with dates of completion) and or other skills which may be relevant to the position you have applied for:

Employment History (Current/ Most recent first)

Dates From – To	Name & Address of Employer	Job Titles & Duties	Start/ Finish Salary	Reasons for Leaving

References

Please give below the names and addresses of two referees one of which should be your present or last employer (if currently out of work). Please indicate below if the name given is a work or character referee.

1. Work/ Character <i>(please indicate)</i>	2. Work/Character <i>(please indicate)</i>
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How did you hear about this vacancy?

If offered employment how much notice are you required to give?

Other Employment

If offered this position, will you continue to work in any other capacity	Yes / No
If Yes' please give details:	
Name of Employer.....	
Contact Number.....	
Hours worked per week.....	

Leisure

Please note here your leisure interests, sports and hobbies, other pastimes etc.

Criminal Record

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state.

General Comments

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post.

Please continue onto an additional sheet if required.

Health Details

Medical Questionnaire	Yes	No	Please give Details
Have you ever had an operation?			
Been seriously injured?			
Received in-patient treatment for a physical or mental condition?			
Been refused or dismissed from employment for health reasons?			
Been made ill by your work?			
Been refused a drivers' licence because of ill health?			
Do you have a disability as defined by The Disability Discrimination Act 1995?			
What period of time have you had the disability?			
Is the disability likely to last for a further 12 months?			
Does the disability have substantial or adverse effects on your ability to carry out normal day to day activities?			

Do you suffer from or have you ever had: *delete as appropriate*

Diabetes	Yes / No	Heart trouble	Yes / No	Rupture	Yes / No
High Blood Pressure	Yes / No	Chest trouble	Yes / No	Back trouble	Yes / No
Asthma	Yes / No	Faintness or dizziness	Yes / No	Ear trouble	Yes / No
Cough (frequent)	Yes / No	Hay fever	Yes / No	Eye trouble	Yes / No
Rheumatic fever	Yes / No	Jaundice	Yes / No	Skin rashes/eczema	Yes / No
Arthritis	Yes / No	Swelling of legs/ankle	Yes / No	Anaemia	Yes / No
Epilepsy/fits	Yes / No	Period/prostrate problems	Yes / No	Headaches	Yes / No
Shortness of breath	Yes / No	Varicose veins	Yes / No	Nerve trouble	Yes / No

Do you suffer from any other ailments? If yes, please detail	Yes / No
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How many days have you missed through sickness/absence in the last year?	
Are you currently taking any prescribed medication? If Yes please detail	Yes / No
Are there any jobs/activities you cannot undertake for health reasons? if Yes please detail:	Yes / No

The information will be used to help us determine what adjustments may need to be made to the job or workplace. It also allows us to ensure yours and others health and safety in the workplace that may be affected by your actions.

Recruitment Policy

It is the Company's Policy to employ the best qualified personnel and provide equal opportunities for the advancement of employees, including promotion & training & not to discriminate against any one person because of race, colour, national origin, sex, marital status or disability.

References

I authorise the company to obtain references to support this application once an offer has been made and release the company and referees from any liability caused by giving and receiving information. I accept that any offer made is subject to the receipt of references that are satisfactory to the Company.

Declaration

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal. I also accept that it is my personal responsibility to notify the Company of any employment I accept other than the position for which I am employed and to declare on a weekly basis the actual hours worked.

Signature..... Date.....