



## EMPLOYMENT APPLICATION FORM

Please complete this form accurately, giving as many details as possible of your skills and experience relating to this job application. Shortlisting will be based on the information gathered from the form, read in conjunction with the person specification.

Please ensure the form is signed & dated and completed in black ink and BLOCK CAPITALS.

### GUIDELINES

Applicants will be treated in the same way whether they are external or internal candidates. Internal candidates should advise their manager that they have applied for another position.

### POSITION APPLIED FOR:

Job title:	Group Company:	<input type="checkbox"/> <b>Roy Hankinson Limited</b> <small>Alexander House Monks Ferry Birkenhead, Wirral, CH41 5UH</small>	<input type="checkbox"/> <b>Roy Hankinson (West Midlands) Limited</b> <small>Central House Lyng Lane West Bromwich, West Midlands, B70 7RW</small>
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How did you hear about this job?

### 1. APPLICANT'S DETAILS

Title:	Surname:	First name:

Home Address:

Post Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone No's: please include full STD code

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile (where possible): \_\_\_\_\_

email address (where possible): \_\_\_\_\_

Do you hold a current driving licence?	Yes/No	No of Penalty Points		Have you ever had your driving licence revoked?	Yes/No
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Is there anything concerning your medical history or state of health that is relevant to your application?	Yes*/No * If you answer Yes please refer to the Equality of Opportunity Questionnaire enclosed
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<b><u>Immigration, Asylum &amp; Nationality Act 2006</u></b> Are there any restrictions regarding your employment? e.g. do you require a Work Permit? <i>You will be required to provide evidence of your legal status before employment is confirmed ie a copy of your driving licence, passport or birth certificate</i>	Yes*/No *If you answer Yes please supply details on a separate sheet of paper. If No, please enter your National Insurance number:- / / / / / / / / / / <b><i>You must provide evidence of your legal status within 14 days of employment commencing otherwise your employment will be automatically terminated.</i></b>
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How much notice do you need to give to your current employer?	
Do you have any holiday commitments?	
Do you know anyone in our employment? (give names)	

## 2. EMPLOYMENT RECORD

Please start with your most recent employment. Briefly describe the main duties and responsibilities of your post. If you wish to expand on specific areas of responsibility, please do so in *Section 5: Experience /skills*.

1. Current / most recent employer / organisation		
Name:	From:	To:
Address:	Average No. of Hours Worked per Week:-	
Job Title:	Starting Salary / Wage :-	Per week /month / annum
Brief description of duties:	Current Salary or Wage (or on leaving):-	Per week /month / annum
Reason for leaving/changing:		

2. Past Employer/organisation		
Name:	From:	To:
Address:	Average No. of Hours Worked per Week:-	
Job Title:	Starting Salary / Wage :-	Per week /month / annum
Brief description of duties:	Final Salary or Wage :-	Per week /month / annum
Reason for leaving/changing:		

3. Past Employer/organisation		
Name:	From:	To:
Address:	Average No. of Hours Worked per Week:-	
Job Title:	Starting Salary / Wage :-	Per week /month / annum
Brief description of duties:	Final Salary or Wage :-	Per week /month / annum
Reason for leaving/changing:		

4. Past Employer/organisation		
Name:	From:	To:
Address:	Average No. of Hours Worked per Week:-	
Job Title:	Starting Salary / Wage :-	Per week /month / annum
Brief description of duties:	Final Salary or Wage :-	Per week /month / annum
Reason for leaving/changing:		

### 3. EDUCATION

Please tell us about your education and any qualifications which you feel are relevant to the post. Include relevant courses which you are currently undertaking. Please start with the most recent.

Name of school/college/ university/training body	Subject studied	Qualification/ Level	Date gained

### 4. TRAINING

Please list any training you have received or courses which did not lead to a qualification but which you feel is relevant to the advertised post.

Training Course	Date

### 5. COMPUTERS / INFORMATION TECHNOLOGY

Please list products used

Hardware	Experience		Software	Experience		Internet / www	Experience	
	(Months/Years)	Proficiency (Self rate 1 - 10)		(Months/Years)	Proficiency (Self rate 1 - 10)		(Months/Years)	Proficiency (Self rate 1 - 10)

## 6. PRACTICAL EXPERIENCE / SKILLS

This section is for you to give specific information in support of your application.

Your experience need not have been gained in paid employment and may include special interests relevant to the post

Summarise job skills acquired and specialist training received

What qualities do you have which most suit you to the job you are applying for?

## 7. REFERENCES

Please give name, address and position/occupation of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate. Testimonials or references from friends and relatives are not acceptable.

1. Name:
Position:
Organisation:
Address:
Tel:

2. Name:
Position:
Organisation:
Address:
Tel:

## 8. ADDITIONAL INFORMATION

Have you ever been convicted of a criminal offence? (declaration subject to the Rehabilitation of Offenders Act 1974)	Yes/No
If you have a disability please tell us about any adjustments we may need to make to assist you at interview.	

## 9. DECLARATION AND SIGNATURE

The information supplied in this application form is accurate to the best of my knowledge.	
Signed _____	Date _____

We wish to assure all applicants that recruitment is made only on the basis of ability and that ethnic or racial origin, age, marital status, disability or gender is not taken into account in the assessing suitability for the position

**WE ARE AN EQUAL OPPORTUNITIES EMPLOYER**

Thank you for completing this application form.

## Pre-Employment Health, Safety & Skills Questionnaire

It is Company Policy to only employ adequately trained personnel.

Please fill out the following details in block capitals and black pen

Position Applied for:

Number of Years in the trade:

Name		Telephone No.	
DOB		Mobile No.	
Address			
County		Postcode	

Have you received any Health & Safety Training to Date? YES NO ✓ as appropriate  
If Yes

Please tick the relevant training below (Please do not mark any training that has expired)

	Tick box		Tick box		Tick box
IOSH Managing Safely		MEWPS Scissor		General Health & Safety Course	
		MEWPS Boom		HP Water Jetting	
SMSTS Course (by CITB)		Manual Handling		Blasting	
		COSHH		Scaffold Erection	
CSCS Touch Screen Test (+Current Card)		Ladder Safety		PUWER	
		Mobile Towers		Working at Height	
LOLER		CDM Regulations		First Aid	
Asbestos at Work		Lead at Work		Fire Coordinator	
Fire Prevention		Fire Marshall		Accident Reporting	
Electricity at Work		COMAH Regs			

Please give details below of any other Health & Safety Training you have received

Evidence of training will be required when employment commences.

**Please note:** Anyone found to be giving misleading or false information, purely to obtain employment will be treated as committing an act of gross misconduct and dismissed from employment with immediate effect.

Have you any recognised Qualifications

If Yes

Please ✓ (tick) the relevant box below

	Tick box		Tick box		Tick box
NVQ I		City & Guilds			
NVQ II		City & Guilds Advanced			
NVQ III					
NVQ IV					

Please give details below of any other practical skills you consider you have

	Tick box		Tick box	Associated Skills:-	Tick box
Paper hanging		Airless Spray Operation		Joinery	
Specialist Paint Finishes		Foreman		Plumbing	
Height Work		Chargehand		Glazing	
Cradle Operations					
Grit Blasting					

Evidence of Qualifications will be required when employment commences

Signed by			Print Name	Dated	
Received by			Print Name	Dated	

# EMPLOYMENT MEDICAL QUESTIONNAIRE

Name:

Address:

Date of Birth:

Height:

Weight:

GP's Name:

1) Do you have, or have you suffered from, any of the following illnesses or complaints?

Asthma	yes/no	Stomach trouble or ulcers	yes/no
Hay fever	yes/no	Back strain	yes/no
Angina	yes/no	Disc trouble	yes/no
Diabetes	yes/no	Heart complaint	yes/no
Jaundice	yes/no	Fainting spells	yes/no
Skin rash	yes/no	Shortness of breath	yes/no
Dermatitis	yes/no	High blood pressure	yes/no
Eczema	yes/no	Strain/break limbs	yes/no
Arthritis	yes/no	Bronchitis	yes/no
Rheumatism	yes/no	Chronic cough	yes/no
Rupture	yes/no	Rheumatic fever	yes/no
Dizziness or epilepsy	yes/no	Sinus trouble	yes/no
Tuberculosis	yes/no	Kidney trouble	yes/no
Pneumonia	yes/no	Varicose veins	yes/no
Chest pain	yes/no	Eye trouble	yes/no
Colour blindness	yes/no	Ear trouble/deafness	yes/no
Nervous disorders	yes/no	Headaches/migraines	yes/no
Any allergies	yes/no	Tenosynovitis	yes/no
		Any recurring complaint	yes/no

- 2) Have you been unable to work for any reason in the last 12 months? yes/no
- 3) Have you received any medical attention/treatment in the last 2 years? yes/no
- 4) Are you currently receiving any medical treatment or taking any medication? yes/no
- 5) Have you ever suffered from a painful joint, e.g. wrist or elbow? yes/no  
 If yes please answer the following questions
- (a) When? \_\_\_\_\_
- (b) Elaborate, giving details and the reason for the pain \_\_\_\_\_  
 \_\_\_\_\_
- (c) Was treatment given to you? yes/no
- (d) If yes, please give details of the treatment, \_\_\_\_\_  
 \_\_\_\_\_
- 6) Have you ever changed your employment for medical reasons? yes/no
- 7) Do you have any disabilities? yes/no
- 8) Are you a registered disabled person? yes/no
- 9) If so, state your RDP number \_\_\_\_\_
- 10) Have you ever had an industrial injury resulting in absence from work? yes/no
- 11) Have you ever had any other serious illness, surgical operation, Industrial disease, eyesight problems or serious back problem? yes/no
- 12) On average, how many cigarettes/cigars do you smoke in a day? \_\_\_\_\_
- 13) On average, how many units of alcohol do you consume in a week? \_\_\_\_\_

I certify that I have answered all questions to the best of my knowledge and that the answers are complete and true. I hereby give consent to my employers obtaining a report on the state of my health and fitness from my GP and / or Specialist as follows (Access to Medical Records Act 1988):-

Doctor:-

Address:-

Post Code:-

Tel. No:-

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_