



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"/> Roy Hankinson Limited <small>Alexander House Monks Ferry Birkenhead, Wirral, CH41 5LH</small>	<input type="checkbox"/> Whittle Programmed Painting Ltd <small>Ryan House, Ryan Business Park Radford Road, Nottingham NG7 7EF</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. NB Any offer of employment emanating from this Application will be conditional and subject to satisfactory completion of a Medical Questionnaire.
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Immigration, Asylum & Nationality Act 2006 Are there any restrictions regarding your employment? e.g. do you require a Work Permit? You will be required to provide evidence of your legal status before employment is confirmed ie a copy of your passport or full birth certificate (must show at least 1 parent – short certificates not acceptable)	Yes*/No * If you answer Yes please supply details on a separate sheet of paper. If No, please enter your National Insurance number:- / / / / / / / / You must provide evidence of your legal status within 14 days of employment commencing otherwise your employment will be automatically terminated.
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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 & Competency 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? If Yes	YES	NO	✓ as appropriate
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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
NVQ I		City & Guilds	
NVQ II		City & Guilds Advanced	
NVQ III			
NVQ IV			

Please give details below of any other recognised Qualifications you may have

Evidence of Qualifications will be required when employment commences

Signed by		Print Name	Dated
Received by		Print Name	Dated