



# APPLICATION FORM

THE FOLLOWING INFORMATION WILL BE TREATED IN THE STRICTEST OF CONFIDENCE

**POSITION APPLIED FOR**

## PERSONAL DETAILS

First name

Surname

Address



Postcode

DOB

N.I. No

Home number

Mobile number

Email address

## NEXT OF KIN

Name

Relationship to yourself

Mobile number

## DRIVING LICENCE DETAILS

Full driving licence

YES

NO

Endorsements

YES

NO

If endorsements please give details

Date

Offence code

Date

Offence code

LGV licence

Category C

YES

NO

Category C1

YES

NO

Are you involved in any activity which might limit your availability to work? YES

NO

If YES please give details

Are you subject to any restrictions or covenants which might restrict your working activities?

YES

NO

If YES please give details

Have you any convictions under the Rehabilitation of Offenders Act 1974 (other than spent convictions)?

YES

NO

If YES please give details

Are you willing to work overtime and weekends if required?

YES  NO

Have you ever worked for this business before?

YES  NO

If YES please give details

Have you applied for employment with this business before?

YES  NO

Do you need a work permit to take up employment in the UK?

YES  NO

Have you previously undertaken an apprenticeship?

YES  NO

If YES please give details

Please give details of membership of any technical or professional associations

## INTERESTS / ACHIEVEMENTS / LEISURE ACTIVITIES

## EDUCATION

Schools attended since age 11

Examinations and Results

College / University

Courses and Results

Further Formal Training

Diploma / Qualifications

Job Related Training Courses

Subjects

**EMPLOYMENT HISTORY FOR THE LAST FOUR YEARS - please start with the most recent**

Are you currently employed?

YES

NO

Name of present or last employer

Address

Telephone number

Nature of the business

Job title

Description of your duties

Reason for leaving

Date from

Date to

How much notice are you required to give to your current employer?

**Previous employment**

Name of employer

Position held

Reason for leaving

Date from

Date to

Name of employer

Position held

Reason for leaving

Date from

Date to

**PAST ACHIEVEMENTS / FUTURE ASPIRATIONS / PERSONAL STRENGTHS**

**REFERENCES - Please give the names of two people we may wish to contact**

Name

Position

Address

Tel No

Name

Position

Address

Tel No

Can we approach your current employer before an offer of employment is made?

YES  NO

**PLEASE ENCLOSE A CURRENT CV WITH THIS APPLICATION**

**SOURCE OF APPLICATION - How did you hear of this vacancy?**

**DECLARATION**

I declare that the information given in this form is complete and accurate.

I understand that any false information of deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

I understand these details will be held in confidence by the Company for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

Signature

Date

Please return completed application form to the following address:

MR KEITH SILLETT  
PERSONNEL MANAGER  
TUBES SCAFFOLDING LTD,  
OLD HARLESTON ROAD  
EARSHAM, BUNGAY,  
SUFFOLK NR34 2AF

IF WE DO NOT CURRENTLY HAVE ANY POSITIONS AVAILABLE WE WILL  
KEEP YOUR INFORMATION ON OUR RECORDS FOR FUTURE USE

Office information

Date application form passed to Personnel Manager

Date .....