

Appleby Westward Group Limited



APPLICATION FOR EMPLOYMENT

Please return to the HR Department, Appleby Westward Group Limited,
Forge Lane, Moorlands Trading Estate, Saltash, Cornwall. PL12 6LX.

Tel: 01752 854000 Fax: 01752 854067

Email: hr@applebywestward.co.uk

Please consider each question carefully and give as much detail as possible. Attach extra sheets if necessary. All information will be treated in confidence.

Position applied for:

Full/Part time

Salary expected:

Recruitment No:

(Office use only)

How did you become aware of the vacancy?

PERSONAL INFORMATION

Forename(s)

Surname

Address

Postcode

Tel. Home

Mobile

N.I. Number

Next of Kin

Relationship

Address

Tel. Home

Tel. Work

Do you have: A current Driving Licence

Yes/No

Any endorsements/driving convictions

Yes/No

Type:

A current Fork Lift Licence

Yes/No

Type:

A current LGV Licence

Yes/No

Type:

Do you need a work permit to work in the UK?

Yes/No

When does the permit expire?

EMPLOYMENT RECORD

Previous employment – please include details of your most recent employment here, and use the spaces below to give details of other employments, working backwards from the most recent.

Present/Previous Employer:

Type of Business:

Address:

Starting Date:

Leaving Date:

Starting Pay: £ per

Finishing Pay: £ per

Job Title:

Duties/Responsibilities:

Reason for Leaving:

How much notice does your present employer require?

Previous Employer:

Type of Business:

Address:

Starting Date:

Leaving Date:

Starting Pay: £ per

Finishing Pay: £ per

Job Title:

Duties/Responsibilities:

Reason for Leaving:

Previous Employer:

Type of Business:

Address:

Starting Date:

Leaving Date:

Starting Pay: £ per

Finishing Pay: £ per

Job Title:

Duties/Responsibilities:

Reason for Leaving:

Have you been employed by the Company/SPAR previously? *Yes/No*
If Yes, When?

Made any previous application for employment? *Yes/No*
If Yes, What role?

EDUCATION AND TRAINING

Please detail any training you have received from previous employers or from attendance at college courses, etc.

<i>DATES</i>	<i>School / College</i>	<i>Qualifications Gained</i>
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Are you a registered First Aider? *Yes/No* *Date of Certificate*

SPECIAL SKILLS AND INTERESTS

Special Skills

Language (indicate verbal and written proficiency)

Main hobbies or interests

Do you have any holiday commitments? *Yes/No*

If yes, please give details:

Do you have any unspent criminal convictions (declaration subject to The Rehabilitation of Offenders Act) – Yes/No

If yes, please give details:

REFERENCES

Please provide details of two referees, one of whom must be your present/previous employer:-

Name

Name

Position

Position

Address

Address

Tel. No

Tel. No

May we approach this referee prior to interview? Y/N May we approach this referee prior to interview? Y/N

How many children do you have under the age of 5 years old?

How many days Parental Leave have you taken in respect of each child?

How many days absence have you had due to illness in the last 3 years?

1 year?

Doctor's Name

Address

Tel.No

DECLARATION

I confirm that the information given on this form is, to the best of my knowledge, true and complete. I understand that any false statement may be sufficient cause for rejection or, if employed, dismissal and note the employment with the Company is subject to the receipt of satisfactory references.

Signature

Date:

FOR OFFICE USE ONLY

Starting Date

N.I. Number

Position Offered

P.45 Yes/No

Wage

Recruited by

Days/Hours of Work

Recruitment Source

Appleby Westward Group Limited

EQUAL OPPORTUNITIES MONITORING FORM

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EQUAL OPPORTUNITIES

Appleby Westward is committed to a policy of Equal Opportunity and in order to monitor our policy it is necessary to collate information from all current employees and job applicants regarding race, sex, age and disability.

POST:

RECRUITMENT NO: **CLOSING DATE:**

PERSONAL DETAILS	
<i>Mr / Mrs / Miss / Ms / Other</i>	<i>Date Of Birth</i>
<i>Male / Female</i>	<i>Sexual Orientation</i>
<i>Nationality</i>	<i>Religious Belief</i>
<i>No. Of Children</i>	<i>Ages</i>

ETHNIC ORIGIN	
<i>Please indicate which ethnic group you belong to:</i>	
Asian	Bangladeshi <input type="checkbox"/> Pakistani <input type="checkbox"/> Indian <input type="checkbox"/>
Black	African <input type="checkbox"/> Caribbean <input type="checkbox"/>
Mixed	Asian / White <input type="checkbox"/> Black / African / White <input type="checkbox"/> Black / Carribean / White <input type="checkbox"/>
Chinese	<input type="checkbox"/>
White	<input type="checkbox"/>
Any Other	(please specify if you wish)

DISABILITY DISCRIMINATION ACT	
<i>Do you have any special requirements with regard to a disability?</i>	YES / NO
<i>If yes, please describe what assistance / adjustments you require:</i>	
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.....	

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POST:

RECRUITMENT NO: **CLOSING DATE:**

CONFIDENTIAL MEDICAL QUESTIONNAIRE

Please complete the questionnaire below – the information is required with your interest in mind.

	NO	YES	<i>Please give details (date/reason)</i>
A Have you at any time			
1. Had a repetitive strain injury? (i.e. Tenosynovitis, Tendonitis, Tennis Elbow)
2. Had an operation?
3. Been seriously injured?
4. Received hospital treatment for a physical or mental condition?
5. Been refused or dismissed from employment for health reasons?
6. Received a disability pension?
7. Been registered disabled?
8. Been made ill by your work?
9. Been refused a drivers licence because of ill health?
10. Been diagnosed carrier of disease (eg hepatitis)?
11. Had a chest X-Ray?

B Do you suffer from or have you ever had (delete as applicable)

Diabetes	YES/NO	Jaundice	YES/NO	Stomach/Bowel Problems	YES/NO
Arthritis	YES/NO	Anaemia	YES/NO	High Blood Pressure	YES/NO
Headaches	YES/NO	Rupture	YES/NO	Skin Rashes/Eczema	YES/NO
Varicose Veins	YES/NO	Back Trouble	YES/NO	Swelling of legs/ankles	YES/NO
Heart Trouble	YES/NO	Chest Trouble	YES/NO	Cough (frequent)	YES/NO
Eye Trouble	YES/NO	Hay Fever	YES/NO	Rheumatic Fever	YES/NO
Tuberculosis	YES/NO	Epilepsy/Fits	YES/NO	Ear Trouble/Deafness	YES/NO
Asthma/Bronchitis	YES/NO	Fainting/Dizziness	YES/NO	Colour Blindness	YES/NO
Shortness of Breath	YES/NO	Nerve Trouble	YES/NO	Period/Prostrate Problems	YES/NO

Do you take medicine regularly?	YES/NO	Do you need to wear glasses/contact lenses?	YES/NO
Have you worked in a dusty trade?	YES/NO	Have you ever had a head injury?	YES/NO
Have you had a blood test in the last 5 years?	YES/NO	Do you suffer from any other ailments?	YES/NO
We are a non-smoking company. Do you smoke? YES/NO			