



# Application Form

## CONFIDENTIAL APPLICATION FOR EMPLOYMENT

Complete this form carefully. Write in BLOCK CAPITALS and complete all sections. Give as much information as possible about your previous work experience and your own personal skills and qualities.

If the space provided is insufficient or you believe there is other information that might support your application, continue on a separate sheet of paper if necessary.

### PERSONAL DETAILS

Position applied for: \_\_\_\_\_

Available for work from: \_\_\_\_\_ Hourly Wage / Salary: £ \_\_\_\_\_

Do you need a work permit to work in the UK? **YES / NO**

Mr, Mrs, Miss, Ms, Other \_\_\_\_\_

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Optional) NI Number \_\_\_\_\_

Telephone(s) \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

Email address: \_\_\_\_\_

I am available to work;

Full time: **YES / NO**  
 Part time: **YES / NO**  
 Shift work: **YES / NO**

Insert times that you are available each day							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							

How much notice do you need to give your current employer? \_\_\_\_\_

Please give details of any holidays planned in the near future \_\_\_\_\_

Do you have any family connection or other contact within the company? (Give details)

Where did you see this job advertised?

**Jarvie Plant Limited.**  
**Dalgrain Road**  
**Grangemouth**  
**FK3 8ET**  
**Tel. 01324 496500**  
 Email: [info@jarvieplant.co.uk](mailto:info@jarvieplant.co.uk)

**RECRUITMENT POLICY:**

It is the Company's policy to recruit the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, sex, sexual orientation or marital status.

**EMPLOYMENT HISTORY / WORK EXPERIENCE:**

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.

<i>Present / previous employer</i>	<i>Type of business</i>	<i>Job Title</i>	<i>From - To</i>	<i>£</i>
Responsibilities included:				
<i>Previous employer</i>	<i>Type of business</i>	<i>Job Title</i>	<i>From - To</i>	<i>£</i>
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<i>Previous employer</i>	<i>Type of business</i>	<i>Job Title</i>	<i>From - To</i>	<i>£</i>
Responsibilities included:				
<i>Previous employer</i>	<i>Type of business</i>	<i>Job Title</i>	<i>From - To</i>	<i>£</i>
Responsibilities included:				

**EDUCATION:**

Schools attended from age 11	Dates		Exam subjects & results
	From	To	
Further Education (Place of Education)	Dates		Type of training & qualifications
	From	To	
Other training undertaken – description of training courses, etc and dates.			
Membership of a Professional Organisation? <b>Yes / No</b> If yes give details.			

**ADDITIONAL INFORMATION:**

Do you currently hold a driving licence? **YES / NO**

**Give details:**      Provisional                      Full                      HGV

Have you any current endorsements? **YES / NO** (If yes – give details)

Do you have a Health and Safety certificate? **YES / NO** (if 'yes' please attach a photocopy)

Do you have a First Aid Certificate **YES / NO** (if 'yes' please attach a photocopy)

Other? (Give details)

Other Relevant Skills – describe any other relevant skills or experience such as stores, computers, admin, etc:

If offered this position, will you continue to work in any other capacity? (Give details)

**INTERESTS / COMMUNITY / VOLUNTEER EXPERIENCE:**

Name and address of Organisation	From:	To:	Position / title	Duties:

Public duties (e.g. JP, local councillor, etc.)

Offices held in social sports clubs, etc.

Interests / hobbies (Give details of pastimes, sports, etc.)

**HEALTH:**

1. Have you been absent from work due to illness for more than 2 consecutive weeks in the past 3 years? **YES / NO**
2. How many periods of absence from work did you have as a result of sickness during the past 3 years? **YES / NO**  
How many days did this total?
3. Are you aware of any medical condition that could affect your performance at work? **YES / NO**
4. Are you currently on any medication? **YES / NO**
5. Do you, or have you ever suffered from Asthma **YES / NO**
6. Do you suffer from skin complaints **YES / NO**

**If you answered yes to any of these questions, please give brief details.**

Do you consider yourself to be disabled? **YES / NO**      If 'yes' please give details of any aid(s) / adjustments required at interview or if appointed.

Are you registered disabled? **YES / NO**

Do you agree to undergo a health examination now/at any time during your employment? **YES / NO**  
(Any approach to a doctor will always be with consideration to The Access To Medical Records Act.)

Name and address of doctor:

**REHABILITATION OF OFFENDERS ACT:**

Have you ever been convicted of a criminal offence, which has not lapsed under the Rehabilitation of Offenders Act? **YES / NO**. If 'yes' please give details of the nature of the conviction(s) and dates.

**ADDITIONAL PERSONAL DETAILS:**

Applicants are requested to tick the relevant boxes below to enable the Company to monitor its equal opportunities policy. Monitoring is recommended by the Codes of Practice for the elimination of racial discrimination and for the elimination of discrimination on the grounds of sex or marital status. This information is used for no other purpose and will be kept confidential.

Male  Female

Ethnic group:

White  Black-Caribbean  Black-African  Black-other  (Please specify)

Indian  Pakistani  Bangladeshi  Chinese  Other  (Please specify)

**REFERENCES:**

Give the name, address and telephone number of two people who can be approached for references and who are not family relations. Ideally, one of these should be your current or most recent employer. If you do not have work experience please supply an educational or personal referee.

Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Telephone no. \_\_\_\_\_

Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Telephone no. \_\_\_\_\_

*If short listed, I authorise the Company to obtain references to support this application and release the Company and referees from any liability caused by giving and receiving information.*

**DECLARATION:**

I confirm that the information given on this form is, to the best of my knowledge, true and complete. I understand that false information or omissions may lead to termination of any employment offered.

I also understand and consent to the company using the information contained in this form for the purpose or monitoring its equal opportunity policies and assessing the effectiveness of its procedures.

I understand that the information provided by me and the uses of this personal information are covered by the Data Protection Act and that under the terms of this Act the company have a legal obligation to ensure that the information held and processed by them complies with the principals of the Act. I understand that the personal information provided by me will be treated in the strictest confidence and will be used only for the purposes of which I am aware.

In the event that I do not become an employee of Jarvie Plant Limited, I understand that the information may be retained for the purposes of assessing whether the company have any other positions for which I may be suitable and will be removed from the company's files and destroyed after a period of 1 year

Signature \_\_\_\_\_

Date \_\_\_\_\_