

EMPLOYMENT APPLICATION – Candidate

Date: / /

ROLE APPLYING FOR
Section 1: PERSONAL INFORMATION

Name	<input type="text"/>
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Current Address	<input type="text"/>
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Postcode	<input type="text"/>
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Contact Numbers	(H) <input type="text"/>	(M) <input type="text"/>
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National Insurance Number	<input type="text"/>
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Email Address	<input type="text"/>
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SKILLS & EXPERIENCE

Please provide any additional information to support your application:
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TRAINING

Type of Training	Date of Training

Section 2: EMPLOYMENT HISTORY

Are You Currently Employed?

YES

NO

CURRENT or LAST EMPLOYMENT

Name of Employer

Address

Contact Name

Contact Number

Job Description & Duties

Reason for Leaving

Dates Employed

From

To

PREVIOUS EMPLOYMENT HISTORY

Name & Address

Dates Employed

Position Held

Leaving Reason

Name & Address

Dates Employed

Position Held

Leaving Reason

Name & Address

Dates Employed

Position Held

Leaving Reason

Section 3: GENERAL INFORMATION

Please answer the following questions;

YES NO

3.1 Have you ever been convicted of a criminal offence?
(Declaration is subject to the Rehabilitation of Offenders Act 1974)

<input type="checkbox"/>	<input type="checkbox"/>
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3.2 Do you need a permit to work in the UK?

<input type="checkbox"/>	<input type="checkbox"/>
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3.3 Do you hold a full UK drivers licence?

<input type="checkbox"/>	<input type="checkbox"/>
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3.4 Do you have any motor convictions within the last five years?

<input type="checkbox"/>	<input type="checkbox"/>
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3.5 Do you have any disabilities?

<input type="checkbox"/>	<input type="checkbox"/>
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3.6 Are there any reasonable adjustments we can make to assist you in your application?

<input type="checkbox"/>	<input type="checkbox"/>
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3.7 Are there any reasonable adjustments we can make to the job itself to help you carry it out?

<input type="checkbox"/>	<input type="checkbox"/>
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DATA PROTECTION NOTICE

The Company requires certain information before you start employment, to ensure you will be able to perform the requirements of the job, give reliable service, and to ensure compliance with relevant Health & Safety regulations. The information is also required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Disability Discrimination Act 1995 and the Equality Act 2010.

The information provided will be treated in the strictest confidence, and used only for the purpose of assessing suitability for employment and in compliance with the Data Protection Act 1998

DECLARATION: APPLICATION FOR EMPLOYMENT

I confirm that to the best of my knowledge that the information contained above and contained within Section 5 is correct and I accept that providing deliberately false information could result in my dismissal.

Signature:

Date:

Section 4: MEDICAL QUESTIONNAIRE

We will not consult with any doctor without your consent.

4.1 How many days sickness absence have you taken from work in the last three years?	
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Please provide details of any significant periods of absence;

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Please answer the following questions;

YES	NO
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4.2 Are you prepared to undergo a medical examination? (If offered employment)		
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4.3 Are you currently taking any medication? (Excluding contraception)		
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4.4 Have you spent any time in hospital in the last three years?		
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4.5 Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties?		
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4.6 Have you ever suffered any accident or injury in the workplace in the last three years?		
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DECLARATION: MEDICAL QUESTIONNAIRE

I confirm that the information given in this questionnaire is complete and accurate to the best of my knowledge. I consent to the company collecting and retaining this data in accordance with the Data Protection Act 1998.

Signature:	Date:
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Section 5: ADDITIONAL INFORMATION

Please provide additional information if you have answered **YES** to any of the questions contained in **Section 3 (GENERAL INFORMATION)** and / or **Section 4 (MEDICAL QUESTIONNAIRE)** use additional pages if required.

Your application

Please return the fully completed application form by one of the following methods: -

- **Email the document (our preference).**

Scan and email the document to: - enquires@complete.uk.net

- **Post the original document.**

Mrs. Lynda Robinson
Health & Safety Director
Complete Demolition Ltd
Stafford House
Unit 4, Westbury Industrial Estate,
Westbury Street, Hyde,
Cheshire. SK14 4QP

Our response

We will contact you to arrange a personal interview, if required (usually within 7 days) or inform you it is not our intention to proceed with your application on this occasion, in due course.

Right to work in the UK

Offer of employment will be subject to you providing proof of your identity and presenting us with two original documents in the form of a valid UK passport or full birth certificate and one of the following P45, P60, national insurance card, government issued letter or any of the documents mentioned in the guidance notes located at www.gov.uk.