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 Flint
 Flintshire
 CH6 5EX

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Application for Employment

Please carefully read this form and answer all the applicable questions honestly and truthfully. Afterwards read the declaration and Consent under the Data Protection Act at the end of the form and sign and date it. **A CV alone is NOT suffice.**

Return the completed form to the above address FAO: Mrs J. Whitehouse.

Personal Details

Appointment for which you wish to be considered:

Please state what attracted you to the job you have applied for and why you think you are a suitable person to do it:

Surname: _____ Forenames: _____

Address: _____ Postcode: _____

Home Tel Number: _____ Mobile Tel Number: _____ :

National Insurance Number: _____

Do you hold a valid driving licence? Yes/no Private Car/Commercial (Provide Copy)
 If Commercial, give class of vehicle: _____

Do you have any penalty points on your driving licence: Yes/No (if yes please give details)

Do you have criminal convictions that have occurred during the past 5 years? Yes/No (If "Yes" give details to include any prison sentences):

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(Note: You do not have to disclose any offence which is a spent offence under the Rehabilitation of Offenders Act 1974) [delete if the post is one exempt from the terms of the 1974 Act]

Personal Information Continued...

Are you registered disabled or do you otherwise suffer from any disability?: Yes/No If "Yes" give details:

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Please let us know if you require any reasonable adjustments, due to disability, to enable you to attend an interview, or which you wish us to take into account when considering your application. Reasonable adjustments are things like sign language interpreters, altering the time of the interview, or making the interview room accessible for you. If you would like to discuss your disability requirements further, please contact us in confidence. Yes/No If "Yes" give details

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Are you willing to undergo a medical examination: Yes/No

Note: We are an Equal Opportunities Employer and operate a policy to comply with all our obligations under the Disability Discrimination Act 1995.

Are you bankrupt or have you ever been declared bankrupt: Yes/No If "Yes" give details:

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Are you bankrupt or have you ever been declared bankrupt: Yes/No If "Yes" give details:

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Availability for work

If currently employed, how much notice will you have to give your current employer?:

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Is there any other reason why you would not be able to start work immediately if you were offered the job you have applied for?: Yes/No If "Yes" give details:

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Do you have any existing holiday commitments?: Yes/No If "Yes" give details:

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Are you willing to travel during the course of your employment?: Yes/No If "No" give details

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Secondary Education (High School) – Sight of Certificates will be required

From	To	Name of School	Place of School	Examinations passed

Non-academic school activities (*indicate captaincy, colours etc.*)

Further Education and Training

From	To	Name of College / University	Level of Course	Subject / Grades

Professional Qualifications/Memberships (*i.e. C.I.P.D, Fork Lift Truck Driver, Union Member*)

Date Gained	Level and Description

Have you ever been convicted of a criminal offence? YES / NO (*Declaration subject to the Rehabilitation of Offenders Act*)
 If Yes, please attach details (*you may be required to provide proof of your statement*)

General Interests:

Funding for training: If offered a position, do you give permission for IS Group to provide relevant details to funding organisations to gain Government aid for any training?

YES / NO

Medical History

Have you ever:	Yes / No	If Yes, please give details and dates:
Had an operation?		
Been seriously injured?		
Been seen by a hospital specialist for a physical or mental condition?		
Been refused or dismissed from employment for health reasons?		
Suffered an industrial injury?		
Been made ill at work?		
Been refused a driver's licence because of ill health?		
Suffered / suffer aches / pains in joints of upper limbs (i.e. wrists, elbows, etc.)?		

Question	Yes / No	Please give details
Are you in generally good health?: If "No" give details:		
Are you receiving medical treatment? If Yes give details		
Have you in the past 10 years had a period of illness resulting in a long term (more than 4 weeks) absence from work? If Yes give details		

Do you take medicine regularly?	Do you need glasses to read?	Have you worked in a dusty trade?	Have you ever had a head injury?	Do you smoke?	Have you ever worked in a noisy trade?
YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

Do you suffer from or have you ever had:					
Diabetes	YES / NO	Skin rashes / Eczema	YES / NO	Swelling of legs / ankles / skin	YES / NO
High Blood Pressure	YES / NO	Anaemia	YES / NO	Period / prostrate problems	YES / NO
Asthma	YES / NO	Headaches (frequent)	YES / NO	Varicose veins	YES / NO
Cough (frequent)	YES / NO	Heart trouble	YES / NO	Rupture	YES / NO
Rheumatic fever	YES / NO	Chest trouble	YES / NO	Back / neck trouble	YES / NO
Epilepsy / Fits	YES / NO	Fainting or dizziness	YES / NO	Ear trouble	YES / NO
Shortness of breath	YES / NO	Hay Fever	YES / NO	Eye trouble	YES / NO
Stress	YES / NO	Jaundice	YES / NO	Nerve trouble	YES / NO

Do you suffer from any other ailments not mentioned above?	YES / NO
If Yes, please expand:	
How many times and how many days sickness from work have you had in the past 24 months?	

I authorise the Company to obtain references to support this application once an offer has been made and accepted and release the Company and referees from any liability caused by giving and receiving information.

Declaration: I confirm that the information given throughout this application is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signed:

Date:

It is the Company's policy to employ 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 or marital status.

Equal opportunities monitoring information

Note: the information requested in this section is voluntary. We are requesting this information to help us fulfil our obligations as an equal opportunities employer. We aim to recruit staff on their suitability for the position advertised, without consideration of age, sex, marital status, disability or ethnic origin. So we can monitor this policy it will help us if you fill in this section.

Your date of birth:	
Your gender (sex):	

Your ethnic origin (Please tick the appropriate category):	Tick
White	
Black African	
Black Caribbean	
Black other (specify)	
Chinese	
Other Asian (specify)	
Other (specify)	

Declaration

I declare that the information I have given on this form is correct and that any misrepresentation by me may be sufficient grounds for my dismissal if I am employed. I give my permission for my previous employer(s) and any references given to be contacted.

Signed by Applicant:

Date:

Consent under the Data Protection Act 1998 - the information given to [*Name of employer*] in this form will be processed only by [*Name of employer*] for the purpose of considering your application for employment. If you are successful in your application this form and the information in it will be retained in your HR file for such time as you are an employee of [*Name of employer*] and for up to 6 years after the end of your employment. Otherwise this form will only be retained by [*Name of employer*] for so long as it is required in connection with your application. By signing this consent you give us your express consent to retain and process all the information contained in this form and to transfer it to countries outside the European Economic area if required.

Signed by Applicant:

Date:

For Company Use Only: *(upon request, the information supplied here will be provided to the candidate)*

Interview: YES / NO
 If NO, please state your reason:

Letter sent: YES / NO
 Name of Interviewing Manager:

Date(s) of interview:
 1st 2nd

General Interview Comments:

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Proof of qualifications seen / photocopy on file	YES / NO
Recommended for employment with / without reservation	YES / NO
Average but suitable for employment	YES / NO
Below average and not suitable for employment	YES / NO
Decline	YES / NO
Offer Employment	Job offered:
Proposed start date:	Pay rate:

Please ensure that you have seen the relevant documentation required under the Asylum and Immigration Act.

Asylum and Immigration Act 1996, Section 8 – Prevention of Illegal Working:

If requested to attend for interview a candidate MUST produce an original of one of the following,
 Please indicate which you have had personal sight of during interview:

Official Documentation of National Insurance Number	YES / NO
Passport	YES / NO

Any other documentation acceptable under the above Act Section 8 (refer to Personnel Dept.)

Signed: Date:
(Interviewing Manager)

Bank details

Name & Address of Bank / Building Society

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Account name :

Account No : Sort Code :