

# Apsley Engineering

## Application for Employment

This form has been designed to tell us all we need to know about you at this stage. Please complete the form fully and clearly in black ink and block capitals. All the information you provide will be treated in the strictest confidence.

The loose page enclosed is designed to enable us to monitor our equal opportunities policy and medical screening questionnaire in a confidential and secure manner. Any information you provide will be treated in the strictest of confidence and will not be used in any way when assessing your suitability for employment with us.

Position applied for:	Pay expected: £	per
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### Personal Information

Surname:	
Forenames:	
Title (Mr, Mrs, Miss, etc):	
Previous names (if any):	
Date of birth:	
Address for communications:	
Daytime telephone number: Mobile telephone number: Evening telephone number:	
Are you subject to immigration control?	Yes No
Are you free to take up employment in the UK.	Yes No
Dates you are not available for interview:	
How did you learn of this vacancy?	
On what date would you be available to start work if you are successful?	
National Insurance Number:	
If offered this position, will you continue to work in any other capacity?	Yes No (If yes please give details)

Do you own a car?	Yes No	Do you hold a current driving licence?	Full No	Provisional Other
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Any endorsements? Yes No	If yes please give details
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Have you been convicted of any criminal offences which are not yet spent under rehabilitation? (Offender Act 1974)	Yes No If yes, please give details:
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**Hours of Work.**

Are you seeking full-time or part time employment?	Full-time	Part-time
Are you willing to work weekends and Bank Holidays	Yes	No

Do you require a work permit? Yes No	If yes, please give details:
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**Education (Enclose extra sheets if required)**

From GCSE or equivalent to degree level in chronological order

Establishment	Qualifications gained

Postgraduate education or study or any other professional qualifications

Establishment	Qualifications gained

**Work experience**

Please give details of your last three jobs. Any relevant posts held before then may also be mentioned. Please begin with your present or most recent position and then work chronologically backwards.

<b>From</b>	<b>To</b>	<b>Name and address of employer</b>	<b>Description of duties and responsibilities and reason for leaving</b>

**Other Information**

**Do you have any other relevant qualifications or skills (e.g. knowledge of a foreign language, a full driving licence, computer literacy, etc.)?**

**Please give details of, and provide an explanation for, any time when you were not either working or in full-time education.**

**Have you made a previous application to the Company? If so, when was this and what was the outcome?**

**Please give details of your main extra-curricular activities and interests.**

**Please use this space to say why you are interested in the post for which you have applied and mention anything else which supports your application.**

**If you are disabled or suffer from an acute or chronic ill-health problem, please give details of any special arrangements you would require to enable you to attend interview.**

**Referees**

Please give details of two referees, one of whom must be a previous employer or, if this is an application for your first job, your school teacher or higher or further education lecturer. Neither referee should be a relative or contemporary.

First referee	Second referee

**Declaration**

I declare that the information I have given on this form is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed.

Signed: .....

Date: .....

**STRICLY PRIVATE AND CONFIDENTIAL**

**Medical Details**

Are you in good health? Yes No

The Disability Discrimination Act 1995 protects people from unlawful discrimination. If we know you have a disability we will make adjustments to the working environment providing it is reasonable in the circumstances to do so.

Do you have a disability you wish us to know about at this stage? Yes No.

If yes, to assist us in considering your application, please let us know if you believe there are any reasonable adjustments we should be making.

Please give details of any absence from work over the last 12 months (excluding holidays)

**MEDICAL SCREENING QUESTIONNAIRE**

The information in this section is required to ensure that Apsley Engineering meets its obligations under the Health and Safety Regulations. Previous ill health however need not preclude employment.

Have you ever suffered from any of the following?  
Please provide details continuing, if necessary, on a separate sheet.  
(Please tick as appropriate)

	Yes	No
Any skin disease(s)		
Hearing defect		
Asthma or hay fever of sufficient severity to require time off work.		
Any allergies (including sensitivity to antibiotics or other drugs)		
Heart disease or high blood pressure		
Headache or migraine requiring time off work		
Diabetes, fits, blackouts or epilepsy		
Depression, nervous breakdown or mental illness		
Backache or sciatica requiring time of work		
Eye disease, injury or significant defect of vision not corrected by spectacles		

Any other illness you wish to declare:

Thank you for taking the time to complete this form.

### Equal opportunities monitoring form

This information is required so that we can monitor the implementation of our equal opportunities policy. It will enable us to compile statistical information about applicants, in relation to gender, age, ethnic background and disability, for the purposes of comparison with similar statistical information on those actually recruited. It will not be used for any other purpose, and will not be looked at by those shortlisting or interviewing candidates. We would encourage you to complete it so that we can have a full picture of our recruitment and selection patterns.

Name:		
Date of birth:		
Male / Female * (please delete as appropriate)		
Position applied for:		
Where did you see this job advertised?		
Do you have any disabilities?	Yes / No *(please delete as appropriate)	
How would you describe your ethnic origin? Please indicate one of the following categories:		
White	<input type="checkbox"/>	
Black – African	<input type="checkbox"/>	
Black – Caribbean	<input type="checkbox"/>	
Black – Other, please specify	<input type="checkbox"/>	
Indian	<input type="checkbox"/>	
Pakistani	<input type="checkbox"/>	
Bangladeshi	<input type="checkbox"/>	
Chinese	<input type="checkbox"/>	
Asian – other, please specify	<input type="checkbox"/>	
None of the above, please specify	<input type="checkbox"/>	

These categories were used for the 1991 census by the Office of Population Censuses and Surveys and are recommended by the Commission for Racial Equality. They do not refer to the place of birth, citizenship or nationality, but to the ethnic group to which you belong.

I hereby give my consent for the information contained in this form to be processed for monitoring purposes

Signature:		Date:	
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**Thank you for taking the time to complete this form.**