

		Reference	RM001.017
		Issue Number	01
4 Octagon Business Park, Hospital Rd, Lt Plumstead, NR13 5FH		Issue Date	21/06/17
Section	Resource Management	Revision Due	
Title	Application Form	Author	C.Milligan

Title of post applied for:	
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**Personal Details**

Surname:		First Name:	
Former surnames if different:		Preferred Name or Title (Optional):	
Address:	Tel No (home):		
	Tel No (business):		
	Tel No (mobile):		
	E-Mail address:		
	Nat. Insurance No:		
Nationality:		You will be required to provide Proof of Right to Work in U.K	
CSCS/CPCS Number		Expiry Date	
Where did you learn of the post?			
Do you hold a full driving licence? If yes, do you have any current endorsements and what are they for?		YES/NO	Details

**Employment history**

Please give details of your last three jobs, beginning with your present or most recent. Any relevant posts held before then may also be mentioned.

From	To	Name and address of employer	Job title, description of duties and responsibilities, reason for leaving	Last salary/ hourly rate

Please use this space to say why you are interested in the post.

Notice period required by current employer.

What are your salary expectations?

**Referees**

Please give details of two referees, one of whom should be your current or most recent employer or, if this is an application for your first job, your school teacher or higher or further education lecturer. The other should not be a relative or contemporary.

<b>Name</b>	<b>Name</b>
<b>Contact Details</b>	<b>Contact Details</b>

<b>BATEMAN</b> <b>GROUNDWORKS</b>		Reference	RM001.017
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**Education and qualifications**

From GCSE or equivalent to degree level in chronological order

Secondary School/ College/ University	Dates		Exam or subject/topic Taken	Date	Result
	From	To			
Other training, qualifications or skills or personal qualities relevant to the post					

**Medical History**

There are some jobs that have medical requirements – for example, there are certain jobs you may not be able to do if you have contact dermatitis. Therefore we require certain information to be provided.

Are you suffering from? (or have ever suffered from?) (Please circle Yes or No as applicable)			
Back Pain	Yes	No	If yes please give details
Skin condition (dermatitis etc.)	Yes	No	If yes please give details
Epilepsy (Fits)	Yes	No	If yes please give details
Hearing loss	Yes	No	If yes please give details
Heart disease	Yes	No	If yes please give details
Any other illness/disabilities we should be aware of			

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**Disabilities**

If selected for interview, do you require any special arrangements to be made on account of a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If "yes", please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview and fulfill our obligations under the Equality Act 2010:</p>	
<p><b>[Rehabilitation of Offenders Act 1974</b>  In order to protect the public, the post you have applied for is exempt from certain provisions of the Rehabilitation of Offenders Act 1974. You are therefore required to disclose all and any past or pending cautions or convictions, <u>whether spent or otherwise unless it is either a 'protected caution' or a 'protected conviction' under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.</u> All information provided will be kept in the strictest confidence and only used for the purpose of assessing your suitability for the post you have applied for. Please specify below details of all and any past or pending cautions or convictions, whether spent or otherwise, except for protected cautions or convictions. If you have no past or pending cautions or convictions, please specify "None".]</p>	

I declare that the information I have given on this form is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered 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. I hereby give my consent to the Company processing the data supplied on this application form for the purpose of recruitment and selection. I accept that if my application is successful, this application form will form part of my personnel file and, in that case, I consent to the data on it being processed for all purposes in connection with my employment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_