

APPLICATION FOR EMPLOYMENT

Position Applied For:	
Surname:	Telephone:
First Name:	Mobile Telephone:
Address:	Date of Birth:
Town:	National Insurance No:
Postcode:	Email:

Health:

YES NO

1. Do you have a disability/health problem that may affect your day to day activities? YES NO
2. Have you ever had a disability/health problem that has affected your day to day activities? YES NO
3. Do you have a disability/health problem which affects the work you can do? YES NO
4. Are you registered disabled? YES NO
5. Do you smoke? YES NO

If you have answered 'YES' to question(s) 1-4, please provide details: _____

Health & Safety:

YES NO

6. Have you ever had an industrial claim from any previous employer? YES NO
7. If 'YES', how many? Please provide details: _____

8. Are you willing to take full responsibility for your own health & safety whilst at work? YES NO
9. Are you willing to adhere to the Company's Health & Safety rules at all times? YES NO
10. Are you a registered first aider or fire marshal? YES NO

Driving:

YES NO

11. Do you hold a full driving license? YES NO
12. If 'YES', what type of vehicles are you eligible to drive? Car Motorcycle PSV HGV Hi-ab
13. Please give full details of any previous bans or endorsements: _____

14. If you currently have any points on your license, please state how many: _____
15. Do you hold a forklift truck license (own or in-house)? YES NO

Education & Training:

Place of Study	Qualification	Grade
Apprenticeships/Training Completed		
Other Relevant Skills		

Work History:

Current Wage/Salary excluding overtime/bonus: £_____ per week/month/year (delete as appropriate)

Employer	From	To	Position & Duties Performed	Reason For Leaving

Other Details:

16. What are your hobbies and interests?

17. Please list any facts which you think may be useful when considering your application:

18. How soon would you be available to work?

19. Have you ever been convicted of a criminal offence (declaration subject to the Rehabilitation of Offenders Act 1974)?

YES

NO

If 'YES', please provide details: _____

References:

Please provide two professional references below:

Referee 1	Referee 2
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Position:	Position:

I DECLARE, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ON THIS FORM IS CORRECT

Signed: _____ Date: _____

Please return this application form to:

Maxine Place, WEC Group Ltd, Spring Vale House, Spring Vale Road, Darwen, Lancashire, BB3 2ES