

APPLICATION FOR EMPLOYMENT

Form AP2(a)

Private and confidential

Ref. No _____

Position applied for _____

Name: Title _____ Forename(s) _____ Surname _____

Address: _____

Postcode _____

N.I. number _____

Telephone number Landline _____ Mobile _____

Current driving licence?

Yes [] No [] Groups: _____ Expiry date _____

Details of endorsements: _____

Are there any restrictions on you taking up employment in the UK?

Yes [] No [] (If Yes, please provide details) _____

Education

Schools/Colleges/University

Qualifications Gained

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Employment history: (please complete in full and use a separate sheet if necessary)

<u>From</u>	<u>To</u>	<u>Name and address</u>
		<u>Job title</u> <u>Rate of pay</u>
		<u>Duties</u>
		<u>Reason for leaving</u>

<u>From</u>	<u>To</u>	<u>Name and address</u>
		<u>Job title</u> <u>Rate of pay</u>
		<u>Duties</u>
		<u>Reason for leaving</u>

<u>From</u>	<u>To</u>	<u>Name and address</u>
		<u>Job title</u> <u>Rate of pay</u>
		<u>Duties</u>
		<u>Reason for leaving</u>

<u>From</u>	<u>To</u>	<u>Name and address</u>
		<u>Job title</u> <u>Rate of pay</u>
		<u>Duties</u>
		<u>Reason for leaving</u>
		<u>Notice required</u>



Current membership of professional bodies Please note any professional bodies you are a member of or are registered with.

Other employment Please note here any other employment that you would continue with if you were to be successful in obtaining this position.

References Please note here the names and addresses of two persons from whom we may obtain both character and work experience references.

1. _____ 2. _____

Known in the capacity of: (i.e. Manager/Education) _____ Known in the capacity of: _____

Leisure Please note here your leisure interests, sports and hobbies, other pastimes etc.

Criminal record Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory Disclosure & Barring Certificate from the Disclosure & Barring Service/Disclosure Scotland.

General comments Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role.



Declaration (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my employee file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure & Barring Service/Disclosure Scotland for a Disclosure & Barring Certificate. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: _____

Date: _____

Please return all completed forms to:

Class One Traffic Management Ltd
Class One House
Seabegs Road
Bonnybridge
FK4 2AQ

Ensure you put enough postage on the envelope.



EQUAL OPPORTUNITY MONITORING

Form EO

Private and confidential

Position applied for: _____ Ref. No _____

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Our recruitment selection criteria and procedures (including the areas or media sources which are used in the recruitment process) are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified.

To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:-

I would describe my ethnic group and sex as:-
(please tick one box for your ethnic group and one box for your sex).

A) White

English Scottish Welsh Irish

Any other White background, please specify _____

B) Mixed

White and Black Caribbean White and Black African White and Asian

Any other Mixed background, please specify _____

C) Asian, Asian British, Asian English, Asian Scottish or Asian Welsh

Indian Pakistani Bangladeshi

Any other Asian background, please specify _____

D) Black, Black British, Black English, Black Scottish or Black Welsh

Caribbean African

Any other Black background, please specify _____

E) Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other Ethnic Group

Chinese

F) Any other background

Please specify _____

G) Sex

Male

Female

Name: _____ Signed _____

Date: _____



NIGHT WORKERS PRE-EMPLOYMENT HEALTH QUESTIONNAIRE

Full Name:	Date of Birth:	Age:
Home Address:		
Postcode:		
Vacancy Applied For:		

DECLARATION

I declare: (Please read carefully before signing)

That all the statements are true to the best of my knowledge.

That I can accept that if it is subsequently being shown that information has not been disclosed by me, or has been misleading or false, that I will become liable to disciplinary proceedings.

That I will inform the management of any relevant medical condition that may arise in the future whilst engaged with the company.

Employee's Signature: _____ Date: _____

OFFICE USE ONLY

To be completed by reviewing management:

FIT		
FIT WITH RESERVATIONS		
UNFIT		
MEDICAL EXAMINATION REQUIRED	YES:	NO:

Reservations:	
Remarks:	
Signed:	Dated:



Are you suffering from, or have you ever suffered from any of the following? If yes, please give details including dates and any length of time you were off work.	YES	NO	Details including any medication
Heart Disease			
High Blood Pressure			
Asthma, Bronchitis or Pneumonia			
Persistent Indigestion			
Jaundice/ Gall Bladder Disease/ Hepatitis			
Bowel Problems (Gastrointestinal conditions)			
Bladder or other Genito-Uriary problems			
Kidney Stones or Diseases			
Hernia (Rupture)			
Back, Neck, Limb or Joint Problems			
Do you have full use of Neck, Trunk and Legs?			
Rhuematism/ Athritis			
Persistent Headaches			
Stress, Anxiety or Depression			
Eye Problems/ Infections			
Do you have at least 6/12 distance vision when wearing glasses or contact lenses if applicable?			



Are you suffering from, or have you ever suffered from any of the following? If yes, please give details including dates and any length of time you were off work.	YES	NO	Details including any medication
Deafness or Ear Aches			
Dermatitis, Eczema or Psoriasis			
Allergic Condition i.e. Asthma, Hay Fever, Dust etc.			
Work Related Allergies			
Diabetes (state whether insulin, diet or tablet controlled)			
Any form of Cancer			
Are any of your illnesses or symptoms made worse at night (Sleeping Disorders)?			
Do you drink alcohol (how many units per week)? 1 pint = 2 units, 1 shot/glass of wine = 1 unit			
Any Vertigo or Balance Disorders			
Mental or Psychotic Illness			
Cardiovascular Problems			
Are you taking inappropriate medication, illegal drugs or excessive amounts of alcohol?			
Blood Disorders i.e. Anaemia			
Are you allergic to any drugs or medicines?			
Dyslexia or Colour Blindness?			
Blackouts, Fits or Attacks of Giddiness			
Typhoid, paratyphoid or other Gland Trouble			
Any other current medical condition or treatment which might effect your attendance or performance at work?			

