



Ref:

APPLICATION FOR EMPLOYMENT

Please complete all parts of this application. As a result of the information you have given you may be referred to a doctor appointed by the company so that a medical examination can be carried out **to assess your abilities to perform the duties intrinsic to the role for which you have applied.**

Surname: Other Names:

Position applied for:

Private Address: <input type="text"/>	Tel/Home: <input type="text"/>
<input type="text"/>	Mobile: <input type="text"/>
Postcode <input type="text"/>	Email: <input type="text"/>
<input type="text"/>	<input type="text"/>

National Insurance Number:

Have you a current driving licence: Yes No

License type e.g. Car, HGV:
If you have a FLT licence please state which type

Do you have any endorsements on this licence? Yes No

If YES - give details

Do you need a work permit to work in the UK? Yes No

What prompted your application to Giffords Recycling Ltd?

Agency (Please specify) <input type="checkbox"/>	Advertisement (Please specify) <input type="checkbox"/>
Relative or friend <input type="checkbox"/>	Walk in <input type="checkbox"/>
Other (please specify) <input type="checkbox"/>	Employee referral (Please specify) <input type="checkbox"/>

If you have been convicted of any offence or if there are any proceedings pending against you, please give details and dates. (Under the Rehabilitation of Offenders Act 1974 only relevant convictions will be taken into account when assessing your capability). (If none, please write "none").

**Please note that we are unable to respond to all job applications
If you do not hear anything from Giffords within 28 days please assume that your application
was unsuccessful on this occasion.**

Education

School	Entered	Left	Subject and level achieved

Further Education (if applicable)

College/University	Entered	Left	Subject and level achieved

Degrees, diplomas, professional qualifications (if applicable)

Employment history: Most recent at the top followed by previous employment

Current Employer Address of Employer	Brief description of duties	Position:
		date started
		date left
		Salary:
		Notice Required:

Reason for leaving:

Company Name Address of Company	Brief description of duties	Position:
		date started
		date left
		Salary:

Reason for leaving:

Company Name Address of Company	Brief description of duties	Position:
		date started
		date left
		Salary:

Reason for leaving:

Company Name Address of Company	Brief description of duties	Position:
		date started
		date left
		Salary:

Reason for leaving:

Company Name Address of Company	Brief description of duties	Position:
		date started
		date left
		Salary:

Continue on a separate sheet if necessary.

Please provide the details of one current/previous employer that we may contact for a reference.
If you have no employment history, please provide the details of one college/training/school official.

Name _____ Address _____

Position _____

Company _____

Tel No. _____ Postcode _____

May we contact this person at this stage without further reference to yourself? Yes No

Do you have a relative or friend working at Giffords Recycling Ltd? Yes No

If YES - WHO?

If your application is successful, will this be your only job? Yes No

If NO - Please specify other job(s) and TOTAL hours worked as required by the Working Time Regulations _____

Giffords Recycling Ltd is concerned about the health and safety of its employees and every effort will be taken to minimise potential health risks to yourself and other workers. The information you provide in this section will remain confidential. Failure to disclose or the giving of false information could put yourself or others at risk.

Please answer the following questions in the space provided. Giffords ask this information purely for monitoring purposes, to assist applicants with arrangements for interview and to assess ability to do the duties intrinsic to the job applied for. Giffords do not discriminate against disabled applicants.

1. Please state whether you have any specific requirements or require any adjustments in order to attend the interview.

2. In relation to the job description of the role, do you have any physical, medical or health issue which may impact on your ability to carry out the role **and detail any adjustments you feel would be required for you to be able to carry out the duties intrinsic to this role.**

3. We monitor diversity. Please confirm whether you have any physical, medical or health impairment which has an impact on your ability to carry out day-to-day activities or which may be a "disability" within the meaning **of the Equality Act 2010**

Please provide any information that you feel may support your application, e.g. personal qualities, experience gained in previous employment, training and development initiatives you have undertaken.
(continue on a separate sheet if necessary)

Declaration

I declare that the information on this form is correct to the best of my knowledge and belief and I understand that false statements on this form may justify dismissal from Giffords Recycling Ltd.

Please note: It is not Giffords Company policy to accept CV's.

Signature: _____ **Date:** _____

Please return this form to: Human Resources, Giffords Recycling Ltd, Giffords Way,
Off Kelvin Way, West Bromwich, West Midlands, B70 7JR.