

Ref: **WEB/**

## APPLICATION FOR EMPLOYMENT

**Strictly Confidential**

Please complete **all** parts of this questionnaire. 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.

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? 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 Limited?

Agency <input type="checkbox"/>	Advertisement <input type="checkbox"/>
Relative or friend <input type="checkbox"/>	Walk in <input type="checkbox"/>
Other (please specify) <input type="checkbox"/>	Employee referral <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 list any relevant educational, and other, qualifications held (including level and date obtained) or training received. Please also list any membership of professional / technical organisations.

## 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)

Please list below a complete employment history. Please include any periods of unemployment. This section must be completed. We reserve the right to contact any of your previous employers to obtain a reference.

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 further details sheet on page 6 of this document 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 Limited? Yes  No

If YES - WHO? \_\_\_\_\_

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

Giffords Recycling Limited 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 and may lead to termination of any employment offered to you.

**Medical History** Yes No

1. Do you have any disabilities which may affect your work?

Details \_\_\_\_\_

2. Are you attending or waiting to attend hospital for treatment or surgery?

Details \_\_\_\_\_

3. Are you at present under medical supervision or taking any tablets, inhalers, medicine or injections?

Details \_\_\_\_\_

4. Do you have any problems with vision, hearing, reading or writing?

Details \_\_\_\_\_

5. Have you ever experienced work problems related to your previous work duties?

Details \_\_\_\_\_

6. How many periods of sickness have you had in the past year? \_\_\_\_\_

7. Have you attended hospital, doctor or clinic in the last 12 months for neck, back, hand, wrist, knee or foot problems?

Details \_\_\_\_\_

\_\_\_\_\_

Have you suffered from any of the following?	Yes	No
8. Back trouble (backache, back injury or slipped disc)? Details (including dates) _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Difficulty in bending/lifting or sitting for long periods? Details (including dates) _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Muscular or joint problems which may affect your work? Details (including dates) _____	<input type="checkbox"/>	<input type="checkbox"/>
11. Asthma, bronchitis, pneumonia, pleurisy or other chest illness? Details _____	<input type="checkbox"/>	<input type="checkbox"/>
12. A cough for more than 3 weeks in the past 12 months? Details (including dates) _____	<input type="checkbox"/>	<input type="checkbox"/>
13. Coughed up blood/unexplained night sweats/loss of weight/fever in the past year? Details _____	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you or a close member of your family suffered from T.B.? If 'YES' - WHO _____	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you had a chest x-ray within the last 24 months? If 'YES' - DATE _____ PLACE _____ REASON _____ What action was taken, if abnormal? _____	<input type="checkbox"/>	<input type="checkbox"/>
16. Recurrent or prolonged infections/diarroea? Details (including dates) _____	<input type="checkbox"/>	<input type="checkbox"/>
17. Diabetes, thyroid or other gland disorders? Details _____	<input type="checkbox"/>	<input type="checkbox"/>
18. Dermatitis/Eczema/Psoriasis or other skin complaint and area/s affected? Details (including dates) _____	<input type="checkbox"/>	<input type="checkbox"/>
19. Nervous, depressive or psychiatric problems? Details (including dates) _____	<input type="checkbox"/>	<input type="checkbox"/>
20. Epilepsy or blackouts? Details (including dates) _____	<input type="checkbox"/>	<input type="checkbox"/>
21. Raised blood pressure or heart problems? Details (including dates) _____	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you have any allergies? Details _____	<input type="checkbox"/>	<input type="checkbox"/>
23. Other illnesses/infection/operation or injury not mentioned above (other than childhood illnesses)?	<input type="checkbox"/>	<input type="checkbox"/>

**Further Details**

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.

**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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Equal Opportunities**

Giffords Recycling Ltd is committed to ensuring equality of opportunity. Your application will be considered on your ability **ONLY**. Information requested below will **ONLY** be used to monitor the Company's practices and will be treated confidentially. **If you fail to complete this page fully, it will be viewed as indicating your implied opposition to the Equality Policy and your application will not be accepted.**

Age Group (please place a tick in the box alongside your age range)

16 - 21	<input type="checkbox"/>	22 - 30	<input type="checkbox"/>	31 - 39	<input type="checkbox"/>
40 - 49	<input type="checkbox"/>	50 - 59	<input type="checkbox"/>	60 - 65	<input type="checkbox"/>

What is your Nationality? \_\_\_\_\_

Gender and Ethnicity (please place a tick in the appropriate box)

Male <input type="checkbox"/>		Female <input type="checkbox"/>		Asian or Asian	Indian <input type="checkbox"/>
White	British <input type="checkbox"/>	British (please tick)	Sikh <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
	Irish <input type="checkbox"/>		Any other Asian background (please write in below)		
Any other white background (please write in below)		Black or Black British (please tick)	Any other Black background (please write in below)		
Mixed (please tick)	White & Black Caribbean <input type="checkbox"/>		Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	
	White & Black African <input type="checkbox"/>		Any other Black background (please write in below)		
	White & Asian <input type="checkbox"/>		Chinese <input type="checkbox"/>		
Any other mixed race (please write in below)		Yemeni or other ethnic group (please tick)	Yemeni <input type="checkbox"/>		
Any other mixed race (please write in below)		Other (please write in below)			

**Do you have, or have you had in the past, any disability which makes it difficult for you to carry out normal day to day activities?**

Yes  No

**If YES, please provide details of your disability**

**Please identify any special requirements or equipment which may assist you:**

**(a) in the recruitment process**

**(b) to enable you to carry out the job**