

APPLICATION FOR EMPLOYMENT WITH NORTHSTONE (NI) LIMITED

EMPLOYMENT APPLICATION FOR HOURLY PAID EMPLOYEES

Position Applied for:

Applicant's Reference Number:

Job Reference Number:

PERSONAL DETAILS

SURNAME

FORENAMES

DATE OF BIRTH

ADDRESS

HOME TELEPHONE NUMBER

BUSINESS/MOBILE TELEPHONE NUMBER

POSTCODE

If you have not lived at the above address for at least five years, please give your previous address.

NATIONAL INSURANCE NUMBER

IF NONE PLEASE STATE THE REASON

Do you have the use of a car?

YES/NO

Do you have a current driving licence?

YES/NO

Are you a member of an occupational pension scheme?

YES/NO

Do you subscribe to a Personal Pension?

YES/NO

Please give details of any endorsements on your driving licence.

Please give details of any unspent criminal convictions

Have you been absent from work in the last two years, during your employer's normal working hours, other than as part of your normal entitlement to holidays?

YES/NO

If yes, please give brief details of the length of each absence and the reason for it.

Please give details of your education

FROM	TO	COLLEGE/UNIVERSITY	EXAMINATIONS & RESULTS

TRADE QUALIFICATIONS

Please list any trade qualifications held, giving the date on which each was obtained.

DATE	QUALIFICATIONS	WITH WHOM DID YOU SERVE YOUR APPRENTICESHIP?

TRAINING

Please give details of any training courses completed.

DATE	TRAINING COURSES

OTHER INFORMATION

What are your skills, qualifications and experience which make you suitable for this vacancy?

NORTHSTONE (NI) LIMITED

MEDICAL QUESTIONNAIRE TO BE COMPLETED BY APPLICANTS FOR EMPLOYMENT

APPLICANT

Name

Address

Date of Birth Sex

Height Weight

APPLICANTS DOCTOR

Name

Address

QUESTIONS

***YES** ***NO**

QUESTIONS	*YES	*NO
Have you ever had high blood pressure or heart trouble (including coronary disorders)?		
Have you ever had arthritis?		
Have you ever had lumbago, sciatica, disc trouble, backache, or any other form of back trouble?		
Have you ever had a hernia?		
Have you ever had a stomach ulcer or persistent indigestion?		
Have you ever had surgery?		
Have you ever experienced seizures or loss of consciousness?		
Have you ever experienced bronchial or respiratory disorders?		
Have you ever had trouble with your hearing, e.g. ringing in the ears or difficulty hearing others speak?		
Have you ever had dermatitis, eczema, infantile eczema, or allergic rashes?		
Have you ever had diabetes?		
Have you ever experienced a fear of heights?		
Have you ever experienced a fear of confined spaces?		
Do you have an incapacitating illness?		
Do you have any infectious or contagious disease?		
Are you taking any form of medication or prescribed drug?		
Have you ever taken any illegal drugs or used solvents?		
Do you have any eyesight problems, e.g. colour blindness or short sightedness?		
Have you ever worked in a dusty environment, or with or close to asbestos or lead?		
Have you ever worked in a noisy environment?		
Have you ever smoked?		
Have you ever had a serious accident?		
Have you ever had pain and/or numbness, loss of sense of touch or loss of grip in your hands or fingers?		
Have you ever had an industrial injury?		
Have you ever been diagnosed with depression?		
Have you ever been adversely affected by stress or a stress related illness?		
Have you ever had seizures or an epileptic episode?		
How many units of alcohol do you consume each week?		

* Tick as appropriate

PTO

Please give further details below for any of the above questions to which you have answered **Yes** and describe any other condition from which you suffer/have suffered which has not so far been referred to.

Further Details

I declare that I have carefully considered the answers that I have given to the above questions and that to the best of my knowledge and belief they are true and complete.

I acknowledge that in offering me employment, you will be depending upon the accuracy of the answers and information that I have given on this form.

I agree that if any of those answers or that information is subsequently found to be inaccurate or misleading, you will have the right to terminate my employment.

I agree that by signing this form and completing the above questionnaire that the details I have given can be held on record by the Company for the purposes of recruitment and administration and that access to this information will be protected by the Company from deliberate improper access or use.

Signed

Date

Please give the names and addresses of two persons who have agreed to act as referees and who have known you for at least two years.

At least one referee should have a detailed knowledge of your career to date and neither should be related to you.

The Company reserves the right to contact all former employers for reference purposes.

Name: _____
 Address _____

 Occupation: _____

Name: _____
 Address _____

 Occupation: _____

Date of availability if an appointment is offered.

DECLARATION

I hereby declare that the information given in this application is, to the best of my knowledge and belief, true and correct. I also agree that any misrepresentation by me will lead to the withdrawal of any offer of employment or my employment being terminated without any obligation or liability to the Company other than for any services rendered.

Signature

Date

FOR OFFICE USE ONLY

DATE APPLICATION FORM RETURNED	<input type="text"/>
SALARY	£ <input type="text"/>
PENSION SCHEME - with effect from	<input type="text"/>
NORMAL HOURS OF WORK	<input type="text"/>
NORMAL PLACE OF WORK	<input type="text"/>
REFERENCES CHECKED BY	<input type="text"/>

This information will be treated as CONFIDENTIAL.

We are an Equal Opportunities Employer.