



**NOTE: PLEASE ENSURE YOU COMPLETE THIS FORM IN FULL AND ACCURATELY.**

Start Date: ..... Company Name: ..... Depot: .....

**Application for Employment**

Position applied for .....

Full Name: ..... Address: .....

Date of Birth ..... Telephone No. ....

Marital Status ..... No of Children .....

Next of Kin/Relationship ..... Tel: .....

Driving License: Full/Prov Groups ..... Expiry Date .....

Endorsements Yes/No Type .....

Date Passed Test for ..... Date Issued .....

Position Applied for: .....

Are you willing to undertake:      Nights Out      Yes/No      Weekend Work      Yes/No  
Early Starts      Yes/No      Night Work      Yes/No

Have you experience of:

- HIAB Crane Operation      Yes/No      If Yes – Please give details
- Roping/Sheeting      Yes/No      If Yes – Please give details
- Use of Curtain-siders / Tautliners      Yes/No      If Yes – Please give details
- Wide / Abnormal Loads      Yes/No      If Yes – Please give details
- Transporting of Dangerous Goods      Yes/No      If Yes – Please give details

Details: (use separate sheet if necessary)

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Have you ever been dismissed?      Yes/No      If yes give details .....

Have you been convicted of any criminal offence within the last two years?      Yes/No

If yes please give details.....

**Qualifications:**

Do you have any of the following qualifications:

Crane Operation Certificate Yes/No  
Fork Lift Certificate Yes/No

Recognised Qualification in

Vehicle Repair/Maintenance Yes/No  
Other relevant work qualifications Yes/No

List in Detail: .....  
(Copies will be required)

**Education**

State age left school: ..... List Examinations taken and passed: .....

.....  
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**Employment History**

Please enter below past and present employment, beginning with your most recent position. (use separate sheet if necessary)

Name and address of Employer.....

Telephone..... Type of Business .....

Employed from ..... To..... Position Held .....

Start Salary..... Leaving Salary .....

Reason for Leaving .....

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Name and address of Employer.....

Telephone..... Type of Business .....

Employed from ..... To..... Position Held .....

Start Salary..... Leaving Salary .....

Reason for Leaving .....

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Name and address of Employer.....

Telephone..... Type of Business .....

Employed from ..... To..... Position Held .....

Start Salary..... Leaving Salary .....

Reason for Leaving .....

Period of notice required to present employer.....

**References:**

Please supply names and addresses of two referees.

**Unless reasons are given at least one reference Must be from either your current or last employer**

Reference 1:

Reference 2:

Name: .....

Name: .....

Address: .....

Address: .....

.....

.....

Contact No: .....

Contact No: .....

Relationship: .....

Relationship: .....

**References will not be sought without prior permission: Do you give permission to contact the above immediately. YES/NO**

**Reference follow up (Interviewer's Notes)**

**Reference 1.**

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**Reference 2.**

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**MEDICAL HISTORY**

Please indicate if any of the following apply or have applied to you in the past. The information you give will be kept entirely confidential and is needed to ensure the safety to you and others. Any points of uncertainty can be discussed further during your initial interview. Please give details below where appropriate.

		Yes	No
Height.....	Weight.....		
Do you smoke?		<input type="checkbox"/>	<input type="checkbox"/>
Are you registered as disabled?		<input type="checkbox"/>	<input type="checkbox"/>
Circulatory problems such as varicose veins, phlebitis, thrombosis?		<input type="checkbox"/>	<input type="checkbox"/>
Heart problems such as angina, high blood pressure, heart attack?		<input type="checkbox"/>	<input type="checkbox"/>
Chest problems such as asthma?		<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?		<input type="checkbox"/>	<input type="checkbox"/>
Allergies?		<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or fainting attacks?		<input type="checkbox"/>	<input type="checkbox"/>
Skin disorders?		<input type="checkbox"/>	<input type="checkbox"/>
Recent operation or fracture?		<input type="checkbox"/>	<input type="checkbox"/>
Any current medication?		<input type="checkbox"/>	<input type="checkbox"/>
Back trouble, arthritis, rheumatism?		<input type="checkbox"/>	<input type="checkbox"/>
Injury to bones, joints, tendons, including wrist tendons?		<input type="checkbox"/>	<input type="checkbox"/>
Industrial injury eg/ Noise Induced Hearing Loss, RSI, Hand Arm Vibration, Occupational Stress etc?		<input type="checkbox"/>	<input type="checkbox"/>
Have you worked in an industry with high noise or vibration levels?		<input type="checkbox"/>	<input type="checkbox"/>
Any other significant health problems (eyes, hearing, numbness to fingers, skin)?		<input type="checkbox"/>	<input type="checkbox"/>
Have you heard of Sleep Apnoea; suffer with any sleeping difficulties or taking any medication? If so, detail below. <b>(Failure to disclose would be classed as gross misconduct)</b>		<input type="checkbox"/>	<input type="checkbox"/>
Are there any other medical issues that we should be aware of which may have an effect on your possible employment.		<input type="checkbox"/>	<input type="checkbox"/>
Would you agree to a Medical Examination (provides at the Company's expense)		<input type="checkbox"/>	<input type="checkbox"/>

**Specific details you may wish to make the Company aware of-**


**DECLARATION**

I hereby apply for employment and declare that the information given on this application is true and accurate to the best of my knowledge. I understand that any false declaration will invalidate my application or if employed, may be regarded as grounds for termination.

I hereby consent to approaches being made to any of my previous employers for the purpose of obtaining references. If employed I undertake to abide by the terms and conditions of that particular employment and the company's general procedures and I also accept the personal obligations and responsibilities under the Health & Safety legislation.

By signing this Application Form I agree to R. Swain & Sons Ltd keeping this application in a secure file for up to six months. R. Swain & Sons Ltd are an equal opportunities employer and welcome applications from persons of all ethnic backgrounds, sexual orientation and physical abilities.

Signed: ..... Date:.....