



Nortons Hiab Services Limited

Confidential

Application for Employment

This form should be completed in conjunction with the attached medical and equal opportunities questionnaires. If assistance is required please contact us on 0161 205 8363

What Position are you applying for?	
When can you start work?	
Do you have any holidays arranged? (If YES give dates)	

1. Personal Details	
Surname:	
Forename(s):	
Sex:	Male/Female
Address:	
	Postcode:
Date of Birth	Home Tel No:
Email address:	Mobile Number:
National Insurance Number	
Marital Status	
Single/Married/Living with Partner/Divorced/Widow(er)	
Are there any restrictions to your residence in the UK which might affect your right to take up employment here? YES/NO	
If YES please give details	
Have you been convicted of an offence that has not been 'spent' as designated by the Rehabilitation of Offenders Act 1974? YES/NO	
If YES please give details	

Do you hold a current driving licence? YES/NO
 If YES please specify licence number and type, eg motor car, HGV

Please give details of any driving endorsements including those pending

Have you had any accidents or collisions either at work or off-duty in the last five years which involve engagement with an insurance company and/or the police? YES/NO
 If YES please give details

2. Employment History				
Employer's Name & Address	Dates From	To	Position Held	Reason for leaving

3. Education & Qualifications

Please give details of schools/colleges/other educational establishments attended with dates and qualifications achieved

School/College/Other	Date From	To	Qualifications achieved
Job Related Training	Date from	To	Course Taken/Qualification Achieved

4. References

Please supply the name address and telephone number of two people who will supply a reference on your behalf (they should not be related to you)

Name	Name
Address	Address
Tel No	Tel No

5. Personal Qualities and Skills

Please tell us about yourself, your hobbies, sports and interests, and any other information you would like us take into account when considering your application

Please Read This Data Protection Statement

The information that you provide on this form and the attached questionnaires, and that obtained from other relevant sources, will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process. If you succeed in your application and take up employment with us, the information will also be used in the administration of your employment with us, and to provide you with information about us or third parties via your payslip. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process. We may check the information collected with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways permitted by law.

By signing this application form we will be assuming that you agree to the processing of the sensitive personal data as described above.

Declaration

I declare that the information I have given in this application is accurate and true.

I understand that providing misleading or false information will disqualify me from appointment or, if appointed, may result in dismissal

Signature

Date:

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Please now complete the Medical and Equal Opportunities Questionnaires

Confidential Medical Questionnaire

Have you at any time	Please give details
Had an operation or been admitted to hospital? YES/NO	
Had an X-Ray? YES/NO	
Been seriously injured? YES/NO	
Had your employment terminated or been refused employment for health reasons? YES/NO	
Been registered as a disabled person? YES/NO	
Received a Disability, Invalidity or Incapacity Benefit? YES/NO	
Been refused a Driving Licence because of poor health? YES/NO	
Received in-patient treatment for a physical/mental condition? YES/NO	

Do you suffer from or have you ever had (tick those that apply)

Diabetes	Asthma	Rheumatic Fever
Epilepsy/Fits	Skin Rashes/Eczema	Frequent Headaches
Chest Trouble	Hay Fever	Rupture/Hernia
Blood Pressure	Varicose Veins	Swollen ankles
Arthritis	Fainting/Dizziness	Jaundice
Heart trouble or disease	Ear/Eyesight problems	Gastric Ulcer
Back trouble	Nervous breakdown	Mental Disorder

Do you take any medication regularly?	YES/NO
Do you wear glasses?	YES/NO
Are you colour blind?	YES/NO
Have you ever had a head injury?	YES/NO
Do you suffer from any conditions not covered above	YES/NO
Have you seen a specialist in the last five years? If YES give details	YES/NO
Have you ever made a claim for Industrial Injury or Disease	YES/NO
Do you smoke?	YES/NO
How many units of alcohol do you consume each week?	

Equal Opportunities Monitoring

This questionnaire will only be used for monitoring purposes. Nortons Hiab Services Ltd recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief.

Are You (please tick as applicable)

Asian or Asian British	Indian Pakistani Bangladeshi Other Asian background (please specify)
Black or Black British	Caribbean African Other Black background (please specify)
Mixed	White & Black Caribbean White & Black African White & Asian Other mixed background (please specify)
White	British Irish Other (please specify)
Other Ethnic Group	Other Ethnic Group (please specify)

Gender Male/Female

Date of Birth

Do you consider yourself to have a disability? YES/NO
If YES give details

If you wish, you may disclose information about your religious status or sexual orientation here:-

Please post your completed application any supporting documents to
HR Manager, Nortons Hiab Services Ltd, Norton Street, Off Hulme Hall Lane,
Miles Platting, Manchester M40 8HD.