

Site Representative - Killingholme
EMPLOYMENT APPLICATION FORM

1. NAME: _____
2. AGE: _____ DATE OF BIRTH: _____
3. CURRENT ADDRESS: _____

TELEPHONE NO: _____

4. How long have you lived at the above address? _____

5. Marital Status: (Please tick)

SINGLE	MARRIED	SEPARATED	DIVORCED	CO-HABITING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you have any children? If yes, how many and what are their ages? _____

7. Do you own a car to get you to work and back? YES/NO

8. If no, how would you propose to travel to and from work? _____

9. Do you hold a current driving licence? YES/NO

10. If yes, which classes of vehicles are you licensed to drive? _____

11. Have you ever been disqualified from driving? YES/NO

If yes, please give details _____

12. Have you any endorsements on your driving licence? YES/NO

If yes, please give details _____

13. Are you currently employed? YES/NO

14. DETAILS OF CURRENT EMPLOYMENT:

Name and Address of Employer: _____

Nature of Employment: (please give a detailed description of what your current work involves)

15. What is the notice period that you are required to give _____

16. How long have you been employed in your present job? _____

17. If currently employed, please explain, in detail, why you wish to leave your current employment and what improvement/rewards you expect to gain from a job change.

18. What is your present gross weekly pay?

19. If unemployed, how long have you been without work? _____

20. What were your gross weekly earnings in your last job if applicable?

21. What are your current hours of work, or if unemployed what hours did you work in your previous employment?

Monday to Friday _____

Saturday _____

Sunday _____

22. Are you prepared to work weekends? **YES/NO**
If no please give details _____

23. Please give details of your previous employment stating employers name and address, dates of employment and nature of employment e.g. Driver, Fitter, warehouseman, forklift driver, clerical worker, etc.

1. From (date) to (date)
Name and Address of Employer:.....
.....
.....
.....
Nature of Employment:
Reason for leaving
.....

2. From (date) to (date)
Name and Address of Employer:.....
.....
.....
.....
Nature of Employment:
Reason for leaving
.....

3. From (date) to (date)
Name and Address of Employer:.....
.....
.....
.....
Nature of Employment:
Reason for leaving
.....

24. Please list any academic qualifications, including grades achieved at school, or as a result of further education?

25. Please list any technical qualifications resulting from previous job training, courses, etc.

26. Please attach copies of any references, or list below names and telephone numbers of any referees (preferably work-related):-
1. _____ 2. _____
- _____
- _____
- _____
- If married or co-habiting and your partner works, what is their occupation? _____
- _____
- 27 Are you available to stay away from home through the week on occasion to work at other ECM depots? YES/NO
- 28 Are you prepared to work outside in adverse weather and at all times of the year? YES/NO
- 29 Do you have any special needs to enable you to perform the job? YES/NO
- If yes, please give details _____
- _____
- 30 Do you suffer from any deficiency of eyesight? YES/NO
- If yes, please give details _____
- _____
- 31 Do you need to wear glasses, or contact lenses? Glasses YES/NO
- Contact Lenses YES/NO
- 32 Have you consulted a doctor, at any time, in the past 5 years? YES/NO
- 33 If yes, what were the reasons? _____
- _____
- _____
- How many days' absence from work, other than for holidays, have you had in the past 2 years?
- _____
- 34 Out of these, how many days were due to sickness? _____
- 35 Do you now, or have you ever, suffered from any form of back injury? YES/NO
- 36 What are your physical dimensions?
- Height: _____ Weight _____
- 37 Have you ever injured yourself at work? YES/NO
- If yes, please give details _____
- _____
- 38 Have you ever been convicted by a court of law for any criminal offence? YES/NO
- If yes, please give details _____
- _____

39 Have you any objections to or is there any medical reason as to why you would not be able to wear a uniform whilst carrying out your duties as a Site Rep? YES/NO
If yes, please give details _____

40 How would you describe your general appearance?

GENERAL APPEARANCE			
Very Smart	Smart	Tidy	Casual

41 Please attach a recent photograph of yourself (unfortunately photo's cannot be returned).

42 Do you have any holidays booked which cannot be cancelled, or changed? YES/NO

43 If yes, please give details _____

44 Have you been involved in any road traffic accidents in the past 5 years? YES/NO

If yes, please give details _____

45 Have you ever been disciplined by a previous employer? YES/NO

If yes, please give details _____

46 Have you ever been dismissed from a job? YES/NO

If yes, please give details _____

47 Please list any hobbies, pastimes, or sports that you currently hold an interest in.

48 Do you smoke? YES/NO

49 Do you know anyone that works for, or is associated with ECM? If so, who?

THANK YOU FOR COMPLETING THIS APPLICATION FORM

Check List of Enclosures:

Recent Photograph - Written References, if available - Photocopy of Licence, if available

I certify that the information I have given on this Employment Application Form is accurate. I understand that if the information is subsequently found to be false, my application may be rejected, or in the case of my appointment, I may be dismissed.

SIGNED: _____ DATED: _____

“THE DATA PROTECTION ACT 1998 - To help us maintain applicants records we require that your personal details are stored on the company’s personnel computer system. We can confirm that these details will only be used in the assistance of processing your application and will not be used for any other reason or passed on to any other company or third party.”