

SCONSA Environmental Services Job Application Form

Please complete this form fully using black ink or type

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Machine Driver (please state)		Driver (please state licence class)	
Gas Holder Craftsperson		Civils Craftsperson	
Technician		Team Leader Main/Services	
Foreman Civils		Team Leader Services	
Foreman Mechanical		National Grid Assistant	
Fabricator / Welder		Reinstator	
Joiner		Labourer	

Section 1 Personal details

Last Name: **First Name:**

Address:

Postcode:

Home Telephone Nº: **National Insurance Nº:**

Letters	Numbers	Letter
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

Daytime Telephone Nº: **Mobile Telephone Nº:**

E-mail address:

Can we contact you at work? Yes No

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes No

Driving Licence Yes No
 Do you hold a full, clean driving licence valid in the UK?

If you are successful you may be required to provide relevant evidence of the above details prior to your appointment.

Present Employment (If now unemployed give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment: **Salary:**

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice: **Last day of service** (if no longer employed):

Reason for leaving (if no longer employed):

Did you receive any redundancy payment or retirement benefit? Yes No

Section 3 Previous Employment

Previous Employment (most recent employer first).

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Continue on a separate sheet if necessary

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Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Technical Qualifications

Please give details:

Technical Qualifications	Course Details

Membership of any Professional / Technical Associations- Please state level of Membership:

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Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

Section 6 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?

Yes

No

If yes, please give details / dates of offence(s) and sentence:

Section 7 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application?

Yes

No

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview?

Yes

No

If yes, please give details:

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Section 8 Health

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Section 9 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Postcode <input type="text"/>		Postcode <input type="text"/>
Telephone N ^o :	<input type="text"/>	Telephone N ^o :	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview? Yes No

Are you willing for this referee to be approached prior to the interview? Yes No

Please return to: HR Department
SCONSA Environmental Services Limited
Unit 28 Maybrook Business Park
Minworth
West Midlands
B76 1AL



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