

1 Personal information

Date: _____ Position applying for: _____

Name: _____

Address: _____

Post code: _____ Date of birth: _____

Home phone no: _____ Mobile phone no: _____

National insurance no: _____

Have you ever worked for Hillserve before? **Yes** **No**

If 'Yes', give dates: From: _____ To: _____

2 Previous employment/experience (start with last job)

Company: _____ **Position:** _____

Dates of employment: _____

Reason for leaving: _____

Company: _____ **Position:** _____

Dates of employment: _____

Reason for leaving: _____

Company: _____ **Position:** _____

Dates of employment: _____

Reason for leaving: _____

3 Health & Safety

Medical history:

To ensure that the Company complies with its obligations under the current Health & Safety legislation could you please review the undernoted list and advise if any of the following are applicable to you.

Do you suffer from:

Chest trouble, bronchitis, tuberculosis, asthma, hayfever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Back trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dermatitis or skin trouble of any kind, e.g. eczema	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fits, fainting attacks, giddiness, epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear or nose problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rheumatic fever, heart trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>	Headaches, migraine	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wear glasses or contact lens or are colour blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rheumatism, fibrositis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any serious accidents at work or elsewhere?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Stomach problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently receiving medical treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vertigo	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you attend hospital for any reason?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any physical disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other illness	Yes <input type="checkbox"/> No <input type="checkbox"/>		

If you answer 'Yes' to any of the above, please provide the details here:

FAILURE TO DISCLOSE A MEDICAL FACT / HISTORY WHICH RESULTS IN IMPAIRED PERFORMANCE IS A SERIOUS OFFENCE AND COULD RESULT IN DISMISSAL IF YOU ARE TAKEN ON IN EMPLOYMENT.

4 Training & Qualifications

Detail any job specific qualifications or accreditations that you have including general office and health and safety training. e.g. CSCS, ACOPS, First Aid, NVQ, RSA, Pitmans etc.

5 References

Names of two people willing to give a reference (not family or friends)

Name: Length of time they have known you:

Address:

Telephone no:

Name: Length of time they have known you:

Address:

Telephone no:

6 Driver's information Unless your licence is produced, you will not be allowed to drive Hillserve vehicles

Surname: Forenames:

Present address:

Postcode: Telephone no:

Driving licence no:

Do you have any driving prosecutions pending? Yes No *If 'Yes' give details*

Has any insurance company declined, refused to renew or required additional premium or imposed any special terms? Yes No *If 'Yes' give details*

Signature of applicant:

Interviewed by:

Date:

FOR OFFICE USE ONLY. INCLUDE COPY OF BIRTH CERTIFICATE OR PASSPORT.

Both parts of driving licence checked and copy taken: Yes No

7 CRB Declaration

Do you have any convictions pending? Yes No
Do you have any unspent convictions for theft, burglary or assault (including Sexual Assault)? Yes No
Have you been placed on a Sex Offenders Register? Yes No

Notes:

Failure to answer this questionnaire with honesty will result in disciplinary proceedings being instigated.

Please return this form to the HR department along with any required documentation.

If these details change at any time, you are required to notify HR immediately.

THE COMPANY RESERVE THE RIGHT TO CHECK THE DETAILS YOU HAVE GIVEN AT ANY TIME DURING YOUR EMPLOYMENT.

Signature and print of applicant:

Date:

Head and Registered office

Hillserve Limited, Hillserve House, Stuart Road, Bredbury, Stockport, Cheshire SK6 2SR
TEL: 0161 430 1440 FAX: 0161 430 1459 EMAIL: info@hillserve.co.uk WEB: www.hillserve.co.uk

Depots at Warrington, Bethesda and Wakefield. Sales office at Stoke-on-Trent.