

Job Application Form

Position Applied For:

Name

Address

NI Number.

Mobile Number

Email address

Nationality

UK Driving Licence. Yes / No Clean. Yes / No Number of points.

Do you need a permit to work in the UK? Yes/No

Are you literate? Yes/No

Qualifications

School & College

Vocational

Plant & Safety Training

Card Category				Card No.
CSCS Card	Yes/No	Expiry Date		
CPCS Card	Yes/No	Expiry Date		
Forward Tipping Dumper*	Yes / No	Expiry Date		
Ride on Roller*	Yes / No	Expiry Date		
180 Excavator*	Yes / No	Expiry Date		
360 Excavator*	Yes / No	Expiry Date		
Telescopic Forklift*	Yes / No	Expiry Date		
Abrasive Wheels	Yes / No	Expiry Date		
Confined Spaces	Yes / No	Expiry Date		
Slinger / Signaller*	Yes / No	Expiry Date		
CAT & Genny	Yes / No	Expiry Date		
Safety Awareness	Yes / No	Expiry Date		
First Aid	Yes / No	Expiry Date		
Construction Site Managers Safety Cert	Yes / No	Expiry Date		
Site Supervisor Safety Training Scheme	Yes / No	Expiry Date		
<u>Deep Drainage</u>				
Below 5m (Concrete/Plastic)	Yes/No			
0-2m (Clay/Plastic)	Yes/No			
<u>Concrete</u>				
Foundations R/C	Yes/No			
Mass	Yes/No			
<u>Floor Slabs</u>				
Power Floating	Yes/No			
Laying	Yes/No			
<u>Excavations</u>				
Used Profiles	Yes/No			
Used Lasers	Yes/No			
<u>Finishes</u>				
Path edgings	Yes/No			
Kerbs	Yes/No			
Paving	Yes/No			
Brushed Concrete	Yes/No			

* Please be advised that we are not able to accept In-House tickets

Previous Employment History

Dates		Employer Name and Address	Type of Work	Reason for Leaving
From	To			

Can we approach your present or previous employer(s) for a reference? Yes/No

MEDICAL QUESTIONNAIRE

The information you give will be kept entirely confidential and is needed to ensure the safety of you and others. Any points of uncertainty can be discussed further at your interview.

Medical History

Please indicate if any of the following now apply to you, please give updated details where appropriate.

	Yes	No
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"/>
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"/>
A claim for industrial injury, etc?	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked in an industry with high noise levels?	<input type="checkbox"/>	<input type="checkbox"/>
Any other significant health problems (eyes, hearing, skin)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you used any Vibrating Tools and if so for how long?	<input type="checkbox"/>	<input type="checkbox"/>

Details

How many sick days have you taken in the last 12 months? _____

I hereby declare that the above information is correct to the best of my knowledge

Signature **Date**