



Spiral Construction Limited
Water-Ma-Trout Industrial Estate, Helston, Cornwall, TR13 0LW
Tel: 01326 574497

Application for Employment

Private and confidential

Venue: _____

Position applied for: _____

Return this form to: _____

Surname:	Forename (s):	Title:
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Address: _____

Post code: _____

Telephone number:	Mobile number:
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Date of birth:	NI Number:
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Current driving license? Yes / No	Details of endorsements:
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Are there any restrictions on you taking up employment in the UK? Yes / No (If yes please provide details)

Education History

Schools:	Qualifications gained:
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Colleges / Universities:	Qualifications gained:
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Other training:

Other Employment

Please note any other employment that would continue if you were to be successful in obtaining this position.

Employment History

From - to	Names and address of employer	Job title and duties	Start / finish salary	Reason for leaving

Notice period required in current post:

References

Please note here the names and addresses of two persons from whom the company may obtain both character and work experience references.

1.

2.

Leisure

Please note here your leisure interests, sports and hobbies, other pastimes etc.

Criminal record

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none, please state. In certain circumstances employment is dependant upon obtaining basic disclosure from the Criminal Records Bureau / Scottish Criminal Records Office.

General Comments

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post:

Health Details

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out:

Day to day activities? Yes / No

Nighttime work? Yes / No

Please specify any special arrangements for work associated with any impairment.

Please specify any special arrangements you will need to attend an interview.

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer.

Please detail any heart disorders, stomach or intestinal disorders and any chronic chest disorders, especially if nighttime symptoms are troublesome.

Please detail any form of medicine, drugs or treatment you are currently and / or regularly receiving (Please include any medication that has to be taken on a strict time table).

Please detail any health factors that may affect your fitness at work.

Please list all absences from work in the past 12 months and the reasons for such absences.

Declaration

Please read this carefully before signing this application

I confirm that the above information is correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

I agree that the organization reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor.) I agree that this information will be retained in my personnel file during my employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau / Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: _____ Date: _____