



Dear Applicant,

Thank you for requesting an application form to join Hadfield / UK Wood Recycling. We would like to give you as much assistance as possible with your application, therefore we have detailed guidance below for ease of completion.

This application form plays a key part in whether you pass the first stage of the selection process therefore, it is important that your application form is completed as fully and accurately as possible.

Please complete the application form by following the below guidelines

- **Complete all sections.**
- **Complete in Black Ink.**
- **Write in CAPITAL letters.**
- **Include all relevant information for your application including experience, knowledge and licences held.**
- **The information you provide must be clear, precise and easily understood.**

We will not make any assumptions about your abilities. Please remember that if you do not tell us we do not know.

In line with Equal Opportunities it is the Company's mission to employ the right talent to join the organisation. Company values promote support, job satisfaction and a good working environment for all employees.

All application forms must be completed and returned to:

Natasha Angelides
Hadfield Wood Recyclers
Lumm Farm
Lumb Lane
Droylsden
Manchester
M43 7LB
Or email to n.angelides@hadfield.co.uk

May we wish you success in your application

Human Resources Department

SECTION TWO – Employment Record

Please list previous employment (commencing with most recent or attach a copy of your CV)

Name and address of Employer:	Date From:	Date To:	Job Title	Description of duties:	Reason for leaving:

***Please continue on a separate sheet if required**

Please comment on any gaps within your employment:

SECTION THREE – Qualifications

Please list qualifications obtained at school:

Please list qualifications obtained in higher education (i.e. College, University, Other)

Please list any other relevant training and qualifications to support your application (please list any vehicle/machine licences; including expiry date):

SECTION FOUR – Health / Medical History			
Do you suffer from or ever had:			
Anaemia: YES <input type="checkbox"/> NO <input type="checkbox"/>	Arthritis: YES <input type="checkbox"/> NO <input type="checkbox"/>	Asthma: YES <input type="checkbox"/> NO <input type="checkbox"/>	Back Problems: YES <input type="checkbox"/> NO <input type="checkbox"/>
Chest Problems: YES <input type="checkbox"/> NO <input type="checkbox"/>	Cough: YES <input type="checkbox"/> NO <input type="checkbox"/>	Diabetes: YES <input type="checkbox"/> NO <input type="checkbox"/>	Dust Allergy: YES <input type="checkbox"/> NO <input type="checkbox"/>
Ear Problems: YES <input type="checkbox"/> NO <input type="checkbox"/>	Epilepsy/Fits: YES <input type="checkbox"/> NO <input type="checkbox"/>	Eye Problems: YES <input type="checkbox"/> NO <input type="checkbox"/>	Fainting / Dizziness: YES <input type="checkbox"/> NO <input type="checkbox"/>
Hay Fever: YES <input type="checkbox"/> NO <input type="checkbox"/>	Headaches (frequent): YES <input type="checkbox"/> NO <input type="checkbox"/>	Heart Problems: YES <input type="checkbox"/> NO <input type="checkbox"/>	High Blood Pressure: YES <input type="checkbox"/> NO <input type="checkbox"/>
Jaundice: YES <input type="checkbox"/> NO <input type="checkbox"/>	Nerve Problems: YES <input type="checkbox"/> NO <input type="checkbox"/>	Period Problems: YES <input type="checkbox"/> NO <input type="checkbox"/>	Prostate Problems: YES <input type="checkbox"/> NO <input type="checkbox"/>
Rheumatic Fever: YES <input type="checkbox"/> NO <input type="checkbox"/>	Shortness of Breath: YES <input type="checkbox"/> NO <input type="checkbox"/>	Skin Rashes: YES <input type="checkbox"/> NO <input type="checkbox"/>	Swelling Legs / Ankles: YES <input type="checkbox"/> NO <input type="checkbox"/>
Varicous Veins: YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you suffer from any other ailments? If yes please give details: YES <input type="checkbox"/> NO <input type="checkbox"/>		
If you have answered yes to any of the above, please give details:			

SECTION FOUR CONTINUED

Have you:	Please give details:
Lost work through illness in the last two years?	
Sustained serious injury/illness requiring hospitalisation?	
Received out-patient treatment for a physical or mental condition? (At hospital or doctors)	
Been refused or dismissed from any previous employment for health reasons?	
Suffered from an occupational illness or disease?	
Been refused a driving licence due to ill health or poor vision?	
How many sickness days have you had off work in the last two years? <input type="checkbox"/>	
How many other days' absence have you had off, other than holidays in the last two years? <input type="checkbox"/>	
Are you registered disabled? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes please provide your disability number and details:	
Would you require additional workplace arrangements to be arranged?	
Are there any tasks you are unable to perform?	

SECTION FIVE – General

How did you hear about this vacancy?

Have you previously applied for employment at this company? If yes when and for what position?

Are you able to work shifts and/or overtime as necessary?

Please indicate why you have applied for a position with our company and why you would be suitable?

What skills can you bring to the vacancy you have applied for?

Please state current salary package including benefits and holidays:

Are you a Member of a professional organisation or trade union?

Interests / Hobbies

If offered this position, will you continue to work in any other capacity? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes please give details:	
Name of employer	Name of employer
Address	Address
Contact number	Contact number
Hours worked per week	Hours worked per week

I accept that it is my personal responsibility to notify the Company of any employment I accept other than the position for which I am employed and to declare on a weekly basis the actual hours worked.

SECTION SIX – References

Please provide details of two referees. (one MUST be your most recent employer)

Reference 1	Reference 2
Name of employer	Name of employer
Position Held	Position Held
Relationship to you	Relationship to you
Address	Address
Contact number	Contact number
Hours worked per week	Hours worked per week

SECTION SEVEN – Declaration

I confirm that the information provided in this application is to the best of my knowledge, truthful and accurate. I understand that any false misleading statements could place subsequent employment in jeopardy. I understand that any employment entered into is subject to evidence of my right to work in the UK, satisfactory references and medical clearance. I consent to the personal data contained within this form being recorded for the purpose of assessing suitability for the post and may form the basis of any subsequent personnel file.

Signed:

Date

SECTION EIGHT – Office Use Only

- Has the application form been completed correctly? YES NO
- Does the applicant have the relevant experience / Knowledge? YES NO
- Should the applicant be considered for interview? YES NO

If NO Please state reasons

First Interview Date	Interview Time	Interviewed by
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Appearance: Good <input type="checkbox"/> Poor <input type="checkbox"/>	Attitude: Good <input type="checkbox"/> Poor <input type="checkbox"/>	Enthusiasm: Good <input type="checkbox"/> Poor <input type="checkbox"/>	Eye Contact: Good <input type="checkbox"/> Poor <input type="checkbox"/>
Body Language: Good <input type="checkbox"/> Poor <input type="checkbox"/>	Communication: Good <input type="checkbox"/> Poor <input type="checkbox"/>	General Health: Good <input type="checkbox"/> Poor <input type="checkbox"/>	Suitability: Good <input type="checkbox"/> Poor <input type="checkbox"/>

Additional Comments:

- Is the applicant suitable for the role? YES NO
- Should they be considered for second interview? YES NO

Second Interview Date	Interview Time	Interviewed by
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Experience: Good <input type="checkbox"/> Poor <input type="checkbox"/>	Knowledge: Good <input type="checkbox"/> Poor <input type="checkbox"/>	Qualifications: Good <input type="checkbox"/> Poor <input type="checkbox"/>	Suitability: Good <input type="checkbox"/> Poor <input type="checkbox"/>
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Additional Comments:

Has the applicant passed the Second interview stage YES NO

Are we offering the applicant the position? YES NO

If YES Please state reasons

Employment Details:	
Start Date:	Start Time:
Department:	Job Title:
Annual Hours/Shift:	Rate of pay: