

**CONFIDENTIAL APPLICATION FOR  
EMPLOYMENT**

UK WOOD  
RECYCLING



<b>Company use only</b>	
Date started	Start time
Hours/shift	Rate
Department	Job title

**Personal details**

Surname		
Forenames		Marital status
Address		
Telephone number:		
Mobile Number:		
Position applied for		Are you able to work shifts and/or overtime as necessary?
How did you hear of this vacancy?		
Have you previously applied for employment at this company? If yes when and for what position?		
If selected when can you commence work?		
Do you have any current/ impending driving convictions?		
Have you ever been convicted of a criminal offence? Spent conviction exempt Yes/No		
National Insurance Number		
Do you hold a current driving licence? Class of licence		
Do you own a car? If not what transport will you use?		
Shoe Size?		Jacket Size?
Current Wage/Salary £ per annum/week		Wage/salary expected £ per week/annum

## MEDICAL INFORMATION

Have you:	Yes	No	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 drivers' licence because of ill health or poor vision.			
Registered as disabled.			Date Registered:  Registered Disability:
Would you require additional workplace arrangements to be made?			
Are there any tasks you are unable to perform?			
<p><b>This information will be used to help us determine what adjustments may need to be made to the job or workplace.</b></p>			

**MEDICAL HISTORY.**

<b>Do you suffer from or have you ever had:</b>					
Diabetes	YES/NO	Skin rashes/eczema	YES/NO	Swellings of legs/ankles	YES/NO
High blood pressure	YES/NO	Anaemia	YES/NO	Period or prostate problems	YES/NO
Asthma	YES/NO	Headaches (frequent)	YES/NO	Varicose veins	YES/NO
Cough (frequent)	YES/NO	Heart trouble	YES/NO	Rupture	YES/NO
Rheumatic Fever	YES/NO	Chest trouble	YES/NO	Back trouble	YES/NO
Arthritis	YES/NO	Fainting or dizziness	YES/NO	Ear trouble	YES/NO
Epilepsy/fits	YES/NO	Hay fever	YES/NO	Eye trouble	YES/NO
Shortness of breath	YES/NO	Jaundice	YES/NO	Nerve trouble	YES/NO
Do you suffer from any other ailments?	YES/NO	If yes, please explain			
If you have answered yes to any of the above, is this an ongoing condition?					

## EMPLOYMENT HISTORY

### PREVIOUS EMPLOYMENT (COMMENCING WITH MOST RECENT)

<b>From</b>	<b>To</b>	<b>Name and address of employer</b>	<b>Type of Industry</b>
Salary starting	Salary leaving	Position held	Reason for leaving
		Brief description of duties.	
<b>From</b>	<b>To</b>	<b>Name and address of employer</b>	<b>Type of Industry</b>
Salary starting	Salary leaving	Position held	Reason for leaving
		Brief description of duties.	

<b>From</b>	<b>To</b>	<b>Name and address of employer</b>	<b>Type of Industry</b>
Salary starting	Salary leaving	Position held	Reason for leaving
		Brief description of duties.	

Please continue on separate sheet if required.

<p>Please comment on any gaps in employment history</p>          
<p>Please list Qualifications / licences obtained that would support this application.</p>          

**Interests/hobbies** (Give details pastimes, sports etc)

**Membership of professional organisation or trade union**

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

**If offered this position, will you continue to work in any other capacity?** Yes  No

If Yes please give details:

Name of employer ..... Name of employer .....

Contact number ..... Contact number .....

Hours worked per week ..... Hours worked per week .....

**References (At least one must be from a recent employment)**

Name ..... Name .....

Address ..... Address .....

.....

.....

Occupation ..... Occupation .....

Telephone No. .... Telephone No. ....

**Recruitment Policy**

It is the company's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees, including promotion and training and not to discriminate against any person because of race, colour, national origin, sex, marital status or disability.

**References**

I authorise the company to obtain references to support this application once an offer has been made and accepted and release the company and referees from any liability caused by giving and receiving information. I accept that any offer made is subject to the receipt of references which are satisfactory to us. I also accept that this offer is made subject to any medical.

**Declaration**

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal. I also 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.

Signature .....

Date .....