

APPLICATION FORM



Post:	Post Ref:
Dept:	Closing Date:

Please complete this application form in black ink for ease of copying

If you have difficulties in completing this form, contact the Personnel Department on (01843) 850500. You may also wish to submit a CV, but if you do please complete Parts A, C, E, F, G & H of this form to assist us in the short-listing process. Please also complete the equal opportunities monitoring form which is treated as strictly confidential and which is NOT seen by the short-listing panel.

PART A: Personal Information

Title: Mr/Mrs/Miss/Ms Other (please specify):	Forename(s):	Surname:
Home address:	Correspondence address: (if different)	
Postcode:	Postcode:	
Home Tel:	Fax No:	Date of birth:
Work Tel:	Email	/ /
May we contact you at work? Yes/No	May we contact you by email? Yes/No	Age:
If you are not a UK national you may not be eligible to work in the UK without a work permit, or a right to work visa Please indicate if you require: A work permit: Y/N A right to work visa: Y/N		

PART B: Education and Training

Schools/Colleges (attended from age 11)	Dates		Qualifications obtained (O/A levels, GCSE or equivalent)	Date	Grade
	From	To			
Further/Higher education establishment attended	Dates		Course Title	Results (including class of degree)	
	From	To			
Professional training/qualifications, with dates and levels attained:					
Other training/course attended relevant to this post, with dates:					

PART C: Present or last employment

Present or most recent employer, nature of business and address	Dates		Position held and nature of duties	Reason for wishing to leave or for having left
	From	To		

Current/most recent salary (salary details will be confirmed with current employer):

Period of notice required:

PART D: Work History

Give details of your previous work history (including voluntary/unpaid work) beginning with the most recent

Dates (from/to)	Name and address of employer	Position held	Summary of main duties	Reason for leaving (if applicable)

Please use additional sheet if required

PART E: Supporting Statement

In this section please demonstrate how your skills and experience meet the requirements of the job.

PART F: Health Declaration

Please ensure that you fill in a **Health Declaration Form**

What absences from work through sickness have you had in the last two years?

Total days absent: _____ Number of occasions: _____

If you have any medical condition which will be needed to take into account during the recruitment process, then please inform the personnel department on (01843) 850500.

PART G: References

Please give names and addresses of at least two people (other than relatives or friends) with knowledge of you and your work to whom professional reference can be made. One should be your current or most recent employer. For overseas referees please ensure an email address is included where available.

Present or most recent employer

Name and title:

Full address:

Position held:

Tel:

Postcode:

Fax:

Email:

Other referee

Name and title:

Full address:

Position held:

Tel:

Postcode:

Fax:

Email:

Other referee

Name and title:

Full address:

Position held:

Tel:

Postcode:

Fax:

Email:

PART H: Declaration

Do you have any criminal or motoring convictions?
Please give details (do not include parking violations)

Do you hold a current UK driving licence? **Yes/No**
Please attach a copy if relevant to position.

How do you intend to travel to work?

- You are required to sign the declaration below certifying that all information you have provided is accurate
- The company may wish to check any details you have provided
- Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after appointment, in dismissal.

I declare the information on the form is correct and I have omitted nothing that, to the best of my knowledge, might affect this application

Signature:

Date:

When completed please forward to: Personnel Department, Piper Double Glazing Limited Hamelin Court, 140 Newington Road, Ramsgate, Kent, CT12 6PP. Fax: 01843 852626. Application forms should be returned no later than the closing date stated.

HEALTH DECLARATION FORM



Post:	Post Ref:
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The information recorded on this declaration will remain confidential. Based on your responses advice will be given to management regarding fitness for employment and any modification or alteration that may need to be considered in relation to the Disability Discrimination Act 1995. Subject to the normal rules of medical confidentiality, the involvement or advice of occupational health practitioners may be sought. It is therefore important that your answers are complete and accurate regarding any health events that may affect your ability to perform your work, either now or in the future. The company complies with all statutory obligations and does not discriminate on the grounds of gender, sex, sexual orientation, marital status, race, colour, nationality, ethnic origin, religious conviction or disability.

If you wish, this section of the form may be placed in a separate envelope marked for the attention of "Personnel Department – Confidential". Please staple or secure to the application form

PART A: Accident and Emergency contact information

Name:	Person to contact in case of an accident or emergency:
Home address:	Home address:
Postcode:	Postcode:
Home Tel:	Home Tel:
Email:	Relationship:

PART B: Doctors details

Name:	Full address:
Tel:	
Fax:	Postcode:

PART C: Working conditions

Although the job for which you are applying may not involve exposure to all, or any of the following situations, please indicate (**tick**) any area(s) which you have been advised by a qualified medical and/or occupational health practitioner, or if you have any concerns or anticipate any difficulties should such a situation arise:

Working at heights
 Handling loads / manual loading
 Driving a fork lift truck
 Night Work

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Exposure to noise
 Exposure to hazardous substances
 Operating Visual Display Equipment
 Long periods of standing

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PART D: Medical details

What is your height? (cm)

What is your weight? (kg)

What is your blood group?

Please give more details, with dates, if you answer "yes" to any of the questions

1	Have you ever been refused or dismissed from work for poor health or absence due to health reasons?	YES/NO	
2	Have you ever suffered from an industrial disease or illness or are you registered disabled?	YES/NO	
3	Are you at present under medical supervision/or receiving treatment/taking medication? (if so what medication etc)	YES/NO	
4	Are you attending or waiting to attend hospital for treatment or surgery?	YES/NO	
5	Do you have any allergies to any drugs, chemicals or other materials or substances or hay fever?	YES/NO	
6	How many units of alcohol do you drink on average per week? (1 unit = ½ pint of beer/1 glass of spirit)	YES/NO	
7	Do you smoke? If yes please state what and how much.	YES/NO	
8	Have you ever received advice or treatment regarding alcohol or drugs?	YES/NO	
9	Do you require glasses for close reading or detailed work	YES/NO	

Have you ever suffered from or had treatment for any of the following?

10	Back trouble, arthritis, rheumatism, or other joint or muscular problem	YES/NO	
11	Fits, epilepsy, fainting attacks, blackouts or giddiness	YES/NO	
12	Recurrent headaches or migraine	YES/NO	
13	Finger, hand, wrist, shoulder or neck problems	YES/NO	
14	Heart attacks, angina, raised blood pressure or other heart disease	YES/NO	
15	Asthma, bronchitis, emphysema, or other chest disease	YES/NO	
16	Eye disease/defect not wholly corrected by glasses, including colour blindness	YES/NO	
17	Ear disease, discharge from ears or deafness or noise induced hearing loss	YES/NO	
18	Discharge from nose or eyes	YES/NO	
19	Diabetes or other hormonal disorders	YES/NO	
20	Stomach/bowel problems or indigestion, including hernias	YES/NO	
21	Psychiatric or psychological illness or breakdown anxiety, depression or diseases of the nervous system	YES/NO	
22	Bladder or kidney trouble	YES/NO	
23	Dermatitis, eczema, psoriasis or other skin problems	YES/NO	
24	Any illness, infection, operation or injury not given above (other than childhood illness)	YES/NO	
25	Do you consider yourself to be disabled in any way, as defined by the Disability Discrimination Act 1995?	YES/NO	

PART E: Declaration

1. I understand that the information I have given is to the best of my knowledge and belief, true and complete.
2. I understand that I may be required to attend a medical examination
3. I understand that the failure to disclose information, or giving false information, may result in the termination of my employment

Signature: _____

Date: _____

EQUAL OPPORTUNITIES MONITORING FORM

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Confidential

We are committed to developing positive policies to promote equal opportunities in employment and prohibiting unlawful discrimination on the grounds of sex, marital status, race, colour, national or ethnic origin, disability, sexual orientation and religion.

In order to ensure that these policies are being followed, and for no other purpose, all applicants are asked to provide the following information, which will be treated in the strictest confidence and will not form part of the selection process.

PART A: Personal Information

Name:	Male/Female:	Age:
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PART B: Nationality and ethnic group

What is your nationality? What is your ethnic group?

Choose ONE section from A to E, then tick the appropriate box to indicate your ethnic background (these ethnic categories reflect the 2001 consensus)

A: White

British

Any other white background _____

B: Mixed

White and Black Caribbean

White an Asian

White and Black African

Any other mixed background _____

C: Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background _____

D: Black or Black British

Caribbean

African

Any other Black background _____

E: Chinese or other ethnic group

Chinese

Any other ethnic group _____

Disability and caring

Do you consider yourself to be disabled? **Yes / No**
 Do you have any caring responsibilities? **Yes / No**
 (e.g. young children, dependent relatives)

How did you hear about this vacancy?

<input type="checkbox"/> Newspaper	Title: _____	<input type="checkbox"/> Job Centre	Location: _____
<input type="checkbox"/> Publication	Title: _____	<input type="checkbox"/> Internal Advert	
<input type="checkbox"/> Web Site	<input type="checkbox"/> Other employee	<input type="checkbox"/> Other method	Details: _____