



## APPLICATION FORM

(For Site Based Employees)

*Failure to complete this form fully and truthfully may jeopardise your chances of future employment or result in disciplinary action, if following employment, it is discovered that you did not do so.*

<b>Name:</b>	
<b>Address:</b>	
<b>Mobile Phone No:</b>	<b>Home Phone No:</b>
<b>E-mail address:</b>	
<b>Marital Status (Tick box):</b>	<b>Married</b> <input type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/> <b>Separated</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/>
<b>Partners name (if applicable):</b>	
<b>Next of Kin Name:</b>	<b>Tel No:</b>
<b>Address:</b>	
<b>National Insurance No:</b>	<b>Date of Birth:</b>
<p>Would you be willing to work abroad? <span style="float: right;">Yes    No</span></p> <p>Do you hold a valid 10 year passport - UK <span style="float: right;">Yes    No</span>          - Other <span style="float: right;">Yes    No</span></p> <p>Do you have current security clearance for any UK sites, ie Nuclear, <span style="float: right;">Yes    No</span></p> <p>Do you hold a current Driving Licence If yes <u>PLEASE ENCLOSE COPY?</u> <span style="float: right;">Yes    No</span></p> <p>Do you have any driving Endorsements? <span style="float: right;">Yes    No</span>          If yes please give details:</p> <p>Do you have your own transport <span style="float: right;">Yes    No</span></p> <p>Would you be willing to drive others? <span style="float: right;">Yes    No</span></p> <p>Have you been convicted of a drink, drug <span style="float: right;">Yes    No</span>          Or substance abuse related Driving Offence? If yes please give details:</p> <p>Have you ever been prosecuted, (do you have a criminal record) <span style="float: right;">Yes    No</span>          or facing pending prosecution? If so provide details:</p> <p>Have you ever or do you take any class A, B or C drugs? <span style="float: right;">Yes    No</span></p>	

<i>For office use only</i>	<i>Reviewed by:</i>
<i>Date received</i>	<i>Authorised by:</i>



**Positions Applied For:**

Please tick box if you hold training certificates or have proven experience in the following positions

Site Manager	<input type="checkbox"/>	Topman	<input type="checkbox"/>	Asbestos Operative	<input type="checkbox"/>
Foreman	<input type="checkbox"/>	Burner	<input type="checkbox"/>	Industrial Service Op.	<input type="checkbox"/>
Decontamination Operative	<input type="checkbox"/>	Labourer	<input type="checkbox"/>	Fitter /dismantler	<input type="checkbox"/>
Monitored/ Classified Worker	<input type="checkbox"/>	Machine Driver	<input type="checkbox"/>	Plant Fitter/Welder	<input type="checkbox"/>

Other \_\_\_\_\_

**Education**

School/F.E. College	Start Date	Leaving Date	Qualifications Gained

**Training** Have you received training on the following, giving dates undertaken. Please enclose a copy of all expired and current certificates as proof of training.

Training Programme	Tick	Dates Taken	Training Programme	Tick	Dates Taken
Passport to Safety CNSGS			Site Safety Awareness		
Lifting and Slings/Rigger			Power/Jet Washing		
CITB labourer			Face Fit Test		
CITB Mattock Man			Manual Handling		
CITB Burner			Fork Lift Truck		
CITB Topman			ADR Training		
Banksman			First Aid at Work		
CITB Demolition Manager/Supervisor			Resuscitation Training		
Abrasive Wheels			Confined Space		
Risk Assessment			Access Platform		
Breathing Equipment			Portable Scaffolding		



Skid steer Loader			Work at Height		
BS7121 Appointed Person/Lift Supervis			Environmental Training		
Drug Awareness			Safety Hot Work		
CDM regulations			HGV		
CITB Plant Operator Specify categories held:			Asbestos Awareness/Operative/Supervisor/		

### Employment History

Please give details of your work history. Continue on a separate sheet if necessary or supply full detailed curriculum vitae.

Name of Company and contact	Dates From	To	Brief details of duties	Reason for leaving

Any other relevant information/Skills obtained

Please give details of past employer referee(s) including telephone number:

Tel:	Tel:
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Do you know or are you related to anyone who works for EDS? If so please provide details



**Medicals**

Please give dates of any of medicals you have undertaken:  
 i.e. Lead at Work, Asbestos at Work, Confined Space, BA, Classified worker, etc:

**Health History**

Would you please complete the following questions regarding your health, should you answer 'yes' to any questions please provide details, i.e. medication and age at onset.

**Have you ever had, or do you at present suffer from any of the following ?**

Questions	Yes	No	Details
An epileptic seizure or fit?			
Any smoking or alcohol related problems?			
Sudden attacks of disabling giddiness, fainting or blackouts?			
Diabetes?			
Circulatory or heart problems such as high blood pressure, etc.?			
A major or minor stroke?			
Asthma, Tuberculosis or any other chronic lung disease?			
Any hearing defects?			
Any eye sight defects?			
Dermatitis, eczema or any other skin complaint?			
Allergies or sensitivity to any antibiotics or other substances/materials? (ie penicillin)			
A shortness of breath or chest tightening (angina) when doing exercise?			
Blanching of the fingers (white finger)?			
Any serious illness or accident?			
An occupational disease or been rejected from employment on medical grounds?			
Have you seen a doctor in the past 3 years?			
Are you currently on any medication not mentioned above?			
May our Company Appointed Doctor contact your GP in respect of any health issues?			
Do you suffer from any condition(s) which may affect your safety or the safety of others. Would you be willing to under-go a Company Medical?			
Name of Doctor:			
Address of Medical Centre:			
Contact Telephone Number:			

**Declaration:** To the best of my knowledge all the above details are correct.

Signed:..... Print:..... Date:.....