

Application for the post of (please enter job title) :

Where did you hear about this post?

Application Form

Please complete this form fully using black ink or type. Application should be returned to **Millar Callaghan, 10 Arkwright Way, North Newmoor Industrial Estate, Irvine, KA11 4JU** or emailed to **enquiries@millar-callaghan.co.uk**

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1. Personal details

Surname:

First Name:

Address:

Postcode:

Home Telephone No.:

National Insurance No. :

Mobile Telephone No. :

E-mail address :

Do you require a work permit to take up this position?

Yes

No

Do you hold a full driving licence valid in the UK?

Yes

No

Please give details of any current endorsements

What days are you available to work?

Mon

Tue

Wed

Thu

Fri

Sat

Sun

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2. Present Employment

Present Employment (If not currently employed please give details of last employer)

Name of Employer:

Post Title:

Date Started:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of service

(if no longer employed):

Reason for leaving

(if no longer employed):

Section 3. Previous Employment

Previous Employment (most recent employer first). Where possible, please cover the last 10 years and state nature of business

Name of Employer:

Position Held:

Date from : Date to :

Summary of duties:

Name of Employer:

Position Held:

Date from : Date to :

Summary of duties:

Name of Employer:

Position Held:

Date from : Date to :

Summary of duties:

Name of Employer:

Position Held:

Date from : Date to :

Summary of duties:

Section 4. Education/Training

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

Secondary Education / Further Education	Subjects / Course	Qualifications and grades obtained

Professional / Technical Qualifications

Please give details:

Professional Qualifications	Course Details

Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

Training - Do you have any of the following certification?

If successful you will be required to provide relevant evidence of the above details prior to your appointment

CSCS/CPCS Card	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	PASMA	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Confined Space	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	PTS (Personal Track Safety)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
First Aid at Work	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Slinger Signaller	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Forklift Operator (counterbalance)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	HGV Licence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Forklift Operator (telehandler)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Manual Handling	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hiab (Lorry Loader)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	IPAF/PAL	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Coded welding	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					

If yes, please state below which codings you hold and whether they are valid or expired.

Section 6. Orientation

How would you describe your attitude to work?

What makes you feel you are suitable for this position?

What would you like to achieve from your career?

Section 7. Criminal Convictions

Please give details of any unspent criminal convictions. Under the **Rehabilitation of Offenders Act 1974**, spent convictions need not be declared. This information is required to enable the company to assess whether the conviction(s) present grounds for not taking your application further. Where we consider that the conviction(s) is not relevant to your application, we will disregard it.

Yes No

If yes, please give details / dates of offence(s) and sentence:

Section 9. Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long-term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes No

Are you colour blind? Yes No

Do you have difficulty lifting? Yes No

If yes, please give details:

Section 10. Health

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Section 11. References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1

Name:

Position (job title):

Work Relationship:

Organisation:

Address:

Postcode

Telephone No. :

E-mail:

Are you willing for this reference to be approached prior to the interview? Yes No

Reference 2

Name:

Position (job title):

Work Relationship:

Organisation:

Address:

Postcode

Telephone No. :

E-mail:

Are you willing for this reference to be approached prior to the interview? Yes No

Section 13. Declaration

Statement to be Signed by the Applicant

I confirm that the details given in this form are correct. I understand that, in the event that I am offered employment with the company, any falsification or concealment of any material fact(s) in respect of my application may lead to the company withdrawing the offer of employment, if the employment has not yet commenced, or disciplinary action and dismissal if the employment has commenced.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the terms and conditions of employment and the job description.

Signed:

Date:

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If you receive no further communication within six weeks you may assume that you have been unsuccessful on this occasion, in which case we take this opportunity to thank you for your interest in this post.