David Davies Rd Port of Barry, Vale Of Glamorgan CF63 4AB



Tel: +44 (0) 1446 422100

Surname		_Forename	es
Address_			
		PostCode	
Home Tel No: Applicable			•
Marital Status: Single Divorced	With Partner Widowed	Married	Seperated
Number of Children	Ag	es:	
National Insurance Number			
ou have a current driving licence	e? Yes	No	
isional M/Cycle Full H	IGV Fork Lift	Other	
Driving Licence No:			
Do you have any points	s on your		
licence? Yes	No		

If yes please give details

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Have you been banned from driving during the last 10 years?	Yes No
If yes please state	
reason:	
If you do not drive how will you get to work?	_
Have you been convicted of a criminal offence?	Yes
If yes please give details	
Position applied for	
Anticipated wage £/per hour	
School and Colleges Attended Date from/to Examination Results	_

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Additional training a	nd qualifications		
<u>Previous employmei</u>	nt (Commencing with p	resent or last job)	
Employer:			
Type of Business:			
Job Title:			
		Date:	_ Rate if
Pay:			
Reason for			
leaving:			
Dravious amployme	nt (Commencing with p	recent or last job)	
rievious employmei	it (Commencing with p	resent or last jobj	
Employer:			
Address:			
Type of Business:			
Job Title:			
Start Date:		Rate of Pay:	
Reason for le	eaving:		

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Previous em	ployment (Com	mencing with present or last	
job)			
o			
Employer:			
Address:			
Type of Business:			
Job Title			
Start Date	Finish Date	Rate of Pay	
Reason for Leaving			
Previous em	ployment (Com	mencing with present or last	
	• •		
Jon)			
<u>Employer:</u>			
Address:			
Type of Business:			
Job Title:			
Start Date:	Finish Date:	Rate fo pay:	
Peacon for Leaving			

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Details	<u>Medical</u>
metres	<u>Details</u>
metres	
Weight:StoneLbs or Kgs: Have you suffered any of the following complaints? Skin problems: e.g Dermatitis, Eczema Yes/No Chest problems e.g Asthma, Hay fever, Brochitas Yes/No HeartTroubles: Yes/No Deafness Yes/No Eye Problems Yes/No Eye Problems Yes/No Back or Leg problems Yes/No Do you suffer from any allergies? If the answer to any of the above was YES, please give details: Are you currently receiving any medical treatment? If so please give	HeightFt:Inches or
Weight:StoneLbs or Kgs: Have you suffered any of the following complaints? Skin problems: e.g Dermatitis, Eczema Yes/No Chest problems e.g Asthma, Hay fever, Brochitas Yes/No HeartTroubles: Yes/No Deafness Yes/No Eye Problems Yes/No Eye Problems Yes/No Back or Leg problems Yes/No Do you suffer from any allergies? If the answer to any of the above was YES, please give details: Are you currently receiving any medical treatment? If so please give	metres
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Have you suffered any of the following complaints? Skin problems: e.g Dermatitis, Eczema Yes/No Chest problems e.g Asthma, Hay fever, Brochitas Yes/No HeartTroubles: Yes/No Deafness Yes/No Eye Problems Yes/No Back or Leg problems Yes/No Do you suffer from any allergies? If the answer to any of the above was YES, please give details: Are you currently receiving any medical treatment? If so please give	Kgs:
Skin problems: e.g Dermatitis, Eczema Yes/No	Have you suffered any of the following
Skin problems: e.g Dermatitis, Eczema Yes/No	complaints?
Yes/No	Skin problems: e.g Dermatitis, Eczema
Chest problems e.g Asthma, Hay fever, Brochitas Yes/No	Yes/No
Deafness Yes/No	Chest problems e.g Asthma, Hay fever, Brochitas
Deafness Yes/No	Yes/No
Deafness Yes/No	HeartTroubles: Yes/No
Eye Problems Yes/No Back or Leg problems Yes/No Do you suffer from any allergies? If the answer to any of the above was YES, please give details: Are you currently receiving any medical treatment? If so please give	Deafness
Eye Problems Yes/No Back or Leg problems Yes/No Do you suffer from any allergies? If the answer to any of the above was YES, please give details: Are you currently receiving any medical treatment? If so please give	Yes/No
Back or Leg problems	
Back or Leg problems	Yes/No
If the answer to any of the above was YES, please give details: Are you currently receiving any medical treatment? If so please give	Back or Leg problems Yes/No
If the answer to any of the above was YES, please give details: Are you currently receiving any medical treatment? If so please give	Do you suffer from any
Are you currently receiving any medical treatment? If so please give	allergies?
	If the answer to any of the above was YES , please give details:
	• • • •

Please give details to any exposure you may have had with a hazardous substances or processes,

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<u>e.g ı</u>	wo pack paint, Welding fumes, Body filler dust.
	Do you smoke? Yes/No_If so
	LIGHT/AVERAGE/HEAVY
Do y	ou drink alcohol? Yes/No
	If yes approximate consumption in a
	week?
Do y	ou use drugs in any form? Yes / No
If ye	s please state details
Pleas	se give details of any other medical condition not listed that you have suffered from
	Would you be prepared to have a medical examination Yes / No
N	Please give emergency contact details
Nam Addr	Please give emergency contact details
<u>Nam</u> Addr	Please give emergency contact details
Addr	Please give emergency contact details eess e Tel No: Works Telephone No:
Addr	Please give emergency contact detailse ess
Addr	Please give emergency contact details eess e Tel No: Works Telephone No:
Addr	Please give emergency contact details eess e Tel No: Works Telephone No:
Addr	Please give emergency contact details eess e Tel No: Works Telephone No:
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Addr	Please give emergency contact details eess e Tel No: Works Telephone No:
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Pleas whic	se briefly explain why you should like the job you have applied for, also what skills you have h would benefit our company:
	Please give two references
	Troube give two referencess.
	Name
<u>Addr</u>	ess
	Tel
	No
	Name
Addr	
_	Tel
	No

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I confirm that the details provided are to the best of my knowledge correct, and I understand that any statement found to be false may lead to rejection or if employed dismissed.

Signature 		Date		
Office Use Interview date time_		Interview	7	
Interviewed	by		Successful	/
Rejected				
Start date Hourly rate	Depart			

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