

APPLICATION FORM

Application for employment as _____

Forename _____ Surname _____

Address _____ N.I. No: _ / _ / _ / _ / _

_____ Tel (Home) _____

_____ Tel (Mobile) _____

How did you hear about the opportunity? _____

Are you eligible to work in the U.K? _____

Please identify your current level of experience in each area of competence that you believe will assist you in this application.

Formal Education/Training	Length of Training	Knowledge/Skill Gained	Level of experience (low/med/high)

Memberships

Please list below any professional bodies/memberships you hold.



Employment Experience

*Continue on a separate sheet if necessary.
No approach will be made to your present employer before an offer of employment is made.*

Length of Employment	Name & location of Employer	Job Title & Main Duties	Skill/Knowledge used	Reason for Leaving	Salary on Leaving



Confidential

Additional Information

Please identify how you would like to see your career progress.

Which professional path do you wish to follow?	
Which method of development would you be prepared to undertake?	
<i>Self-study</i>	_____
<i>Part Time Study in educational establishment</i>	_____
<i>In work Assessment – NVQ</i>	_____
<i>Apprenticeship</i>	_____
<i>I do not wish to study</i>	_____

How much notice does your present employer require?	
Hobbies & Interests	
Do you hold a full, clean driving licence?	Yes/No
If no please give details	
Please indicate your salary expectations:-	

Have you included with this form a handwritten letter, which identifies in no more than one A4 page why you think that you are suitable for this position, what you will bring to the company and what you hope to get out of the company?

Referees (Please fill in all information)

*Please supply the contact details of two references.
Preferably one of these should be from a previous employer.*

1		2	
Name	_____	Name	_____
Relationship	_____	Relationship	_____
Address	_____	Address	_____
	_____		_____
	_____		_____

If this application is not successful the information contained in this application will be kept on our records for 3 months and then shredded.

I confirm that to the best of my knowledge the information in this application is correct.

Signed _____ Date _____

Once you have completed the application form please return to:
Benfield ATT Group, Castle Way, Caldicot, Monmouthshire, NP26 5PR



Equal Opportunities

Benfield ATT strive to operate a policy of equal opportunity and do not discriminate against any person because of sex, race, colour or national origin.

To help us monitor this it would be helpful if you could provide details as below. You are under no obligation to fill out this information. This information will be kept in the strictest of confidence.

Name: _____

Surname: _____

Are you male/female? (Please delete)

How would you describe your ethnic origin?

- | | | | | | |
|-----------------------|---------|-----------------------|------------------------------|-----------------------|---------------|
| <input type="radio"/> | White | <input type="radio"/> | Black Caribbean | <input type="radio"/> | Black African |
| <input type="radio"/> | Indian | <input type="radio"/> | Pakistani | <input type="radio"/> | Bangladeshi |
| <input type="radio"/> | Chinese | <input type="radio"/> | Other (please specify) _____ | | |



Confidential
Health Questionnaire

All information disclosed in this questionnaire will be treated in the strictest confidence. Certain information is required prior to you commencing employment with Benfield ATT, in order to ensure you are able to carry out the requirements of the job, ensure your personal safety and to meet the statutory obligations imposed by the relevant Health & Safety regulations. The information is also required to establish if we need to make any reasonable adjustments to assist you in performing the work, in accordance with the requirements of the Disability Discrimination Act 1995.

Name: _____

Date of Birth: __ __/ __ __/ __ __

1. Medical History

Have you ever suffered from any of the following ailments in the past, please give details where appropriate?

- Circulatory problems such as varicose veins, phlebitis or thrombosis
- Heart problems, angina, hypertension, or heart attack or stroke
- Respiratory Problems such as asthma or severe bronchitis
- Diabetes
- Epilepsy or fainting attacks
- Skin disorders
- Recent operations or bone fractures
- Back trouble, arthritis or rheumatism
- Injuries to bones, joints tendons, including wrist tendons.

2. Are you currently on medication? **YES / NO** (please delete as applicable)

3. Have you suffered from any other significant health problems including eyes, hearing, skin etc.? **YES / NO** (please delete as applicable)

4. Have you ever made a claim for an Industrial Disease or Injury? **YES / NO** (please delete as applicable)

5. Have you worked in an industry with high noise levels or been exposed to the use of hand held vibratory tools? **YES / NO** (please delete as applicable)

6. Do you smoke? **YES / NO** (please delete as applicable)

7. Are you registered disabled? **YES/NO** (please delete as applicable)

Please tell us if:

- There are any reasonable adjustments we can make to assist you in your application
- There are any reasonable adjustments we can make to the job itself to help you carry it out.

Please give details: _____

Signed _____

Date _____



Rehabilitation of Offenders Act (1974)

Do you have any convictions, which are not spent or are exempt from the rehabilitation of Offenders Act (1974)?

Yes

No

If yes, please give details:

Data Protection Act (1998)

The data contained on this form will be used for the purposes of assessing your application for employment and will not be disclosed to any 3rd party without your consent.

Declaration

I certify that this form is, to the best of my knowledge and belief, true and complete and I agree to the data being processed for the purposes referred to above. I accept that the deliberate provision of false information or withholding of material facts may disqualify me from employment or render me liable to instant dismissal if coming to light after my appointment.

I agree to the above statement.

Yes

No

Signed: _____ **Date:** _____

