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EBOR CONCRETES LTD.



EMPLOYMENT APPLICATION FORM

CONFIDENTIAL

PLEASE READ AND COMPLETE THIS FORM FULLY IN YOUR OWN HANDWRITING
AND RETURN TO ADDRESS SHOWN

PERSONAL DETAILS

SURNAME/TITLE _____ ADDRESS _____
PREVIOUS NAME(S) _____
DATE OF NAME CHANGE _____
FORENAME(S) _____
DATE OF BIRTH (optional) _____ P. CODE _____
NATIONAL INSURANCE NO. _____ TEL. NO. _____

EMERGENCY DETAILS PLEASE CONTACT:-

NAME _____ DOCTOR'S NAME _____
ADDRESS _____ ADDRESS _____
TEL. NO. _____ TEL. NO. _____
RELATIONSHIP _____

DO YOU HAVE A CURRENT DRIVING LICENCE? YES/NO
DO YOU HAVE AN ACCREDITED LICENCE TO OPERATE A FORK/REACH TRUCK? YES/NO
DO YOU HAVE YOUR OWN TRANSPORT? YES/NO
WOULD YOU BE ABLE AND WILLING TO WORK OVERTIME IF REQUIRED? YES/NO
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE ALLTON GROUP OF COMPANIES? YES/NO
DO YOU HAVE ANY RELATIVES EMPLOYED BY THE ALLTON GROUP OF COMPANIES? YES/NO
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFICE WHICH IS NOT YET
THE REHABILITATION OF OFFENDERS ACT 1974? YES/NO

EBOR
Specialist Products
Reinforced Concrete
Manufacturers

A MEMBER OF THE ALLTON GROUP OF COMPANIES

EDUCATION

SECONDARY AND HIGHER EDUCATION - NAME AND ADDRESS

FROM

TO

1. _____
2. _____
3. _____

GCSE/GCE/OR EQUIVALENT	GRADE	DATE	A LEVEL OR EQUIVALENT	GRADE	DATE
			ADDITIONAL QUALIFICATIONS EG DEGREE/DIPLOMA		

SPECIALIST TRAINING/ QUALIFICATIONS

QUALIFICATIONS/COURSE	TRAINING ORGANISATION	FROM	TO

PLEASE PROVIDE NAMES AND ADDRESSES OF TWO REFEREES WHO HAVE GIVEN THEIR PERMISSION FOR THEIR NAMES TO BE USED. THESE SHOULD NOT BE RELATIVES, AND ONE SHOULD BE YOUR MOST RECENT EMPLOYER. (THE LATTER WILL NOT BE CONTACTED WITHOUT YOUR PERMISSION IF YOU ARE STILL IN EMPLOYMENT).

1. NAME _____

ADDRESS _____

TEL. NO. _____

2. NAME _____

ADDRESS _____

TEL. NO. _____

CURRENT EMPLOYMENT

NAME AND ADDRESS OF CURRENT EMPLOYER	JOB TITLE AND FULL RESPONSIBILITIES	SALARY INCLUDING BENEFITS	REASON FOR LEAVING/ INTENTION TO LEAVE

PREVIOUS EMPLOYMENT

PLEASE ATTACH ADDITIONAL DETAILS ON A FURTHER SHEET IF APPLICABLE.

NAME & FULL ADDRESS OF PREVIOUS EMPLOYER	TITLE & DUTIES	DATE FROM/TO	REASON FOR LEAVING
1.			
2.			
3.			

PLEASE DETAIL ANY ADDITIONAL ACTIVITIES/RESPONSIBILITIES YOU HAVE HAD WHICH YOU FEEL MAY SUPPORT YOUR APPLICATION FOR THIS POSITION (PLEASE INCLUDE ANY RESPONSIBILITIES HELD AT SCHOOL OR WITHIN VOLUNTARY ORGANISATIONS).

PLEASE USE THIS SPACE TO DETAIL THE REASONS WHY YOU HAVE CHOSEN TO APPLY TO EBOR CONCRETES LTD, AND WHY YOU FEEL WE SHOULD CONSIDER YOUR APPLICATION.

LEISURE ACTIVITIES AND INTERESTS

MEDICAL HISTORY

DO YOU SUFFER FROM ANY INTERMITTENT HEALTH CONDITIONS AND IF SO, WHAT ARE THEY?
PLEASE GIVE DETAILS OF ANY MEDICAL CONDITION, PAST OR PRESENT, OF WHICH WE SHOULD BE AWARE
(PLEASE GIVE DETAILS OF ANY PRESCRIBED MEDICATION CURRENTLY USED):

PLEASE DETAIL ANY ILLNESS DURING THE PAST 24 MONTHS INCLUDING LENGTH OF TIME ABSENT FROM
WORK/SCHOOL:-

DO YOU SMOKE?	YES/NO
HAVE YOU EVER LEFT A JOB DUE TO A MEDICAL CONDITION?	YES/NO
HAVE YOU EVER SUFFERED FROM ANY HEARING PROBLEMS	YES/NO
HAVE YOU EVER SUFFERED FROM ANY BACK/FEET CONDITIONS?	YES/NO
HAVE YOU EVER SUFFERED FROM ANY ALLERGIES?	YES/NO
ARE YOU REGISTERED DISABLED?	YES/NO

(IF SO PLEASE GIVE REGISTRATION NUMBER AND EXPIRY DATE) _____

VALIDITY - I DECLARE THAT THE INFORMATION GIVEN ON THE APPLICATION FORM IS, TO MY KNOWLEDGE,
TRUE. I UNDERSTAND THAT IF IT IS SUBSEQUENTLY DISCOVERED THAT ANY STATEMENT IS FALSE OR
MISLEADING, AN OFFER OF EMPLOYMENT MAY BE WITHDRAWN OR I MAY BE DISMISSED FROM EMPLOY-
MENT BY THE COMPANY WITHOUT COMPENSATION. I ALSO AGREE TO A MEDICAL EXAMINATION IF
REQUIRED.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

DECISION	REASON
JOB TITLE _____	DEPT _____
SALARY £ _____	DATE OF COMMENCEMENT _____