

CONFIDENTIAL APPLICATION FOR EMPLOYMENT



Position applied for: _____
 How did you hear of this vacancy? _____

Personal Details

Title*: _____ Surname: _____ Other Names: _____
 (*Optional)
 Home Address: _____
 Postcode: _____
 Home Telephone: _____ Work Telephone: _____
 Mobile Telephone: _____ Email: _____
 National Insurance Number: _____ Date of Birth*: _____
 (Please provide evidence – see guidance notes) (*Optional)

Education and Training

Qualifications/Examinations Passed (most recent)

Subject	Result	Date	College/School/Awarding Body

Training/Development in Employment (most recent)

Subject/Course	Result	Date	College/School/Awarding Body

Membership of Professional Institutes/Bodies/Reservists

Name of Organisation	Level of Membership	Membership Expiry Date
_____	_____	_____
_____	_____	_____

Employment History

Please give full details covering the last 10 years, working backwards from the most recent, including information on any breaks in employment. Please continue on a separate sheet if necessary.

Most Recent Position: _____ **Employment From:** _____ **To:** _____

Company Name: _____

Job Title: _____ **Final Salary:** _____

Brief Description of Responsibilities/Duties:

Reason for Leaving: _____

Previous Position: _____ **Employment From:** _____ **To:** _____

Company Name: _____

Job Title: _____ **Final Salary:** _____

Brief Description of Responsibilities/Duties:

Reason for Leaving: _____

Previous Position: _____ **Employment From:** _____ **To:** _____

Company Name: _____

Job Title: _____ **Final Salary:** _____

Brief Description of Responsibilities/Duties:

Reason for Leaving: _____

Previous Position: _____ **Employment From:** _____ **To:** _____

Company Name: _____

Job Title: _____ **Final Salary:** _____

Brief Description of Responsibilities/Duties:

Reason for Leaving: _____

Additional Information

Do you have any unspent criminal convictions? Yes / No
(If yes, please give full details)

Where position requires use of a company car for business purposes:
Do you have a full driving licence? Yes / No
(If yes, please provide evidence – see guidance notes)

Number of penalty points on your licence: _____

Details of any previous/current driving convictions: _____

Why do you think you would be suitable for this position?

Please indicate your main interests and leisure pursuits including any community or volunteer work:

References

Please provide names and addresses of two employment referees (inc. current/last employer)
(Please note that no references will be taken up without your prior consent)

Company Name: _____ **Company Name:** _____

Contact Name: _____ **Contact Name:** _____

Department: _____ **Department:** _____

Address: _____ **Address:** _____

Post Code: _____ **Post Code:** _____

I consent to the information given in this application and attached medical questionnaire to be held on file and processed in accordance with the Data Protection Act 1998.

Signature:

Date:

I declare to the best of my knowledge and belief that the information given in this application is correct. I understand that any false or misleading information given either in this application form or in any other documentation completed or verbal statement made during the recruitment process, may render my contract of employment, if I am appointed, liable to termination.

Signature:

Date:

GUIDANCE NOTES FOR COMPLETING THE APPLICATION FORM

- Please complete all areas of the application form in as much detail as possible, using black or blue ink. Where necessary, please use and attach additional sheets. If you fail to supply full details in any of the areas where information is requested, this may render your contract of employment, if you are appointed, liable to termination. If any area of the application form is not applicable to you, please designate N/A.
- The fields “Title” and “Date of Birth” have been marked optional – this information is required for administrative processes only and will not be used for recruitment and selection purposes. Completion of these fields is therefore at the applicant’s discretion.
- For evidence of National Insurance Number, please attach a photocopy version of any one of the following documents, so that we have a copy for our records:
 - A document issued by a previous employer, the Inland Revenue, the Benefits Agency, the Contributions Agency or the Employment Service, stating the individual’s national insurance number.
 - A passport or national identity card identifying the individual as a British or European Economic Area citizen, or having the right to abode in the UK.
 - A birth certificate issued in the UK, the Irish Republic, the Channel Islands or the Isle of Man.
 - A letter from the Home Office indicating that the individual has permission to work in the UK.
 - A work permit or other approval for employment issued by Work Permits UK.
- If you are offered an interview or employment, we may ask to see originals of the above.
- For evidence of Driving Licence (if required for position), please supply an original, in date, UK Driving Licence so that we may keep a copy for our records.
- The Data Protection Act 1998 – Information provided by you on this application form may be copied for use during the recruitment procedure. Once the recruitment procedure is completed, the data will be stored for at least 6 months and then destroyed. If you are the successful candidate, relevant information may be taken from this form and used as part of your personnel record.
- Once completed, this form and any attachments should be passed or sent to: Personnel, Lymington Precision Engineers Co Ltd, Gosport Street, Lymington Hants SO41 9EE

Please contact us if you require any assistance in completing this form



LYMINGTON PRECISION ENGINEERS

HEALTH DECLARATION

Please contact us if you require any assistance in completing this form.

Any applicant who believes they have a disability within the meaning of the Disability Discrimination Act 1995 (DDA) should indicate so below and **give an indication of what adjustments may be required to either the role they are applying for or the workplace, for them to be able to fulfil the job requirements.** Where a disability is indicated, the criteria for selection and the selection process will be adjusted as required by the DDA, for that particular individual in order to give them an equal chance of success in their application.

Applicants should understand that before you commence work you must disclose any medical problems, which may affect your ability to perform the work for which you have been appointed. Failure to do so may result in your contract being terminated.

Please rest assured that any information provided by you on this questionnaire will be treated in the strictest of confidence.

If necessary, you should continue your answers on a separate sheet.

Information Required	No	Yes	Your Answer
1. How many days have you been absent from work due to sickness during the last 12 months?			Number of days _____
2. In the last 5 years, have you ever been off work for in excess of 4 consecutive weeks (excluding maternity/parental leave)?			If yes, please give details of all occasions
3. Do you have any medical condition or recurring illness(es)/injuries (e.g. repetitive strain injuries, back injuries, depression) that might affect your ability to do the job for which you have applied, or your likely attendance levels at work?			If yes, please give details
4. Are you aware of any circumstance, such as a planned operation, which may result in you being absent from work for in excess of two weeks during the next 12 months?			If yes, please give details

Information Required	No	Yes	Your Answer
5. Do you have a disability/illness or any physical/mental limitation (e.g. asthma, dyslexia, memory loss, etc.)?			If you answered yes, please give details and state whether there are there any adjustments to equipment or the tasks of the job you would need to be made in order for you not to suffer a detriment at interview and also in order for you to do this job.
6. Have you ever resigned/been dismissed from a Company for reasons of ill health or incapability?			If yes, please give details
7. Is there any other information regarding your physical and mental health or abilities that the Company should be aware of, or anything that you would like to include on this questionnaire?			If yes, please give details
8. Do you suffer from any allergies?			If yes, please give details (especially life threatening allergies)
9. Would you need to absent yourself periodically from work to undergo treatment for any condition?			If yes, please state nature of treatment and state if this treatment would temporarily affect your ability to carry out your duties (e.g. regular monthly injections for arthritis which results in the inability to drive for a few hours afterwards).
10. Have you been refused a driver's license due to medical reasons?			If yes, please provide information

Applicants may be required to undergo a medical examination by a Company appointed doctor. Such examinations will always be at the expense of the Company.

Please note that during your employment should you start to take any medication which may result in drowsiness or begin to suffer from any serious physical or medical condition, including pregnancy, this must be immediately reported to your manager so that a risk assessment can be carried out and any necessary adjustments made to your workplace. By signing this medical questionnaire you consent to advise the Company if you develop any medical condition which could give rise to period of absence from work or inability to carry out my contractual duties.

This questionnaire will be kept on personal files for successful applicants. The information provided may be used for monitoring purposes.

Once completed, this form and any attachments should be passed or sent to:

Personnel Department, Lymington Precision Engineers Co Ltd, Gosport Street, Lymington Hants SO41 9EE

For the purposes of the Data Protection Act 1998:

I do/do not* give consent for this form to be held on file

*please delete as appropriate

I declare to the best of my knowledge and belief that the information given above is correct. I understand that any false or misleading information given in this form or in any other documentation completed or verbal statement made during the recruitment process, may render me contract of employment, if I am appointed liable to termination. In addition, if appointed, I consent to the information given on this form being forward to LPE Accident & Insurance Brokers.

Date: _____

Signed: _____

Name in Full: _____