



<p>APPLICATION FOR EMPLOYMENT EXTENDED FORM</p> <p>Please complete ALL sections in INK and use BLOCK CAPITALS</p>	<p>Please return completed form to:</p> <p>THOMAS ARMSTRONG (HOLDINGS) LIMITED</p> <p>Workington Road, Flimby, Maryport, Cumbria CA15 8RY Tel. 01900 68211</p>	<p>Form F8 Issue 7 07/06 Double A3 Page 1</p>
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Position applied for	Forename(s) Mr/Mrs/Miss/Ms	Surname
Single/Married/Civil Partnership/Separated/ Divorced/Widowed	N.I. Number	Address
No. of Children		Postcode
Have you a current driving licence?		
For what class of vehicle?	Tel. No. (home)	Tel. No. (work)
Details of any driving licence endorsements:	Would you have to move home if offered this job? Yes/No	

Nationality: _____

1. Have you been ordinarily resident in the UK or a country in the European union for the whole of the last 3 years? Yes/No

2. If you are not ordinarily resident in the UK, please write your Country of residence? _____

3. If you are not a British Citizen, when did you enter the UK? / /

Ethnic Group A policy of equal opportunities of employment is followed in accordance with the Race Relations Code of Practice. To enable the effectiveness of this policy to be monitored, please indicate the ethnic group to which you belong.	African	Asian	Afro-Caribbean	European (inc.UK/Irish)	Other
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GENERAL EDUCATION		Please give details of secondary education		
DATES		Name & Address of School	Type of School	Examinations: List subjects taken and results.
From	To			Mention any scholarships, prizes, etc.

FURTHER EDUCATION & TRAINING		Please give details of education since leaving School, including Training courses			
DATES		Name of University, College or Institute	Type of courses, e.g. FT, day rel.	Subjects studied	Qualifications obtained. Give class of pass, prizes, etc.
From	To				

If you need more space to answer any of the questions please use the Notes section overleaf.

DETAILS OF PRESENT OR LAST EMPLOYER							Form F8 Issue 7 07/06 Double A3 Page 2	
From		To		Position/Job Title				
Name & Address				Main Duties				
Nature of Business		No. of employees		Responsible to		Number reporting directly to you		
Why did you leave/do you wish to leave?		Remuneration at start (before tax)		Basic Salary	£	p.a.	Remuneration now or on leaving (before tax)	
				Bonus etc.	£	p.a.	Basic Salary	
				Total	£	p.a.	£ p.a.	
							Total	
							£ p.a.	
DETAILS OF PREVIOUS EMPLOYERS (in date order)					Please list all organisations your have worked for including any military service and stating highest rank			
From		To		Position/Job Title				
Name & Address				Main Duties				
				Responsible to		No reporting directly to you		
Nature of Business				Starting Remuneration	£	p.a.	Final Remuneration	£ p.a.
Reason for leaving								
From		To		Position/Job Title				
Name & Address				Main Duties				
				Responsible to		No reporting directly to you		
Nature of Business				Starting Remuneration	£	p.a.	Final Remuneration	£ p.a.
Reason for leaving								
From		To		Position/Job Title				
Name & Address				Main Duties				
				Responsible to		No reporting directly to you		
Nature of Business				Starting Remuneration	£	p.a.	Final Remuneration	£ p.a.
Reason for leaving								
From		To		Position/Job Title				
Name & Address				Main Duties				
				Responsible to		No reporting directly to you		
Nature of Business				Starting Remuneration	£	p.a.	Final Remuneration	£ p.a.
Reason for leaving								

HEALTH				Form F8	
Height	Are you disabled Yes/No If yes, please give details and specify any special needs in relation to your disability.			Issue 7 07/06	
Weight				Double A3	
To the best of your knowledge are you fit to perform the duties involved in the position applied for? Yes/No			Would you be willing to have a medical examination if deemed necessary? Yes/No		
Please describe your smoking habits:-					
Have you at any time suffered from any of the following conditions?					
	Y/N		Y/N		Y/N
Dermatitis or skin trouble		Back trouble or slipped disc		Rupture or Hernia	
Gastric or Duodenal ulcer		Any deformity		Migraine	
Deafness, Ear infections, Sinusitis		Rheumatic fever, Heart trouble		Chest trouble, Bronchitis, T.B., Asthma, Hay fever	
Swollen ankles, Varicose veins		Diabetes		Nervous breakdown or Mental trouble	
Rheumatism, Arthritis, Fibrositis		Do you always wear glasses or contact lenses?		Do you wear glasses or contact lenses for close work?	
Fits, Fainting attacks, Giddiness, Epilepsy		Are you currently receiving any medical treatment		Have you had a serious accident at work or elsewhere	
Details of above conditions or any other illnesses or injuries.					
PRACTICAL SKILLS Summarise job skills acquired and specialist training received including CITB Plant Operators Certificate					
What qualities do you have which most suit you to the job you are applying for?					
Foreign Languages	State Languages by proficiency	Weak	Fair	Fluent	
GENERAL			Please give details		
What are your main Interests, Sports and Hobbies?					
What Clubs or Societies do you belong to?					
What Professional Bodies or Trade Unions do you belong to?					
Do you have any part-time jobs?					
Do you have any other commitments which might limit your working hours e.g military, Local Government, Judicial?					
Future Training Plans: Give details of any courses you intend to pursue					
Have you ever been dismissed from employment?					
Have you been convicted of a Criminal Offence. N.B. Rehabilitation of Offenders Act. 1974					
Please give any other information relevant to your application (outline any notable achievements)					

If you need more space to answer any of the questions please use the Notes section overleaf.

REFERENCES Names & Addresses of 2 References; 1 for experience, 1 for character		Can they be contacted now? A. Y/N B. Y/N	Form F8 Issue 7 07/06 Double A3 Page 4
A. (experience) Occupation	B. (character) Occupation		
AVAILABILITY		Please give details	
When would you be available for interview?			
If offered this job when could you start?			
Do you have any holiday commitments?			
How did you hear about this job?			
Who do you know employed by this Company?			
NOTES Use this section if you require additional space			

DECLARATION Please read this carefully, then sign and date your application.		
I confirm that the above information is correct and understand that misleading statements may be sufficient grounds for cancelling any agreements made. I also understand that questions left unanswered may be discussed at interviews arising from this application.	Applicant's signature	Date

Please note; you may be requested to complete further forms in connection with this application.

For office use only:
