



<p>APPLICATION FOR EMPLOYMENT <u>CONCISE FORM</u> Please complete ALL sections in INK and use BLOCK CAPITALS</p>	<p>Please return completed form to: THOMAS ARMSTRONG (HOLDINGS) LIMITED Workington Road, Flimby, Maryport, Cumbria CA15 8RY Tel. 01900 68211</p>	<p>Form F9 Issue 8 07/06 Double A4 Page 1</p>
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Position applied for	Forename(s) Mr/Mrs/Miss/Ms	Surname
Single/Married/Civil Partnership/Separated/ Divorced/Widowed	Address	
No. of children		
Have you a current driving licence? Yes/No		Postcode
For what class of vehicle?	Tel. No. (home)	N. I. No.

Details of any driving licence endorsements

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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EDUCATION Please give examination results, diplomas, etc. and approximate dates	
Secondary Education - Name of School(s)	Further Education-Name of College, University,etc

EMPLOYMENT			
Present, or if not working now, last employment	Name and address of Employer	Job Title & Main Duties	Start/Leave
Reason for leaving		Average gross pay per Week/Month	
Previous	Name and address of Employer	Job Title & Main Duties	Start / Leave
Reason for leaving		Average gross pay per Week/Month	
Previous	Name and address of Employer	Job Title & Main Duties	Start / Leave
Reason for leaving		Average gross pay per Week/Month	

PRACTICAL SKILLS Summarise job skills acquired and specialist training received
C.I.T.B. Plant Operators Certificate YES/NO (if yes please list categories)

GENERAL		Please give details		Form F9	
What are your main Interests, Sports and Hobbies?				Issue 8 07/06	
What Clubs or Societies do you belong to?				Double A4	
What Professional Bodies or Trade Unions do you belong to?				Page 2	
Do you have any part-time jobs?					
Do you have any other commitments which might limit your working hours (e.g military, Local Government?)					
Have you been convicted of a Criminal Offence. N.B. Rehabilitation of Offenders Act.					
REFERENCES Names & Addresses of 2 References; 1 for experience, 1 for character					
A. (experience)		B. (character)		Can they be contacted now?	
Occupation		Occupation		A. Y/N	
				B. Y/N	
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?					
HEALTH					
Height	Weight	Are you disabled Yes/No ? If yes, please give details and specify any special need in relation to your disability.			
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?					
Dermatitis or skin trouble	Y/N	Back trouble or slipped disc	Y/N	Rupture or Hernia	Y/N
Gastric or Duodenal ulcer	Y/N	Any deformity	Y/N	Migraine	Y/N
Deafness, Ear infections, Sinusitis	Y/N	Rheumatic fever, Heart trouble	Y/N	Chest trouble, Bronchitis, T.B. , Asthma, Hay fever	Y/N
Swollen ankles, Varicose veins	Y/N	Diabetes	Y/N	Nervous breakdown or Mental trouble	Y/N
Rheumatism, Arthritis, Fibrositis	Y/N	Do you always wear glasses or contact lenses?	Y/N	Do you wear glasses or contact lenses for close work?	Y/N
Fits, Fainting attacks, Giddiness, Epilepsy	Y/N	Are you currently receiving any medical treatment?	Y/N	Have you had a serious accident at work or elsewhere?	Y/N
Details of above conditions or any other illnesses or injuries.					
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 a further form in connection with this application.