



## APPLICATION FOR EMPLOYMENT



Position Applied For:	
Surname:	Telephone:
First Name:	Mobile Telephone:
Address:	Date of Birth:
Town:	National Insurance No:
Postcode:	Email:

**Health:**

	YES	NO
1. Do you have a disability/health problem that may affect your day to day activities?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had a disability/health problem that has affected your day to day activities?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a disability/health problem which affects the work you can do?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you registered disabled?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'YES' to question(s) 1-4, please provide details: \_\_\_\_\_

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**Drug & Alcohol Testing:**

The Company has zero tolerance towards drugs and alcohol. We therefore operate a random Drug & Alcohol testing policy. Are you prepared to accept this policy? YES  NO

**Health & Safety:**

	YES	NO
6. Have you ever had an industrial claim from any previous employer?	<input type="checkbox"/>	<input type="checkbox"/>
7. If 'YES', how many? Please provide details: _____		
8. Are you willing to take full responsibility for your own health & safety whilst at work?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you willing to adhere to the Company's Health & Safety rules at all times?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you a registered first aider or fire marshal?	<input type="checkbox"/>	<input type="checkbox"/>

**Driving:**

	YES	NO
11. Do you hold a full driving license?	<input type="checkbox"/>	<input type="checkbox"/>
12. If 'YES', what type of vehicles are you eligible to drive? Car <input type="checkbox"/> Motorcylce <input type="checkbox"/> PSV <input type="checkbox"/> HGV <input type="checkbox"/> Hi-ab <input type="checkbox"/>		
13. Please give full details of any previous bans or endorsements: _____		
14. If you currently have any points on your license, please state how many: _____		
15. Do you hold a forklift truck license (own or in-house)? YES <input type="checkbox"/> NO <input type="checkbox"/>		





**Other Details:**

16. What are your hobbies and interests?

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17. Please list any facts which you think may be useful when considering your application:

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18. How soon would you be available to work? \_\_\_\_\_

19. Have you ever been convicted of a criminal offence (declaration subject to the Rehabilitation of Offenders Act 1974)?  
If 'YES', please provide details:

YES      NO  
     

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**References:**

Please provide two professional references below:

Referee 1	Referee 2
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Position:	Position:

I DECLARE, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ON THIS FORM IS CORRECT

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this application form to:*  
Maxine Wild, WEC Group Ltd, Spring Vale House, Spring Vale Road, Darwen, Lancashire, BB3 2ES