

Job Application (cont)

Do you have any unspent convictions under the Rehabilitation of Offenders Act 1974? YES NO
IF YES, PROVIDE DETAILS

QUALIFICATIONS (INCLUDING TRAINING COURSES)	YES/NO	CARD EXPIRY DATE
NRSA		
DIGGER CERTIFICATE (CPCS)		
OTHER TRAINING COURSES		

EMPLOYMENT HISTORY

OTHER INFORMATION

ARE YOU DISABLED? YES NO * **IF YES, PROVIDE DETAILS**

ABSENCES Please give details of:
 · any extended absences from work of 5 or more consecutive days other than annual leave or maternity leave.
 · any major illness, chronic conditions and/or allergies that may affect your work and attendance.

REFERENCE CONTACT. We will only obtain references at the offer stage and may approach your past employers. Please advise us of any organisation we should not approach without your consent.

CONTACT NAME / ADDRESS	ORGANISATION/JOB TITLE	PHONE
1	1	1
2	2	2

For the purposes of the Data Protection Act 1998, I consent to the information contained in this form, and any information received by or on behalf of Turriff Group relating to the subject matter of this form, being processed in administering the recruitment process. I declare that all the information on this application form is true and correct. I acknowledge that any false or misleading statements made on this form may, if they subsequently come to light, be taken to justify my dismissal from employment with Turriff Contractors Ltd or could result in the cancellation of any job offer made.

Signature

Date

Medical – Confidential*(when complete)*

The information given in this questionnaire will help ensure that you are not exposed to unacceptable risk while at work. Please answer ALL of the following questions by putting a tick in the relevant box. Where an explanation is required please write in the appropriate box and continue overleaf if necessary. You will be given the opportunity to discuss any areas of concern at the initial interview. If selected for employment with Turriff Group you will be required to undergo a health surveillance medical examination within the first three months.

SURNAME: _____ FIRST NAME(S): _____

MALE

FEMALE

	QUESTION	YES	NO	N/A
1	Have you been admitted to hospital in the last 5 years? If yes state when and what for:			
2	Are you or have you ever been in receipt of a disability pension?			
3	Have you ever submitted a claim for occupational injury or ill health? If yes state when and what for:			
4	Do you smoke?			
5	Are you pregnant?			
6	Are you currently taking any form of prescribed medication, or have you done so in the past 12 months? If yes state when and what for:			
7	Do you suffer from or have you ever had any circulatory problems e.g. thrombosis, varicose veins etc? If yes state when and what:			
8	Do you suffer from or have you ever had heart problems e.g. angina, high blood pressure, heart attacks etc? If yes state when and what:			
9	Do you suffer from or have you ever had respiratory problems e.g. asthma, breathlessness etc? If yes state when and what:			
10	Do you have diabetes?			
11	Do you suffer from or have you ever had epilepsy or any other kind of seizure? If yes state when and what:			
12	Do you suffer from or have you ever had any skin disorder e.g. dermatitis? If yes state when and what:			

	QUESTION	YES	NO	N/A
13	Have you had any fractures within the past five years?			
14	Do you suffer from or have you ever had any back pain? If yes state when the last episode of pain was and whether you received medical treatment for the condition:			
15	Have you ever been diagnosed as having any kind of repetitive strain injury? If yes state when and what:			
16	Do you suffer from any kind of pain or immobility caused by or affecting the muscles, tendons or ligaments? If yes state when and what:			
17	Do you suffer from or have you ever had any form of ill health associated with Hand Arm Vibration Syndrome or Raynaud's disease e.g. vibration white finger? If yes state when and what:			
18	Have you ever worked in an industry with high noise levels? If yes state when where:			
19	Have you ever worked in an industry where you may have been exposed to asbestos dust? If yes state when and where:			
20	Have you been vaccinated against Hepatitis A and or Tetanus? If yes state which and when:			

PLEASE PUT ADDITIONAL INFORMATION IN BOX BELOW – STATE QUESTION NUMBER
PLEASE GIVE ANY OTHER RELEVANT HEALTH INFORMATION IN BOX BELOW

I confirm that the information I have given on this questionnaire is accurate and complete to the best of my knowledge.

Signed: _____ Print Name: _____ Date: _____

EQUAL OPPORTUNITIES MONITORING

In accordance with its equal opportunities statement, the Company will provide equal opportunities to all employees and job applicants and will not discriminate either directly or indirectly on the grounds of race, colour, ethnic origin, nationality, national origin, sex, marital status, disability, sexual orientation, religion or age.

In order to enable the Company ensure compliance with its policy statement, a system of monitoring has been set up. We have only asked for your name so that monitoring can take place both at the short listing for interview stage and at the appointment stage. Once an appointment has been made, the data given on this form will be stored on computer in an anonymised format and the form will then be destroyed.

You may, of course, decide not to answer one or any of these questions but if you do respond, all information provided will be treated in confidence and will be used solely by the Human Resources department for the purpose of providing statistics for equal opportunities monitoring. The monitoring form does not form part of your application and will therefore be detached from it on receipt and stored separately. You can always mail this form separately to the above address if you wish.

Thank you for your assistance in completing this form.

Name:	
Position applied For:	
Gender:	Male
	Female
	Prefer not to say
Marital status:	Married
	Single
	Other (please specify)
	Prefer not to say
Age band:	Under 18
	18 - 29
	30 - 39
	40 - 49
	50 - 59
	60 - 65
	Over 65
	Prefer not to say
Sexual orientation:	Heterosexual
	Homosexual
	Bisexual
	Transsexual
	Prefer not to say
Disabilities :	None
	Physical disability
	Mental disability
	Prefer not to say

Race/nationality/ethnic origin:	White	English
		Scottish
		Welsh
		Irish
		British
		Other white background (please specify)
	Mixed	White and Black Caribbean
		White and Black African
		White and Black British
		White and Asian
		Other mixed background (please specify)
	Asian	Indian
		Pakistani
		Bangladeshi
		British
		Other Asian background (please specify)
	Black	Caribbean
		African
		British
		Other black background (please specify)
Chinese		
Other ethnic group (please specify)		
Prefer not to say		
Religion:	Christian	
	Catholic	
	Jewish	
	Sikh	
	Muslim	
	Hindu	
	Buddhist	
	Rastafarian	
	None	
	Other religion (please specify)	
Prefer not to say		

For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to the Company processing the data supplied on this form for the purpose of equal opportunities monitoring.

Name:
Signature:
Date:

**Please return completed form to:
HR Manager, Turriff Group, Universal Road, Middlefield Industrial Estate,
Falkirk, FK2 9GA**