



Application Form



Please tick

Position Applied for

Date available to start

Please Note

Under the Asylum and Immigration Act all new employees must now provide evidence they can work legally in the UK. Only original documents (not copies) are acceptable. Employment will not be offered unless evidence is provided.

Please bring ONE of the following: your Passport, a National Identity Card, a Residence Permit, a Home Office Application Registration Card or other Home Office issued document endorsed to show you can stay and work in the UK.

If you are unable to bring one of the above, please bring a document giving your National Insurance number (e.g. a P45, P60, NI card) together with one of the following : Your birth certificate, a Certificate of Registration or Naturalisation, a Home Office letter or Immigration Status document showing you can stay and work in the UK.

If you are unable to bring any of the above, you must bring a work permit issued by Work Permits UK and a passport or Home Office issued letter showing you can stay and work in the UK.

Part 1 – Personal Details

Surname.....

Forenames.....

Address.....

Age.....

.....

Nationality.....

.....

Date of Birth

Post Code.....

Marital Status.....

Home Telephone.....

Mobile.....

National Insurance Number

Tick if none

Worker Registration Number (if applicable)

Part 2 – Health

The following section is designed to allow us to evaluate your suitability for certain areas within the group. It should be noted that a positive answer to any of these questions will not necessarily result in you not being considered for a position.

Do you have or have you ever suffered from					
Fainting attacks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bronchitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fits or blackouts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Typhoid /Paratyphoid	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recurring headaches /Migraines	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ear trouble or deafness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Skin Trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eye trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any other infectious illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Defective vision not corrected by glasses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Have you had any disabilities affecting</i>		
Recurring chest disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Working at heights on ladders /staging	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recurring stomach /bowel trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ability to drive	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Standing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Walking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other muscle or joint trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Stair climbing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Arthritis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Lifting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High blood pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Use of hands	Yes <input type="checkbox"/>	No <input type="checkbox"/>

How many days have you had off work through illness over the past two years.....

Briefly state reasons.....

Are you registered disabled Yes No

Part 3 – Employment

Have your ever worked for a Flamstead Holdings’ company before Yes No

If Yes, where did you work.....Position.....

Reason for leaving.....

I am interested in working :

12 hour Continental day shifts, 4 on 4 off	<input type="checkbox"/>	I am able to work weekends	<input type="checkbox"/>
12 hour Continental night shifts, 4 on 4 off	<input type="checkbox"/>	I would prefer not to work weekends	<input type="checkbox"/>
Monday to Friday	<input type="checkbox"/>	I have a current fork truck license	<input type="checkbox"/>
Day shifts 6am to 6pm	<input type="checkbox"/>	I have experience of working in a warehouse	<input type="checkbox"/>
Night shifts 6pm to 6am	<input type="checkbox"/>	I have experience of working in a factory	<input type="checkbox"/>
Daytime shifts (other than 12 hour shifts)	<input type="checkbox"/>	I have a current first aid certificate	<input type="checkbox"/>
I have my own transport	<input type="checkbox"/>	I rely on public transport	<input type="checkbox"/>

Please tick all the boxes which apply

Part 4 – Education

Schools attended	From	To	Examinations Achieved

Further Education College/ University	From	To	Examinations Achieved

Training Courses Attended	Results

Part 5 – Employment

Please provide details of your previous employment starting with the most current

Employer	From	To	Position Duties
Reason for Leaving			

Employer	From	To	Position Duties
Reason for Leaving			

Employer	From	To	Position Duties
Reason for Leaving			

Please continue on a separate sheet if necessary.

Personal interests / pastimes / sports

Part 6 – Rehabilitation of Offenders Act 1974

Criminal records will be taken into account for recruitment purposes only when the conviction is relevant to the post. Unless the nature of the work demands it, you will not be asked to disclose convictions which are 'spent' under the Rehabilitation of Offenders Act 1974. Having an 'unspent' conviction will not necessarily impede you from employment. This will depend on the circumstances and background of your offence(s).

Have you been convicted of a criminal offence which is not regarded as 'spent' under the Rehabilitation of Offenders Act 1974? Yes No

Are there currently any outstanding charges against you? Yes No

If your answer to either of the above is 'yes', please provide details on a separate sheet. Please state the position applied for and give details of your conviction, including the date and the nature of the offence, date of conviction and sentence imposed. The sheet should be enclosed in a sealed envelope, addressed to the HR Manager and marked 'Private and Confidential'.

Certain posts are exempt from the Rehabilitation of Offenders Act 1974. Applicants for such posts are required to declare ALL criminal records, spent or unspent. The job particulars will state if the post which you are applying for is such a position.

If you are appointed and an unspent conviction or a declaration regarding the Rehabilitation of Offenders Act 174 is not disclosed or inaccurate details are provided, such information/action may be considered to be gross misconduct which may result in your dismissal.

Part 7 – References

References will not be taken up unless you have been offered and accepted a position with the company

Current / last employer Name.....

Company.....

Address.....

.....

.....

Previous employer or Name.....

Character reference Company.....

Address.....

.....

.....

Part 8 – Confirmation

Please take time to read through your application and make sure that all the details you have provided are correct.

To the best of my knowledge, I confirm that the information provided on this form is correct. I understand false information may lead to my dismissal. Any job offer is subject to a trial period of up to 3 months and satisfactory references. If I am not offered a position I agree my details may be kept on file for 12 months in consideration for future vacancies.

Applicant’s signature.....

Date.....

Send completed form to

HL Plastics Ltd
Flamstead House
Denby Hall Business Park
Denby
Derbyshire
DE5 8JX

Office use only