

**HARROW FENCING SUPPLIES LTD.
79-89 GREENFORD ROAD
SUDBURY HILL
HARROW
HA1 3QF**

EMPLOYMENT APPLICATION.

Please complete all sections of this form in full, as otherwise your application for employment will not be considered.

Name: _____

Age: _____

Date of Birth. _____

Address: _____

Post Code: _____

Telephone Number: _____

National Insurance Number:

Do you hold a Current UK Driving Licence **Yes/No** (Delete as appropriate)

Date Passed Test; _____

Have you had any Accidents within the last Five Years?

Date	Accident Details:

Continue over if space is insufficient.

Have you had any convictions for Driving Offences during the last 5 Years?

Date	Details of Convictions – Penalty Points Awarded and amount of fine imposed:

Continue over if space is insufficient.

Have you had any other convictions:

Date	Details of all Convictions

Continue over if space is insufficient.

Health Monitoring: Please answer all questions;	Yes	No
Are you currently suffering from or Have you ever suffered from the following conditions:		
Heart trouble		
Lung disease		
High Blood Pressure		
Severe Stress Reaction		
Surgical operations		
Serious Accident		
Hepatitis / Jaundice		
Kidney / bladder disorder		
Stomach / Bowel trouble		
Asthma		
Depression / Anxiety		
Neck / Back Strain or an Injury to either your upper or lower Back		
Strain to any other part of your body i.e. Hernia etc.		
Joints or Cartilage Injury.		
Is your unaided eyesight good.		
Do you wear Glasses/Contact lenses.		
Are they safety Glasses.		
Do you have any problems with your hearing.		
Are you currently under the care of a doctor or other medical professional?		
Are you currently taking any medication prescribed by a Doctor.		
Have you ever suffered from any of the following		
Fits / Epilepsy.		
Diabetes		
Black outs		
Any other debilitating conditions i.e. Migraines etc.		
Repetitive Strain Injury (RSI)		
White Finger.		

If you answered yes to any of the above questions please explain in the box below.

Is there anything that we should know about your general state of health, if so please state below:

Occupational History

Information About your previous employment: List all employers over the last five years and your reasons for leaving.

Dates Employed	Company Name & Contact	Reason for leaving.

Has your employment ever been terminated on the grounds of ill health?

Yes

No

If yes please explain.

Approximately how many days / weeks sickness absence did you have?

In the last twelve months:

In the twelve months prior to that:

In any of your previous Employment's have you ever been formally warned about your conduct. Particularly in respect of timekeeping or non-compliance with Health & Safety matters: **Yes/No**. (Delete as appropriate)

if yes please explain.

Please provide us with two referees;

Company Name & Contact:	Address and Telephone Contact Number.
	Address: Post Code: Name: Tel Number
	Address: Post Code: Name: Tel Number

Please be advised that it is Company Policy to take up references for all new employees – A Contract of employment will not be issued until these have been received.

Qualifications/Skills: Do you have any recognised qualifications and skills that may be of use to the Company, if so please detail in the box below: The skills we are interested in are those relating to our business, such as, Fork Lift Truck, Abrasive Wheel, Woodworking Machinery etc.

We are also interested in any formal training you may have received from previous employers so please detail any training courses that you have been given. Please provide copies of any certificates received.

All applicants are advised that the above information will where considered necessary be checked and validated.

Any employee found to have been dishonest or untruthful when completing this form may have their employment terminated without notice.

I have completed the above and to the best of my knowledge all of the information contained within is correct. I also understand that if I withhold information in respect of this application, I may be subjected to dismissal without notice.

Signed:

Date:

For office use only.

Date Application Received	Processed By	References Checked By	Results	Employ Yes/No