



LVF H&S 013

LAKER HOUSE
 NORTH ROAD
 ELLESMERE PORT
 SOUTH WIRRAL
 CH65 1BA
 Tel: 0151 355 9293. Fax: 0151 357 1893

INSTRUCTIONS

ALL SECTIONS OF THE JOB APPLICATION PACK ARE REQUIRED TO BE COMPLETED. FAILURE TO COMPLETE ALL SECTIONS MAY RESULT IN YOUR APPLICATION NOT BEING PROCESSED. PLEASE COMPLETE USING BLOCK CAPITALS.

THE INFORMATION GIVEN WILL BE USED FOR ADMINISTRATIVE AND HEALTH AND SAFETY PURPOSES ONLY AND WILL BE HELD IN LINE WITH THE DATA PROTECTION ACT 1998.

WHERE THE QUESTION REQUIRES A YES OR NO RESPONSE PLEASE CIRCLE THE APPLICABLE ANSWER.

PERSONAL DETAILS

TITLE:	SURNAME:	FORENAMES:
NATIONAL INSURANCE NO:		
ADDRESS:		
POST CODE:	TEL NO:	MOB NO:
D.O.B:	SEX:	

JOB DETAILS

Position applied for :									
Available to take up employment (date):									
Prepared to work:	Full time	YES	NO	Part time	YES	NO	Shift work	YES	NO
Are you prepared to work on contracts throughout the UK.								YES	NO

TRANSPORT

Do you have a current driving licence?	Full licence	YES	NO	HGV licence	YES	NO
Do you have any current endorsements? (Give details)						
Do you own a car?	YES	NO				

EDUCATION

Schools attended from age 11	Dates		Examinations (subjects / results)
	From	To	

FURTHER / OTHER EDUCATION

Place of Education	Dates		Qualifications / results
	From	To	

PREVIOUS EMPLOYMENT

Please include details of your most recent employment here, and use the spaces below to give details of other employment, working backwards from the most recent.

Present/previous employer		Type of business:	
Address:		Starting date:	
		Leaving date:	
Reason for leaving where applicable?			
Starting Pay	£	per	
			Current/finishing pay
			£
			per
Job Title:			
Duties/Responsibilities			

Previous employer		Type of business:	
Address:		Starting date:	
		Leaving date:	
Reason for leaving?			
Starting Pay	£	per	
			Finishing pay
			£
			per
Job Title:			
Duties/Responsibilities			

Previous employer		Type of business:	
Address:		Starting date:	
		Leaving date:	
Reason for leaving?			
Starting Pay	£	per	
			Finishing pay
			£
			per
Job Title:			
Duties/Responsibilities			

Previous employer		Type of business:	
Address:		Starting date:	
		Leaving date:	
Reason for leaving where applicable?			
Starting Pay	£	per	
			Finishing pay
			£
			per
Job Title:			
Duties/Responsibilities			

PROFESSIONAL MEMBERSHIPS

Please give details of membership to professional bodies.

TRADE SKILLS

Please indicate how many years experience you have in the following disciplines.

WELDING

Argon Arc		Aluminium		Stove pipe		GAS	
Chrome Moly		Argon unit		Stainless		CO2	
Metalic Arc		Lloyds class		Nickol Alloy		A.S.M.E	

PIPING

Carbon steel		Stainless steel		Scewed Work		Lead	
Gas burning		Small bore		Plastic		Copper	

GENERAL PLUMBING WORK ON PIPELINES

4"		6"		12"		16"		24"		30"	
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RIGGING/ERECTOR

General Pipework		Columns		Scaffolding		Steel	
Electrical Equip		Heavy plant					

MECHANICAL FITTER

Pumps		Heavy plant		Lining up		Tool Room	
Compressors		bench Work		Conveyors		Turbines	
Turning		Diesel Eng		Petrol Eng		Machine shop	

PLATER

Marking off		Riveting		Profile cutting		Chipping	
Tanks		Caulking		Trunking		Burning	

GENERAL LABOURING

Construction sites		Other working environments	
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Do you hold any of the following accredited cards. Please note if you are offered employment you will be asked to provide copies on commencement of employment.

ACE card	YES	NO	If yes please give Reg No.
Any form of Safety passport: eg CCNSG	YES	NO	Accrediated by:
			Reg No: Exp date:
MEWP/cherry picker licence eg IPAF	YES	NO	Accrediated by:
			Reg No: Exp date:
Manitou / telehandler licence	YES	NO	Accrediated by:
			Reg No: Exp date:
Appointed Person	YES	NO	Accrediated by:
			Reg No: Exp date:
Signaller/ Slinger	YES	NO	Accrediated by:
			Reg No: Exp date:
Any other trade cards.			
Type:	Accrediated by:	Reg No:	Exp date:
Type:	Accrediated by:	Reg No:	Exp date:

MEDICAL ASSESSMENT

Please answer the following questions truthfully and as accurately as possible. Please note that the work may involve working at height, in confined spaces and in physically demanding conditions. The answers will aid the company to ensure we do not put individuals in situations where they may put themselves and others at risk.

1	Are you a registered disabled person?	YES	NO
2	Do you suffer from any prescribed industrial disease or disability?	YES	NO
3	As far as you are aware do you suffer from any type of vibration induced injury (known as vibration white finger or hand arm vibration syndrome)?	YES	NO
4	As far as you are aware, is your hearing impaired?	YES	NO
5	Do you wear prescription glasses?	YES	NO
6	Apart from prescription lenses do you have any eye/visual problems?	YES	NO
7	Do you suffer from colour blindness?	YES	NO
8	Do you smoke? If yes approximately how many do you smoke per day?	YES	NO
9	Do you suffer from asthma, wheezing or any other allergy eg Hayfever?	YES	NO
10	Have you ever suffered from epilepsy?	YES	NO
11	Have you ever had any health problems relating to any of the following? Diabetes? Hypertension, high blood pressure? Heart condition or circulatory disorders? Stomach or intestinal disorders such as ulcers? Chronic chest disorders?	YES	NO
12	Have you had any serious disease or injury involving your: Back? Joints? Skin? Nerves? Other?	YES	NO
13	Do you suffer from vertigo? (fear of heights)	YES	NO
14	Do you suffer from claustrophobia? (fear of enclosed or confined spaces)	YES	NO
15	Have you ever been advised, for medical reasons, not to work at night, shift work, or any other kind of work?	YES	NO
16	Do you suffer from drug or alcohol dependency?	YES	NO
17	Do you suffer from any other condition that may affect your ability to carry out your work duties safely and in the prescribed manner?	YES	NO
If you have answered YES to any of the above please give details.			

ADDITIONAL INFORMATION

1	Do you need a permit to work in the UK?	YES	NO
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2	Have you ever been convicted of a criminal offence?	YES	NO
3	If offered this position will you continue to work in any other capacity?	YES	NO
If YES please give details:			
4	Please give details of any interests and hobbies:		

PERSONAL REFEREES

Name:
Address:
Occupation:
Telephone:

Name:
Address:
Occupation:
Telephone:

ADDITIONAL PERSONAL DETAILS

It is the company's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, disability, religion, sex or marital status. Applicants are requested to tick the relevant boxes below to enable the company to monitor its equal opportunity policy. Monitoring is recommended by the Codes of Practice for the elimination of racial discrimination and for the elimination of discrimination on the grounds of sex and marital status. This information is used for no other purpose and will be treated as confidential.

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Marital status	<input type="text"/>
Ethnic Group					
White	<input type="checkbox"/>	Black-Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Other (please specify)		<input type="text"/>			

DECLARATION

I authorise the company to obtain references to support this application once an offer has been made and accepted thus releasing the company and referees from any liability caused by giving and receiving information. I confirm that the information given on this form is to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, summary dismissal.

PRINT NAME:	
SIGNATURE:	DATE:

FOR OFFICE USE ONLY

MANAGEMENT AUTHORISATION	HEALTH AND SAFETY DEPARTMENT
PRINT NAME:	PRINT NAME:
SIGNATURE:	SIGNATURE:
DATE:	DATE: