

Tincknell Fuels Ltd - APPLICATION FOR EMPLOYMENT

Please complete in BLOCK CAPITALS

PRIVATE & CONFIDENTIAL

Please Return Application Form to: **TINCKNELL FUELS LTD**

Tel: 01749 673661

Head Office Cathedral View Offices Wookey Hole Road Wells Somerset BA5 2BT

Applicant Reference Number:

Position applied for:

How did you hear of the vacancy? (include date): _____

Due to the nature of the work with the Company you may be required to obtain a Disclosure and Barring Service (DBS) check in which case your employment will be subject to this Disclosure being satisfactory.

A. PERSONAL PARTICULARS

Full Name:	
Address: Post Code: e-mail address:	Telephone Number (including STD Code) Home: Mobile: Business: (Tick box if you do not want to be contacted at work). <input style="float: right; width: 20px; height: 15px;" type="checkbox"/>
Driving License No. N.I. No. Passport No. Do you own your own home? Yes/No Rent? Yes/No Live with relatives? Yes/No	Do you have the right to work in the United Kingdom? Yes/No How long have you worked in the UK: Applicants will be required to provide documentary evidence of their right to work in the United Kingdom if invited for interview. i.e. Driving Licence, and Passport or Birth Certificate and Work Permit if necessary.

B. EDUCATION AND QUALIFICATIONS

QUALIFICATIONS: Please give details of examinations attempted and results (including any examinations failed)

Name(s) and Address(es) of School(s)/College(s)	Dates		Subject/Courses Studied & Level	Examination Result/ Grade (include any examinations failed)
	From	To		

FURTHER AND HIGHER EDUCATION: Please give details of all further and higher education since leaving school including training courses and details of qualifications.

University/College/ Institute Attended	Dates		Subjects Studied Type of Training	Qualifications Obtained
	From	To		

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PROFESSIONAL ASSOCIATIONS: Please state whether you are a member of any technical or professional association, and if so, which:

FOREIGN LANGUAGES: Please list any foreign languages you speak and your level of competence, both oral and written:

C. EMPLOYMENT HISTORY

Name(s) and Address(es) of Employer(s)	Dates		Position Held/ Main Duties	Starting/ Leaving Salary	Reason for Leaving
	From	To			

D. MEDICAL QUESTIONNAIRE

Please complete the questionnaire below. The information is required with your interests in mind. As a result of the information you have given you may be referred to a doctor appointed by the Company so that a medical examination can be carried out. If you wish, you may request an interview with the Company's medical officer/nurse or Human Resources Officer, either as an alternative to completing this form or to provide supplementary information or explanation. All the information you provide will remain confidential.

A. Have you ever:	No
1. Had an operation?	
2. Been seriously injured?	
3. Received in-patient treatment for a physical or mental condition?	
4. Been refused or dismissed from employment for health reasons?	
5. Received a disability pension?	
6. Have you any special needs?	
7. Been made ill by your work?	
8. Have you suffered from depression?	
9. Been refused a driver's licence because of ill health?	

Yes	Please give Details
	Card No: Expiry Date:

B. Do you suffer from or have you ever had: (DELETE AS APPROPRIATE)					
Diabetes	YES/NO	Skin rashes/eczema	YES/NO	Swelling of legs/ankles	YES/NO
High blood pressure	YES/NO	Anaemia	YES/NO	Kidney/stomach/bowel/ bladder trouble	YES/NO
Asthma	YES/NO	Headaches Migraines (frequent)	YES/NO	Varicose veins	YES/NO
Cough (frequent)	YES/NO	Heart trouble	YES/NO	Rupture/hernia	YES/NO
Rheumatic fever	YES/NO	Chest trouble	YES/NO	Back/Neck trouble	YES/NO
Arthritis/joint problems	YES/NO	Fainting of dizziness	YES/NO	Ear trouble	YES/NO
Epilepsy/fits	YES/NO	Hay fever	YES/NO	Eye trouble	YES/NO
Shortness of breath	YES/NO	Jaundice/hepatitis	YES/NO	Repetitive Strain Injury	YES/NO
1. Do you take medicine regularly?	2. Do you need glasses to read?	3. Have you worked in a dusty trade?	4. Have you ever had a head injury?	5. Do you suffer from any other ailments?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

C. To the best of my knowledge and belief the information given above is correct. I understand that if I am appointed and this information is inaccurate, I am liable to dismissal.

I consent under the Data Protection legislation to the Company processing the information I have provided on this Questionnaire for the purpose of assessing my health and suitability for employment. I understand and agree that the information will be retained for as long as the Company deems necessary and that the information may be passed to a third party such as a Medical Assessor for comments.

Signature:

Date:

E. DRIVING LICENCE DETAILS

1. Driving Licence

a) Do you have a current Full Driving Licence? **Yes / No**

b) If Yes, Which Group:

c) Date Passed Test?

d) Do you own a car? **Yes/No**

e) Does your license have any current endorsements? **Yes/No**

If yes, give further details:-

2) Other Licences or Certificates

a) What other Licences or Certificates do you hold? i.e. Forklift, etc, etc

3) HGV Licence

Due to the nature of the work with the Company you may be required to obtain a Standard Criminal Records Bureau (CRB) check in which case your employment will be subject to this Disclosure being satisfactory.

Please complete if you are applying for a HGV Position e.g. Tanker Driver.

a) Which HGV License is Held?

b) Which type?

4) ADR Certificate

Please complete if you are applying for a HGV Position e.g. Tanker Driver.

a) ADR held? **Yes/No**

If Yes, which Classes passed?

F. SUPPLEMENTARY INFORMATION

Please give details of any experience, skill or achievements which you feel may be relevant in your application for employment. (Continue on a separate sheet if necessary).

Please give dates of any holidays already arranged:

Are you currently subject to any contractual "restraints of trade" clauses? **Yes / No** **If Yes**, please give further information:

Do you have any commitments which might limit your working hours? **Yes / No** **If Yes**, please give details below:

Are you willing to work overtime and weekends when required? **Yes / No**

Have you ever been convicted of a criminal offence: (which is not a spent conviction under the Rehabilitation of Offenders Legislation). **Yes / No** **If Yes**, please give further information:

Salary Range Expected:

How much notice are you required to give to leave your present employment?

On what date would you be available to work?

Have you worked for us before? **Yes / No** **If Yes**, give details below of reason for leaving:

Please list your interests; sports, hobbies, etc.

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G. REFERENCES

Please give the names and addresses of two referees who are not related to you, who we can approach for a confidential assessment of your suitability for this job. (One of these must normally be a previous employer).

Can we approach your present/most recent employer? Yes / No

(Tick in box if you do not wish your employer to be contacted before an offer of employment is made)

Name, Position, Address and Telephone Number	Name, Position, Address and Telephone Number

DECLARATION OF APPLICANT

I confirm that the above information is correct.

I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.

I consent to the Organisation using and keeping information I have provided on this application or elsewhere as part of the recruitment process and/or personal information supplied by third parties such as referees, relating to my application or future employment. I understand that the information provided will be used to make a decision regarding my suitability for employment and if successful the information will be used to form my personnel record and will be retained for the duration of my employment. If I am not successful, I understand that the Organisation will retain the form for as long as is deemed necessary and that the Organisation may use it to contact me in the event of there being any other vacancies for which I may be suitable.

Signed:

Dated:

FOR OFFICE USE ONLY - INTERVIEW RECORD

Interviewed by:

Date:

Comments/Areas to Examine:

Decision:

Reject:

Further Interview

Accept:

(Tick as applicable)

Interviewer's report and reasons for decision:

Rejection letter sent: Yes / No

APPOINTMENT RECORD *(To be completed where there has been an offer of employment).*

CONDITIONAL OFFER LETTER

Date sent:

Response:

Acceptance/Refusal/No reply

REQUESTS FOR REFERENCES

Date sent:

Response:

Good/Satisfactory/No Reply/Suspect/Unsuitable

MEDICAL/MEDICAL REPORT

Date sent:

Response:

Good/Satisfactory/Suspect/Unsuitable

RIGHT TO WORK IN U.K.

Appropriate documentary evidence checked.

Starting Date:

Starting Salary: