

NORTHSTONE (NI) LIMITED

EMPLOYMENT APPLICATION FOR HOURLY PAID EMPLOYEES

(To be used also for vacancies within Farrans Construction, Northstone Materials and Cubis Industries)

Position Applied for:

Applicant's Reference Number:

Job Reference Number:

PERSONAL DETAILS (Candidates are invited to attach and return a current CV with their completed application form if available)

SURNAME

FORENAMES

HOME TELEPHONE NUMBER

ADDRESS

POSTCODE

MOBILE TELEPHONE NUMBER

EMAIL ADDRESS

If you have not lived at the above address for at least five years, please give your previous address.

NATIONAL INSURANCE NUMBER

IF NONE PLEASE STATE THE REASON

Do you have the use of a car?	<input type="text" value="YES/NO"/>
Do you have a current driving licence?	<input type="text" value="YES/NO"/>
Are you a member of an occupational pension scheme?	<input type="text" value="YES/NO"/>
Do you subscribe to a Personal Pension?	<input type="text" value="YES/NO"/>

Do you hold a work permit?	<input type="text" value="YES/NO"/>
If yes – please provide permit number:	

Have you ever been convicted of a criminal offence?	<input type="text" value="YES/NO"/>
If yes, please detail below any unspent convictions	

Have you been absent from work for any periods over the last two years which do not relate to holidays, maternity or paternity leave?	<input type="text" value="YES/NO"/>
If yes, please give brief details of the length of each absence and the reason for it.	

PLEASE GIVE DETAILS OF YOUR EDUCATION

Detail below examinations taken at school

EXAMINATION
SUBJECT

BOARD

LEVEL
(GCSE/A LEVEL/LEAVING
CERTIFICATE)

GRADE OF AWARD

TRADE QUALIFICATIONS

Please list any trade qualifications held, giving the date on which each was achieved.

DATE

QUALIFICATIONS

WITH WHOM DID YOU SERVE YOUR APPRENTICESHIP?

TRAINING

Detail below any training courses attended which you feel are relevant to the position applied for.

DATE

TRAINING COURSES

EMPLOYMENT HISTORY (Continued)

Please give details of the reason for any gaps in your employment history (typically, these may include a career break, unemployment or returning to further education).

Please use the space below to provide further information on your previous employment which you feel is relevant to the position applied for.

OTHER INFORMATION

Please provide any other information about your personal attributes, interests or achievements which you consider relevant to your application.

State your reasons for seeking employment with the Company.

(If required, please attach further information to your completed application form)

Please give the names and addresses of two persons who have agreed to act as referees and who have known you for at least two years.

At least one referee should have a detailed knowledge of your career to date and neither should be related to you.

The Company reserves the right to contact all of your previous employers to seek a reference.

Name: _____
Address _____

Occupation: _____

Name: _____
Address _____

Occupation: _____

Date of availability if an appointment is offered.

DECLARATION

I hereby declare that the information given in this application is, to the best of my knowledge and belief, true and correct. I also agree that any misrepresentation by me will lead to the withdrawal of any offer of employment or my employment being terminated without any obligation or liability to the Company other than for any services rendered.

I give my consent to the information I have provided to be held on record by the Company for the purpose of recruitment and administration.

Signature

Date

FOR OFFICE USE ONLY

SALARY/WAGES

£

PENSION SCHEME - with effect from

NORMAL HOURS OF WORK

NORMAL PLACE OF WORK

This information will be treated as **CONFIDENTIAL**.

We are an Equal Opportunities Employer.

DRIVING INFORMATION

Driving Licence Number:
Date Passed Test:
Categories Valid:
Photocopy attached
Please attach a copy of your driving licence or indicate why this may not be possible.

Person(s) to contact in case of emergency:
Address:
Telephone number:

Motor accidents and other incidents giving rise to a potential or actual insurance claim (e.g. theft) within the last three years:

Date	Place	Description

	Yes	No	If 'yes' please give details
Has your licence ever been suspended or subject to penalty?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been convicted of any offence in connection with a motor vehicle or is any such prosecution pending?	<input type="checkbox"/>	<input type="checkbox"/>	
Has any insurance company declined, refused to renew or required additional premium or imposed any special terms in relation to any motor policy under which you sought or had cover?	<input type="checkbox"/>	<input type="checkbox"/>	

MEDICAL QUESTIONNAIRE TO BE COMPLETED BY APPLICANTS FOR EMPLOYMENT

APPLICANT

Name

Address

Sex

Height Weight

APPLICANTS DOCTOR

Name

Address

QUESTIONS	*YES	*NO
Have you ever had high blood pressure or heart trouble (including coronary disorders)?		
Have you ever had arthritis?		
Have you ever had lumbago, sciatica, disc trouble, backache, or any other form of back trouble?		
Have you ever had a hernia?		
Have you ever had a stomach ulcer or persistent indigestion?		
Have you ever had surgery?		
Have you ever experienced seizures or loss of consciousness?		
Have you ever experienced bronchial or respiratory disorders?		
Have you ever had trouble with your hearing, e.g. ringing in the ears or difficulty hearing others speak?		
Have you ever had dermatitis, eczema, infantile eczema, or allergic rashes?		
Have you ever had diabetes?		
Have you ever experienced a fear of heights?		
Have you ever experienced a fear of confined spaces?		
Do you have an incapacitating illness?		
Do you have any infectious or contagious disease?		
Are you taking any form of medication or prescribed drug?		
Have you ever taken any illegal drugs or used solvents?		
Do you have any eyesight problems, e.g. colour blindness or short sightedness?		
Have you ever worked in a dusty environment, or with or close to asbestos or lead?		
Have you ever worked in a noisy environment?		
Have you ever smoked?		
Have you ever had a serious accident?		
Have you ever had pain and/or numbness, loss of sense of touch or loss of grip in your hands or fingers?		
Have you ever had an industrial injury?		
Have you ever been diagnosed with depression?		
Have you ever been adversely affected by stress or a stress related illness?		
Have you ever had seizures or an epileptic episode?		
Are you currently under the care of any medical professional?		
How many units of alcohol do you consume each week?		

* Tick as appropriate

Please give further details below for any of the above questions to which you have answered yes. Describe also any other condition from which you suffer/have suffered which has not so far been referred to and which may be affected or adversely impact on your health and safety on recruitment to the post applied for.

Further Details

I declare that I have carefully considered the answers that I have given to the above questions and that to the best of my knowledge and belief they are true and complete.

I acknowledge that in offering me employment, you will be depending upon the accuracy of the answers and information that I have given on this form.

I agree that if any of those answers or that information is subsequently found to be inaccurate or misleading, you will have the right to terminate my employment.

I agree that by signing this form and completing the above questionnaire that the details I have given can be held on record by the Company for the purposes of recruitment and administration and that access to this information will be protected by the Company from deliberate improper access or use.

Signed

Date

STRICTLY CONFIDENTIAL

1. Please indicate the community to which you belong by ticking the appropriate box below:-

I am a member of the Protestant community

I am a member of the Roman Catholic community

I am a member of neither the Protestant nor the Roman Catholic community

2. Gender:-

Male

Female

Reference: _____ MAT/_____

This monitoring questionnaire is required by the Fair Employment (Monitoring) Regulations (NI) 1999. Please complete and return it in the envelope provided to:-

The Monitoring Officer
Northstone Materials Division
Head Office
Shinny Road
Macosquin
Coleraine
BT51 4PS