

APPLICATION FOR EMPLOYMENT

If you have a visual impairment or you find the application form difficult to fill in, please let us know and we will provide a large print version of the form or assist you in its completion.

You must fill in this form to apply for employment. We do not accept CVs.
We will reject anyone who tries to influence another employee to give them employment.

Please fill in this form in type or black ink.

We actively encourage applications from all sections of the community.

The post you are applying for

Where did you see the post advertised?

1. PERSONAL DETAILS

Address & postcode

First Names

Surname

Home Telephone N°

Business Telephone N°

Mobile N°

Email Address

2. PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE (*please see Explanatory Notes at rear)

Information provided on this form will be used to assess your fitness and ability to carry out the role that you have applied for. Any answers which give rise for concern may result in our requesting a pre-employment medical examination to determine that you are medically able to carry out the role safely.

EMPLOYMENT

1. Has your employment ever been terminated on the grounds of ill health? Yes No
2. Have you ever had to change jobs or work assignments as a result of a health problem or an injury? Yes No
3. Have you ever been considered medically unfit either before or during any previous employment? Yes No
4. How many days of sickness absence have you had in the last 18 months? days
5. How many periods of absence lasting 5 or more working days have you had within the last 18 months?
6. Please give details as to reason for sickness absences of 5 or more working days :-
-
-
7. Did you require medical attention or treatment for any of your sickness absences? Yes No

8. Have you worked in any Industry with high noise exposure levels? Yes No
- i) If "Yes", please give details of the role you carried out and the dates of employment :-
.....
.....
- ii) Did you suffer any injury or health problems or have any existing health issues that increased whilst working within this role? Yes No
- iii) If "Yes" please give details :-
.....
9. Have you worked in any Industry where you have had to use vibrating tools or equipment? Yes No
- i) If "Yes", did you suffer any injury or health problems or have any existing health issues that increased whilst working within this role? Yes No
- ii) If "Yes" please give details :-
.....
10. Are you aware of any pre-existing or current health problems which may require the Company to consider what, if any, reasonable adjustments it could make to allow you to undertake any role offered? Yes No
- i) If "Yes" please give details :-
.....
- ii) What reasonable adjustments do you consider would allow you to undertake the role?
- iii) Could any of the injuries/pre-existing or current health problems be affected or be made worse by the role for which you are applying. Yes No
I don't know

MEDICAL HISTORY

1. Are you currently under the care of any health care professional? Yes No
2. Are you at present receiving any medical treatment and/or prescribed medication? Yes No
3. Do you smoke? Yes No Do you drink alcohol regularly? Yes No
4. Are you at present experiencing, or have you experienced within the last 5 years, any of the following :-
- Defective vision (which is not corrected by glasses or contact lenses) Yes No
 - Persistent cough Yes No
 - Coughing up blood Yes No
 - Bronchitis / Emphysema Yes No
 - Recurring stomach / bowel problems Yes No
 - Tuberculosis Yes No
 - Recurring bladder problems Yes No
 - Asthma Yes No
 - Breathlessness (not as a result of asthma) Yes No
 - Pneumonia / Pleurisy Yes No
 - Epilepsy or any form of fit / blackout / fainting spell Yes No
 - Carpal Tunnel Syndrome / Repetitive Strain Injury Yes No
 - Back strain / back pain / sciatica / back injury Yes No
 - Muscle Spasm Yes No
 - Hernia Yes No
 - Diabetes Yes No
 - High/Low Blood Pressure Yes No
 - Anxiety / Depression / Schizophrenia Yes No
 - Stress / Workplace Related Stress Yes No
 - Arthritis Yes No
 - Hip / Knee Replacement Surgery Yes No

• Migraine or recurring headaches which are severe in nature	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Drug/Alcohol problems or dependency	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Stroke	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Chest Pain / chest disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Heart Attack / Angina / Other heart disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Serious accident and/or injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Migraine or recurring headaches which are severe in nature	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Skin problems e.g. dermatitis/rashes/eczema/psoriasis etc	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Typhoid / Dysentery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Kidney Disease / problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Head Injury / Concussion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Vertigo (fear of heights)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Claustrophobia (fear of enclosed spaces)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Agoraphobia (fear of open spaces)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Thrombosis / other circulatory problem	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Colour Blindness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Any other significant infection e.g. meningitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Is there any information about your current or past health which is not given above but should be taken into account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i) If "Yes", please give details :-		
.....		

3. DISABILITY

1. Are you Registered Disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i) If "Yes" do you have a Registered Disabled Number?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Number:.....	
ii) If the answer to the question "Are you Registered as Disabled?" is "No", do you consider yourself to be disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii) In either case, please briefly describe your disability :-		
.....		
.....		
2. Can we make any adjustments to enable you to more easily attend and comfortably participate in an interview with us? Please advise what adjustments we can make with regard to this in the following space:-		
.....		
.....		
.....		
3. Are there any workplace or other adjustments that we could consider which would help you if offered employment?		
.....		
4. Please indicate if you have any disabilities which affect :-		
• Standing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Manual Handling / lifting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Walking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Use of your hands	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Bending/stretching	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Sitting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Climbing stairs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you have any special learning or training needs?		
.....		

4. YOUR CURRENT EMPLOYER

Name

Address & postcode

Type of Business

Job Title

Responsible To

Date you started current job

What is your reason for applying for this post?

Date your employment ended (if applicable)

How much notice do you need to give?

Please give a brief description of your duties.

5. EDUCATION, TRAINING & QUALIFICATIONS

Please give the name of the school, college or university that you went to

Examination qualifications achieved
(O Levels, A Levels, GCSEs, NVQs, degrees, apprenticeships)

6. RELEVANT TRAINING COURSES

Please give the name of the organising body	Please give details of the course you took / qualification achieved

7. PREVIOUS EMPLOYERS (start with your most recent)

Employer	Job Title	Duration of Appointment (eg 2 years)

8. EXPERIENCE

Please give details of experience and any other information to support your application for this particular role, where appropriate (if more space is required, please use an additional piece of paper). If you are a school/college/university leaver please give information of life experiences etc.

Do you have a driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What type of driving licence do you have (for example, HGV, LGV, and so on)?		
Have you been convicted of any driving offences or are you waiting to be convicted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any points on your licence	Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, how many?

Please give details of your interests and hobbies.

REFERENCES

Please give the names and addresses of two referees. Include your present or last employer (or head teacher if you have just left school). We cannot accept references from relatives.

WORK

Name.....

Address

.....

.....

.....

What position do they hold?

Telephone N°

Email

PERSONAL

Name

Address

.....

.....

.....

What position do they hold?

Telephone N°

Email

We will normally approach both your referees if you are subsequently offered a position with the Company

Please give the dates **when you are not** available for an interview.

DECLARATION

I confirm that the answers I have given above are true, correct and complete to the best of my knowledge. I have not withheld any information which would help determine my medical fitness for the role I am applying.

I understand that, if I am offered a role with Knott-Avonride Limited, it will be a condition of my employment that the Company and/or any medical professional may have access to my medical records so that a pre-employment medical examination can take place and a medical report be prepared as to my medical fitness and ability to carry out the role for which I am being considered.

I fully understand that if at a later date it is discovered I have knowingly withheld any medical information it could lead to any employment offer being withdrawn or, where employment has commenced, to disciplinary action being taken against me which could include my employment being terminated.

Signature

Date

If it is considered necessary to obtain a medical report from your GP or other medical professional we will write to you to confirm this and you will be asked to sign a Consent Form. Your rights under the Access to Medical Reports Act 1988 will be explained to you, where these are applicable.

Please return this form marked Private & Confidential to:

The Personnel Department
Knott-Avonride Ltd
Spelter Site
Caerau, Maesteg
Mid Glamorgan
CF34 0AQ

Tel : 01656 739111
Fax : 01656 737677
Website : www.knottuk.com

ALL INFORMATION GIVEN ON THIS FORM WILL BE TREATED AS STRICTLY CONFIDENTIAL.

We will keep it in our secure data files and will only reveal it for payroll, personnel administration and statistical purposes or where required to do so by law.

PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

Explanatory notes

The Purpose of the Pre-Employment Medical Questionnaire

The questions asked are part of our employee recruitment procedures.

They help us to identify a candidate who may be either unsuitable for the role they are applying for on medical grounds or to identify what reasonable adjustments can be made to allow them to carry out the role.

It is very important that the Company is aware of any physical and/or psychological problem which may affect your ability to carry out the role for which you are applying in a safe and effective manner.

Most prospective employees are accepted on completion of the Questionnaire and the signing of a Declaration at the end of the Application Form. However, should any of your answers give us cause for concern – and which could indicate a problem which requires further investigation - then the Company may require you to undergo a medical examination prior to confirming any job offer. This is to ensure that you are medically fit and able to carry out the role for which you are applying without you being caused injury or exacerbating any pre-existing condition which you may have or may be experiencing.

The decision as to whether a pre-employment medical examination is required will be made by a Director, following referral from the Manager recruiting.

If it is decided that a medical report should be obtained, the Company would write to you beforehand asking your permission to obtain the report. You would be required to complete a Form of Authority (i.e. consent) to release your medical records and/or to agree to a report being prepared.

If we request a report from your GP or any medical professional who has had care and/or treatment of you then the Access to Medical Reports Act 1988 will apply and any statutory rights you have under the Act will be fully explained to you at that time.

Knott-Avonride Limited is an Equal Opportunities Employer.

All Job Applicants, regardless of medical information, will be offered an interview for the role for which they have applied when their skills (and where necessary qualifications and/or experience) match those of the role to be filled.

If you have any queries in respect of any question on this Application Form, please contact the Company who will then pass you on to the relevant department concerned.