



Hafod Industrial Estate, Ruabon, Wrexham, LL14 6HF
 Tel: 01978 810239 Fax: 01978 810181 office@enviroclear.co.uk

Application for Employment

**Please return to:
 Enviroclear Site Services Ltd
 Hafod Industrial Estate
 Ruabon
 Wrexham
 LL14 6HF**

Full Name: Title (Mr, Mrs, Miss) Marital Status:	Address and contact numbers:
Position Applied For:	Date of Birth: Nationality:
Date of last Medical:	Reason for Examination and Result:
Have you been absent from work through illness over the last year for more than 4 weeks? If so please give reason: Do you suffer from any other illness/disability which could affect your driving YES/NO If yes, provide details:	We welcome applications from people, regardless of age, sex, creed or abilities. Do you suffer from any ailments that may impede your ability to work in Confined Space, at Height or Manual Labouring YES/NO If the answer is yes to any of the above, please give detail:
Hobbies & Interests:	
Give details of any relatives employed by Enviroclear Site Services Ltd:	
Give full names and addresses of two referees, who should be your previous employer(s) or persons of good standing You will be consulted before any approach is made to your present employer	1. 2.
If you are accepted for employment when would you be available to start?	

EDUCATION & QUALIFICATIONS

Name of School(s)	From	To		
Examinations taken with dates and results in each subject				
Further Education University/College	Full or Part Time	Dates – From & To	Courses & Subjects	Examination Results
Memberships of Professional Bodies etc., and method of achievements (dates)				
Training or Apprenticeships served				
Driving/Licence Details				
a) Driving Licence No:..... Expiry Date:.....				
b) LGV Licence No:..... Expiry Date:.....				
Classes:				
c) ADR Training Classes (tanks):.....				
Classes (other than tanks).....				
Give detail of all motoring convictions in the last 5 years, including date of conviction, fine, penalty points and conviction code:				
.....				
.....				
.....				
Have you ever had your license declined, refused or suspended (if yes please provide full details, including date and period of suspension and fine)				
.....				
.....				
.....				

Please give details, in date order, of all appointments held including present appointment

Name & Address and Business of Employer	From	To	Position and Responsibilities	Start £	Finish £	Reason for leaving and any other information

Particulars of Convictions and Summons

If you have at any time been CONVICTED by a court of ANY offence or if you have been BOUND OVER without conviction for ANY offence or if a SUMMONS has been issued against you or any charge brought against you in respect of ANY offence which has not yet been disposed of, full particulars must be given below.

If you fail to give such particulars or particulars of your medical history as required or should you give false particulars you will not be considered for employment by the Company or if you are already in training or employment, such training or employment will be made liable to instant termination.

If you have never been involved in any of the above matters, enter NIL in the column headed 'Nature of Offence'

Date of Convictions/Probation Order, Bounding Over or Outstanding Summons or Charge	Nature of Offence	Sentence of Court Order With Costs (if any)

I certify that the information I have given on this form is true and that any offer of employment by the Company is subject to the following terms:

- a) That I successfully pass any medical examination that I may be required to take
- b) That my employment will be subject to rules and conditions of service in force at time to time
- c) That I am engaged prior to the receipt my references and if, on receipt, these should prove to be unsatisfactory, my engagement may be terminated without prior notice upon payment only for the days actually worked by me
- d) That I satisfactorily complete a probationary period of 12 weeks

Date:.....

Signature of Applicant:.....

FOR OFFICE USE ONLY				
Interviewed By:			Date:	
Recommendations and Remarks:				
Start Date:			Reporting To:	
Letter of Appointment sent: YES/NO			Date Start:	
NI Number	PAYE	REF1	REF2	RECORDS STARTED