



Poole
Technical
Plating

Unit 32-33 Dawkins Road
Hamworthy
Poole
Dorset
BH15 4JY
Tel: 01202 673640
Fax: 01202 682414
Email: sales@ptpuk.com

Job Application Form

Please complete the form in **BLOCK CAPITALS**

Application for the post of:

First Name(s)

Surname Title: Mr / Mrs / Miss / Dr / other please state

Are you over the normal retirement age or within 6 months of reaching it? YES / NO

Address for Correspondence

.....

.....

..... Post Code

Telephone number: (Mobile)..... (Home)

E-mail Address:

Date of Birth Marital Status

Do you have a European Union Passport? Yes / No From which country?

If not do you have a current visa or work permit enabling you to work in the UK? Yes / No
(Please attach a copy to your application)

Secondary Education

School	From	To	Qualifications gained stating subjects, grades and dates

Professional qualifications (include grade of membership and date of award)

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Details of other vocational or technical courses, not included above, along with any apprenticeship/ training in a trade or profession and dates

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Please tell us about any Hobbies / Interests you may have.

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Employment

Please give details of all previous employment starting with your present (or most recent) employer. You may wish to include in the statement of support of your application a brief summary of your main duties and responsibilities.

Present/most recent employment

Dates From/To	Employer's Full Name, Address and nature of business	Job Title	Reason for Leaving

Notice Period required

Please state current salary or most recent salary if not currently employed £
per hour / month / annum

Previous Employment

Dates From/To	Employer's Name, Address and nature of business	Job Title	Reason for Leaving

Please add an additional sheet if more space is required

Statement In Support Of Your Application

You should attach a separate statement in support of your application. This should provide further information you may feel relevant to your application.

Please give below the details of two people from whom we can obtain references, at least one of which should be your present or most recent employer.

Name		
Position		
Tel No		
Email address		
Address		

Please tick box to your right if you do not wish Referee 1 to be contacted until you have been notified

Please tick box to your right if you do not wish Referee 2 to be contacted until you have been notified

Please note that when we contact referees we will request information on your attendance and health record over the last two years.

I hereby certify that to the best of my knowledge the details given in this form are correct. I understand that in the event of my being offered employment with Poole Technical Plating, any proven falsification, or concealment of any material fact in respect of my application may lead to us withdrawing the offer of employment if employment has not yet commenced or disciplinary action and dismissal if employment has commenced.

Signature Date.....

Please note that receipt of this application will not be acknowledged. If you receive no further communication within six weeks you may assume that you have been unsuccessful on this occasion, in which case may we take this opportunity to thank you for your interest in the post.



Pre-Employment Health Screening Questionnaire

Surname:	Title: (eg Mr Mrs Miss Ms)	
Forenames:	Position Applied for:	
Date of Birth:		
SECTION A		
Please tick if you are currently receiving treatment for, or are suffering from any of the following conditions:		
Serious injury	Recurring stomach trouble	Back trouble
Surgery	Recurring bowel trouble	Muscle/Joint trouble
Dizziness	Stroke	
Fainting attacks	Heart problems	Defective vision (not corrected by glasses or contacted lenses)
Epilepsy	High blood pressure	Defective colour vision
Fits or blackouts	Varicose veins	
Mental illness	Severe allergies	Diabetes
Anxiety	Asthma	Skin complaints
Depression	Recurring chest disease	Eye trouble
Recurring headaches	Recurring bladder trouble	
Hernia	Deafness	
If you have answered yes to any of the above, please give details:		
SECTION B		
Please tick if you have any disabilities that effect:		
Standing	Lifting	Working at heights
Walking	Use of your hands	Climbing ladders
Climbing stairs	Driving a motor vehicle	Work on staging
If you have answered yes to any of the above, please give details:		
SECTION C		
How many working days have you lost during the last three years, due to illness or injury? None/.....Days		
Are you at present having medicine, injections, tablets or other treatment prescribed by a doctor? YES/NO		
Are you registered disabled? YES/NO		
To the best of my knowledge the replies to the above questions are accurate. I accept that failure to disclose information or giving false information could lead to employment being terminated.		
Signed	Date	