



# APPLICATION FOR EMPLOYMENT

**GEORGE TAYLOR & CO (HAMILTON) LTD**  
**FOUNDERS & ENGINEERS**  
 KEMP STREET  
 HAMILTON  
 LANARKSHIRE  
 ML3 6PQ  
 Tel: +44 (0) 1698 284949 Fax: +44 (0) 1698 891285  
 Email: [office@gtham.co.uk](mailto:office@gtham.co.uk) URL: [www.gtham.co.uk](http://www.gtham.co.uk)



Certificate QSC2330

## PERSONAL

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Marital Status \_\_\_\_\_ No of Dependants \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ N. I. \_\_\_\_\_

Do you have a current driving licence? YES/NO If yes, state type or class of licence (e.g. car, hgv etc) \_\_\_\_\_

Is it clean? If NO, give details \_\_\_\_\_

Do you have a forklift licence? YES/NO If yes, state class \_\_\_\_\_

## QUALIFICATIONS

Have you any qualifications from school, college etc? \_\_\_\_\_

## FIRST AID QUALIFICATION

Do you have a current First Aid Certificate/Qualification? YES/NO If yes, state type or give details \_\_\_\_\_

## EMPLOYMENT

Position applied for \_\_\_\_\_ Pay expected \_\_\_\_\_ Per \_\_\_\_\_ Date available for work \_\_\_\_\_

Have you worked for us before? YES/NO Have you been for an interview with us before? YES/NO If Yes, When? \_\_\_\_\_

Have you any skills or experience you feel would especially suit the job you are applying for?  
 \_\_\_\_\_

If related to any Company employee, please state their name and your relationship to them \_\_\_\_\_

## EMPLOYMENT HISTORY

Present/Last Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Type of work and responsibilities  
 \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting pay £ \_\_\_\_\_ per \_\_\_\_\_ Present / leaving pay £ \_\_\_\_\_ per \_\_\_\_\_

Reason you want to leave / have left \_\_\_\_\_



**Please give details below of your previous employment**

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Type of work and responsibilities \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting pay £ \_\_\_\_\_ per \_\_\_\_\_ Present / leaving pay £ \_\_\_\_\_ per \_\_\_\_\_

Reason you want to leave / have left \_\_\_\_\_

**INTERESTS**

Please give brief details of pastimes, sports or hobbies

**REFERENCES**

Please give details of two people – not relatives – we may approach for references

Name	Name
Address	Address
Tel:	Tel:
Relationship to applicant:	Relationship to applicant:

**FOR OFFICE USE ONLY – REFERENCE CHECK**

Empty box for office use only.



# MEDICAL QUESTIONNAIRE

The information you give will be kept entirely confidential and is needed to ensure the safety of you and others. Any points of uncertainty can be discussed further during your initial interview.

Are you registered disabled? \_\_\_\_\_ Registration No. \_\_\_\_\_

Do you smoke? Yes No

### Medical History

Please indicate if any of the following apply or have applied to you in the past. Please give details below where appropriate.

Circulatory problems such as varicose veins, phlebitis, thrombosis? **YES NO** \_\_\_\_\_

Vibration White Finger? **YES NO** \_\_\_\_\_

Heart problems such as angina, high blood pressure, heart attack? **YES NO** \_\_\_\_\_

Chest problems such as asthma? **YES NO** \_\_\_\_\_

Diabetes? **YES NO** \_\_\_\_\_

Epilepsy or fainting attacks? **YES NO** \_\_\_\_\_

Skin disorders? **YES NO** \_\_\_\_\_

Recent operation or fracture? **YES NO** \_\_\_\_\_

Any current medication? **YES NO** \_\_\_\_\_

Back trouble, arthritis, rheumatism? **YES NO** \_\_\_\_\_

Injury to bones, joints, tendons, including wrist tendons? **YES NO** \_\_\_\_\_

A claim for industrial injury, etc? **YES NO** \_\_\_\_\_

Have you worked in an industry with high noise levels? **YES NO** \_\_\_\_\_

Hearing problems? **YES NO** \_\_\_\_\_

Any other significant health problems? **YES NO** \_\_\_\_\_

Details

### DECLARATION

**The facts set forth in this application for employment are, to the best of my knowledge, true and complete**

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Signature \_\_\_\_\_