



APPRENTICESHIP APPLICATION/INTERVIEW FORM

SECTION ONE – PERSONAL DETAILS						
SURNAME		FORENAME	TITLE			
						
ADDRESS						
ADDICESS						
	POSTCODE					
HOME PHONE No.		MOBILE				
D.O.B.		NATIONALITY				
D.O.B NATIONALITY						
NATIONAL INSURANCE NUMBER						
J.I.B. GRADE		CARD EXPIRY DATE				
NEXT OF KIN		RELATIONSHIP				
DDIVING LICENCE	VEC/NO	NUMBED OF DOINTS				
DRIVING LICENCE	YES/NO	NUMBER OF POINTS				
PASSPORT	YES/NO	EXPIRY DATE				
NUMBER						
		_				
<u>IF APPLICABLE</u> UK WORK PERMIT	YES/NO	EXPIRY DATE				
REF. NUMBER						
NOTES:						

SECTION TWO - TRAINING/QUALIFICATIONS					
DID YOU SERVE AN APPR WAS IT A JIB APPRENTICE		P YES/NO YES/NO			
WITH WHICH COMPANY _					
	POSTCODE				
START DATE		_ FINISH DATE			
GCSE/A LEVEL AND ANY	OTHER OU	ALIFICATIONS			
SUBJECT		SCHOOL/COLLEGE	PREDICTED		
			GRADE		
PRACTICAL TRAINING					
TRAINING RECEI	<u>VED</u>	TRAINING ORGANISATION	DATE		

SECTION THREE - PREVIOUS EMPLOYMENT						
ARE YOU CURR						
NAME OF CURRENT EMPLOYER						
ADDRESS						
	E					
CONTACT NAIVI		FHONE NUMBER				
CAN WE CONTA	CT THIS COMPANY FOR A	REFERENCE	YES/NO			
REASON FOR LE	EAVING:-					
PREVIOUS EMPI	LOYMENT RECORD		START	FINISH		
		1	1 17 1 A N			
<u>NAME</u>	<u>ADDRESS</u>	JOB TITLE	DATE	DATE		
<u>NAME</u>	<u>ADDRESS</u>	JOB TITLE				
<u>NAME</u>	<u>ADDRESS</u>	JOB TITLE		l —		
<u>NAME</u>	<u>ADDRESS</u>	JOB TITLE				
<u>NAME</u>	<u>ADDRESS</u>	JOB TITLE				
NAME	<u>ADDRESS</u>	JOB TITLE				
	ADDRESS - HEALTH & SAFETY	JOB TITLE				
SECTION FOUR						
SECTION FOUR	ANY OF THE FOLLOWING O		DATE			
SECTION FOUR DO YOU HAVE A	ANY OF THE FOLLOWING O	QUALIFICATIONS	DATE	DATE		
SECTION FOUR DO YOU HAVE A ECS HEALTH & SAF	ANY OF THE FOLLOWING (COURSE FETY ASSESSMENT	QUALIFICATIONS	DATE	DATE		
SECTION FOUR DO YOU HAVE A ECS HEALTH & SAF DO YOU HAVE A V.	ANY OF THE FOLLOWING COURSE FETY ASSESSMENT ALID EXEMPTION CERTIFICATE	QUALIFICATIONS	DATE	DATE		
SECTION FOUR DO YOU HAVE A ECS HEALTH & SAF DO YOU HAVE A V. MEWP LICENCE FIRST AID – APPOIN	ANY OF THE FOLLOWING COURSE FETY ASSESSMENT ALID EXEMPTION CERTIFICATE	QUALIFICATIONS	DATE	DATE		

SECTION FIVE – DECLARATION

AS YOUR EMPLOYMENT COULD ENTAIL TRAVELLING AWAY FROM HOME AND WORKING AT HEIGHT ON CONSTRUCTION SITES, PLEASE ANSWER THE FOLLOWING

ARE YOU WILLING TO LODGE AWAY FROM HOMI	E YES/NO
ARE YOU WILLING TO WORK OUTSIDE NORMAL Y	WORKING YES/NO
HOURS (NIGHTS/WEEKENDS)	I ES/NO
DO YOU HAVE ANY MEDICAL CONDITION THAT M	MAY
RESTRICT YOUR ABILITY TO CARRY OUT THE WO	
THE POSITION YOU ARE APPLYING FOR	YES/NO
IF YES PLEASE GIVE DETAILS:-	
ARE YOU ON ANY MEDICATION	YES/NO
IF YES PLEASE GIVE DETAILS:-	
II TESTEEMSE GIVE BETMES.	
HAVE YOU BEEN CONVICTED OF ANY CRIMINAL	OFFENCE YES/NO
DO YOU HAVE ANY PENDING CONVICTIONS	YES/NO
DO TOU HAVE ANT PENDING CONVICTIONS	i ES/NO
IF YES PLEASE GIVE DETAILS	
SECTION SIX – DECLARATION	
SIGNED	DATE
DD DVT NAME	
PRINT NAME	
REVIEWED BY	DATE