



SITE SERVICE ENGINEERING LIMITED
18 Woodhouse Road, Scunthorpe
North Lincolnshire, DN16 1BD

Telephone: 01724 281811
Fax : 01724 281582
E-mail: office@siteservice.co.uk

ALL APPLICANTS

Please make sure that you complete the forms in **FULL** as failure will prohibit possible employment.

Please supply **2 x PASSPORT PHOTOS**

Most importantly fill in your **TELEPHONE NUMBERS**

Please supply a copy of your Curriculum Vitae (CV)

Also please supply copies of the following:

- a. **(Fitters)** Copy of Indentures / Union Card
- b. **(Platers)** Copy of Apprenticeship Details or Certificates
- c. **(Erectors)** Copy of Union Card to confirm Improvership (3 years)
- d. **(Welders)** Copy of Apprenticeship Details or Certificates

All fitters not in receipt of Indentures **MUST** supply alternative Qualification Documents i.e., City & Guilds

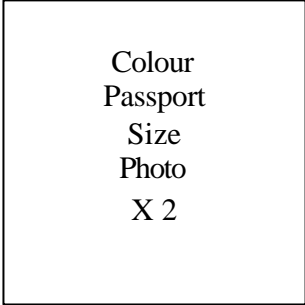
All personnel must have relevant client induction, if applicable, before start of work.

PLEASE NOTE: IF YOU ARE RETURNING THE APPLICATION FORM BY POST, PLEASE ENSURE THAT THERE IS SUFFICIENT POSTAGE TO COVER THE WEIGHT AND DIMENSIONS.

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Position applied for:		Date:	
Surname Mr, Mrs, Miss		Forenames in full	
Present address (please advise office of any changes)			
Post code		Mobile Number: Telephone Number:	
Next of Kin Address			
Relationship Telephone Number:		Mobile Number:	
Naturalisation / Aliens Registration Certificated Number (if applicable)			
Date of birth	I would describe my Ethnic Origin as (please tick the appropriate box)		
	Black		White
Marital Status	Afro-Caribbean origin		European origin (including UK)
	African origin		
National Insurance number	Asian origin		Other – please specify
	Other – please specify		
Health Have you any disabilities or major health problems? YES / NO If Yes please give details			
Are you registered a Disabled Person? YES / NO If Yes please give registration number and expiry date			
		No:	Date:
Do you possess a current full driving license? YES / NO		Do you own a vehicle? YES / NO	
How would you travel to work?		Do you hold a HGV license? YES / NO	
If you hold HGV please state class:		Please list any mobile plant you are licensed to drive:	
Are you prepared to work at heights? YES / NO		Are you willing to work shifts? YES / NO	

Interests and hobbies

Passport to safety YES / NO

Number

Expiry Date

Additional Information

Please use this space to provide any other information in support of this application. Please use another piece of paper if required.

References:

Please give the names and addresses of two referees to whom we can write for information (previous employers preferred)

Name	Company	Address
Job Title		Telephone Number
Job Title		Telephone Number

If you are currently in employment what notice period are you required to give to your present employer?

I accept in the event of any untrue statement being made on this application form, or a statement being made which the Company considers misleading, which by implications covers the omissions of any information, the Company reserves the right to terminate my employment.

Signed:

Date:

Please return this form to:

Personnel office
Site Service Engineering Limited
18 Woodhouse Road
Scunthorpe
North Lincolnshire
DN16 1BD

CONFIDENTIAL HEALTH QUESTIONNAIRE

The purpose of this questionnaire is to assess whether or not you are fit to carry out the demands of your job. Subject to the requirements of all relevant legislation.

The information supplied will be retained in the strictest confidence on a 'need to know' basis.

PERSONAL DETAILS – FOR COMPLETION BY THE APPLICANT

SURNAME:	FORENAMES:
Mr/Mrs/Miss/Ms:	Date of Birth: Age:
National Insurance No:	Height: Weight:
Home Address:	Family Doctor Address:
Post Code:	Post code:
Home Telephone:	Telephone:
Mobile No:	

SMOKING, ALCOHOL AND DRUGS

Do you smoke?	Yes		No		
If yes, quantity per day?					Cigarettes <input type="text"/> Pipe <input type="text"/> Cigars <input type="text"/>
If an ex smoker, how many years since stopped?					1-5 <input type="text"/> 5-10 <input type="text"/> 10+ <input type="text"/>
Do you drink alcohol?	Yes		No		
If yes, what is your average weekly intake?					Pints <input type="text"/> Shorts <input type="text"/> Glasses of Wine <input type="text"/>
Do you take illegal drugs?	Yes		No		

If yes, specify whether you are a regular or casual user and what drugs you take:

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PERSONAL HISTORY (In the details section insert relevant information such as your age at the time, details of any hospitalisation, absences from work etc.)

		Yes	No	Details
1	Do you consider yourself to be in good health?			
2	Have you any disability or are you registered disabled?			
3	Are you restricted for medical reasons for carrying out any particular type of work?			
4	Have you undergone a medical examination during the last three years?			
5	Have you ever had any illness or accident which has caused you to be in hospital during the last three years?			
6	Are you receiving any ongoing hospital treatment on an outpatient basis?			
7	Have you been absent from work for any medical reason in the past twelve months?			
8	Have you ever had to give up a job for medical reasons?			
9	Do you take any form of regular physical exercise?			
10	Are you currently taking any prescribed medication or homeopathic remedies on a regular basis?			
11	Have you consulted your own doctor or any other health practitioner (including osteopath, physiotherapist etc.) in the last three years?			

MEDICAL HISTORY (in the details section, insert relevant information such as your age at the time, details of any hospitalisation, absences from work etc.)

		Yes	No	Details
1	Have you ever had any heart trouble or circulatory illness, e.g. heart attack or angina?			
2	Have you ever been diagnosed as having high/low blood pressure?			
3	Have you ever had any severe, frequent or prolonged headaches or migraine attacks?			
4	Do you suffer from shortness of breath or have you ever had any chest disease e.g. asthma, bronchitis, pleurisy, tuberculosis?			
5	Do you suffer from any allergies or allergic diseases e.g. hay fever or substances, which you have used at work?			
6	Have you ever had any recurrent indigestion, gastric or duodenal ulcer?			
7	Do you have any recurrent diarrhoea or any chronic bowel disease?			
8	Have you ever had any blood disorder or jaundice?			
9	Have you ever had a hernia (rupture)?			
10	Have you ever had any kidney or bladder trouble?			
11	Are you diabetic?			
12	Have you ever incurred a back injury or had any persistent or recurrent back pain?			
13	Have you ever had any recurrent or persistent shoulder pain?			
14	Have you ever had any recurrent or persistent pain in your arms, elbows, wrists, hands, legs or feet?			
15	Have you ever been diagnosed as having epilepsy?			
16	Have you ever suffered from nerves or had a nervous breakdown or received counselling for stress?			

		Yes	No	Details
17	Have you ever had any skin trouble e.g. eczema, dermatitis or psoriasis?			
18	Do you have colour blindness?			
19	Have you ever had any disease affecting your eyes?			
20	Do you wear spectacles or contact lenses for any reason?			
21	Have you ever had any disease or persistent discharge from either ear?			
22	Do you have any hearing deficiency?			
23	Have you ever had an operation?			
24	Are you dyslexic?			
25	Have you been diagnosed as being HIV positive?			
26	Do you have or have you had any other medical condition not mentioned above which may affect your ability to work?			

DECLARATION

I hereby declare that the information given above is true and correct to the best of my knowledge, information and belief. I have not omitted any material facts, details or information, which may have a bearing as to the state of my health.

I understand that in the event that any medical information has not been disclosed by me or is false or misleading, I may be liable to disciplinary action.

I understand that I may be required to attend a medical examination as part of this assessment as deemed necessary by the Company.

Signature:

Date: