

Newman Moore Ltd

Building Contractors Plumbing & Heating Engineers

JOB APPLICATION FORM

Please tick the
Correct job applied for:

- | | | | |
|--------------------|--------------------------|-----------------|--------------------------|
| Brick Layer | <input type="checkbox"/> | App Brick Layer | <input type="checkbox"/> |
| Joiner | <input type="checkbox"/> | App Joiner | <input type="checkbox"/> |
| Plumber | <input type="checkbox"/> | App Plumber | <input type="checkbox"/> |
| Labourer | <input type="checkbox"/> | Admin staff | <input type="checkbox"/> |
| Boiler
Engineer | <input type="checkbox"/> | | |

Full Name: _____ D.O.B: _____ AGE: _____

Height: ____ Ft ____ Inches Weight: _____ Stone Smoker: YES NO

Marital Status: Married Single
 Divorced Widowed

Full Address +
Telephone/Mobile No: _____

EMPLOYMENT HISTORY
Giving details of 3 previous jobs
Starting with the most recent.

FROM – TO (date)	NAME + ADDRESS OF EMPLOYER	POSITION HELD + WORK CARRIED OUT	REASON FOR LEAVING

**Have you ever or do you
 Suffer from any forms of
 Illness that may restrict your
 Working capabilities, especially
 Applicable to the job applied for?**

YES **NO**

**If yes, please tick
 Any of the following:**

- | | | | |
|-----------------------------------|--------------------------|--------------------|--------------------------|
| Dermatitis/Eczema | <input type="checkbox"/> | Skin Cancer | <input type="checkbox"/> |
| Ulcers (Gastric, Duodenal) | <input type="checkbox"/> | Deafness | <input type="checkbox"/> |
| Recurrent Back Pain | <input type="checkbox"/> | Sinusitis | <input type="checkbox"/> |
| Chest Trouble | <input type="checkbox"/> | Bronchitis | <input type="checkbox"/> |

- | | | | |
|-------------------------|--------------------------|---|--------------------------|
| Asthma | <input type="checkbox"/> | TB | <input type="checkbox"/> |
| Hay Fever | <input type="checkbox"/> | Rheumatic Fever | <input type="checkbox"/> |
| Heart Trouble | <input type="checkbox"/> | Sclerosis | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Rheumatism | <input type="checkbox"/> |
| Arthritis | <input type="checkbox"/> | Fibrosis | <input type="checkbox"/> |
| Fits (Epileptic) | <input type="checkbox"/> | Fainting attacks | <input type="checkbox"/> |
| Migraine | <input type="checkbox"/> | Nervous Breakdown | <input type="checkbox"/> |
| Mental Disorders | <input type="checkbox"/> | Anything else
e.g. Drugs/Alcohol | <input type="checkbox"/> |

**Are you receiving any
Forms of medical
Treatment?**

YES **NO**

If yes please state:

**Ever had any serious
Accidents at work?**

YES **NO**

If yes please state:

**Has your name appeared
In the accident book?**

YES **NO**

If yes please give details:

**Have you ever made an accident
Claim against an employer?**

YES

NO

If yes please give details:

**Have you ever been
Disciplined at work
By an employer?**

YES

NO

If yes please give details:

**Have you ever taken
An employer to an
Industrial tribunal?**

YES

NO

If yes please give details:

Do you drive?

YES

NO

If yes, date passed?

____/____/____

**How many years have
You been driving?**

Type of license(s) held?

HGV

Car

Motor Cycle

Tractor

Other

If other, please state:

Do you hold a clean license?

YES

NO

**Do you hold any motor
Convictions?**

YES

NO

**If yes, please state all:
(Including any band periods, give dates)**

**Do you hold certificates for building
Plant/machinery?**

YES

NO

If yes please give details:

**Do you hold any CCJ's
(County Court Judgements)**

YES

NO

If yes please give details:

**Give grades of the
Qualifications
You hold?**

Maths _____

Science _____

English _____

French _____

German _____

Spanish _____

Art _____

C.D.T _____

Geography _____

Sports _____

RE _____

**Any additional qualifications
Please state + grade:**

**Any experience relevant to
The position applied for?**

YES

NO

**If yes, please give details +
Years of experience**

**Are there any other reasons
That will prevent you from
Carrying out all aspects of
The job you have applied
For? Give thought to
Health & safety working
At height.**

YES **NO**

If yes, please give details

I hereby certify that all information I have provided is truthful and accurate.	
Signed (Applicant):	Date:

Please give the names and addresses of two people willing to act as referees: