

APPRENTICESHIP APPLICATION/INTERVIEW FORM

SECTION ONE – PERSONAL DETAILS

SURNAME: _____ FORENAME: _____ TITLE: _____

ADDRESS: _____

POSTCODE: _____

EMAIL ADDRESS: _____

PHONE NO.: _____ ALTERNATE PHONE NO.: _____

D.O.B.: _____ NATIONALITY: _____

PASSPORT? YES/NO EXPIRY: _____ PASSPORT NUMBER: _____

NATIONAL INSURANCE NO.: _____

NEXT OF KIN: _____ RELATIONSHIP: _____

J.I.B. GRADE (if applicable): _____ CARD EXPIRY DATE: _____

DRIVING LICENCE? YES/NO POINTS/PENALTIES? _____

DO YOU HAVE YOUR OWN VEHICLE? YES/NO

UK WORK PERMIT (if applicable): YES/NO EXPIRY DATE: _____ NO.: _____

NOTES:



Electrical & Mechanical Contractors

SECTION TWO – TRAINING & QUALIFICATIONS

DID YOU SERVE AN APPRENTICESHIP? YES/NO

WAS IT A JIB APPRENTICESHIP? YES/NO

WITH WHICH COMPANY? _____

ADDRESS: _____

POSTCODE: _____

START DATE: _____ FINISH DATE: _____

GCSE/A LEVEL/OTHER QUALIFICATIONS

SUBJECT	INSTITUTION	(PREDICTED) GRADE

PRACTICAL TRAINING

TRAINING RECEIVED	ORGANISATION	DATE

HAVE YOU COMPLETED THE JTL APTITUDE TEST? YES/NO DATE: _____ PASS/FAIL

DATE BOOKED IF NOT YET TAKEN: _____

HEALTH & SAFETY QUALIFICATIONS

DO YOU HAVE ANY OF THE FOLLOWING QUALIFICATIONS?

COURSE	YES/NO	DATE
CSCS/ECS HEALTH & SAFETY ASSESSMENT		
MEWP LICENCE		
FIRST AID		
OTHER H&S COURSES/QUALIFICATIONS*		

*IF YES, PLEASE SPECIFY: _____

SECTION THREE – EMPLOYMENT

<p>ARE YOU CURRENTLY EMPLOYED? YES/NO</p> <p>CURRENT EMPLOYER: _____</p> <p>ADDRESS: _____</p> <p>_____ POSTCODE: _____</p> <p>CONTACT NAME: _____ PHONE NUMBER: _____</p> <p>REASON FOR LEAVING: _____</p> <p>_____</p> <p>CAN WE CONTACT THIS COMPANY FOR A REFERENCE? YES/NO</p>
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PREVIOUS EMPLOYMENT

EMPLOYER	ADDRESS	JOB TITLE	START DATE	FINISH DATE

SECTION FOUR – DECLARATION

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

ARE YOU WILLING TO LODGE AWAY FROM HOME?	YES/NO
ARE YOU WILLING TO WORK OUTSIDE OF NORMAL WORKING HOURS (NIGHTS OR WEEKENDS)?	YES/NO

DO YOU HAVE ANY MEDICAL CONDITION(S) THAT MAY RESTRICT YOUR ABILITY TO PERFORM THE ROLE YOU ARE APPLYING FOR?	YES/NO
IF YES, PLEASE GIVE DETAILS: _____	

ARE YOU ON ANY MEDICATION?	YES/NO
IF YES, PLEASE GIVE DETAILS: _____	

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE?	YES/NO
DO YOU HAVE ANY PENDING CONVICTIONS?	YES/NO
IF YES TO EITHER QUESTION, PLEASE GIVE DETAILS: _____	

WOULD YOU BE WILLING TO FILL IN A DBS APPLICATION FORM?	YES/NO

SIGNED: _____ DATE: _____

PRINT NAME: _____

REVIEWED BY: _____ DATE: _____