



Oxford

APPRENTICESHIP APPLICATION/INTERVIEW FORM

SECTION ONE – PERSONAL DETAILS

SURNAME:	FORENAME:	_ TITLE:
ADDRESS:		
	POSTCODE: _	
EMAIL ADDRESS:		
PHONE NO.:		
D.O.B.: NATIO	ONALITY:	
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/PEN	ALTIES?	
DO YOU HAVE YOUR OWN VEHICLE?	YES/NO	
UK WORK PERMIT (if applicable): YES/NO EXPIR	Y DATE: NO.:	
NOTES:		



























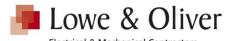


SECTION TWO – TRAINING & QUALIFICATIONS

DID YOU SERVE AN APPRENTICESH	IP? YES/NO	
WAS IT A JIB APPRENTICESHIP?	YES/NO	
WITH WHICH COMPANY?		
ADDRESS:		
	POSTCODE:	
START DATE:	FINISH DATE:	_
GCSE/A LEVEL/OTHER QUALIFICAT		
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*		

OTHER 11&5 COURSES/QUALIFICATIONS	
*IF YES, PLEASE SPECIFY:	
SECTION THREE – EMPLOYMENT	
ARE YOU CURRENTLY EMPLOYED? YES/NO	
CURRENT EMPLOYER:	
ADDRESS:	
	POSTCODE:
CONTACT NAME:	PHONE NUMBER:
REASON FOR LEAVING:	
CAN WE CONTACT THIS COMPANY FOR A REFERENCE	E? YES/NO

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? IF YES, PLEASE GIVE DETAILS:	YES/NO	
ARE YOU ON ANY MEDICATION? IF YES, PLEASE GIVE DETAILS:	YES/NO	
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	N FORM?	YES/NO
SIGNED:	_ DATE:	
PRINT NAME:	_	
REVIEWED BY:	_ DATE:	