

APPLICATION FOR EMPLOYMENT



The Electronic Waste Company Limited
 Unit 22 & 23
 Pool Business Park
 Wilson Way
 Redruth
 Cornwall
 TR15 3RX

Please complete and return this form to:

* These fields are mandatory

* Position applied for:
Where did you see the position advertised?

* Last Name:	* First name(s)
* Address:	Home: Telephone number:
	Mobile:
Single/married/ Partner/widowed/divorced	Name and address of next of kin:
* National Insurance No:	

EDUCATION DETAILS

* Names of Schools, Colleges of FE and Universities	* Examinations Passed	* Responsible Positions Held

* Memberships of professional bodies:
* Other membership, e.g. JP, TA, School Boards, Governor, Councillor:

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* Leisure interests, hobbies, sports:

*** BUSINESS EXPERIENCE/SKILLS**

* Do you hold a clean driving licence or licence appropriate to your profession/skills? Yes No
 If no, give details:

EMPLOYMENT DETAILS

A note below should explain any breaks in employment (E.g education, time at home, redundancy etc).

Employer's Name and Address	Position Held and brief description of duties	Reason for Leaving	Salary/Wage
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Present:			
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Employer's Name and Address	Position Held and brief description of duties	Reason for Leaving	Salary/Wage
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* Previous:			
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* Explanation regarding any breaks in employment:

* HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?
(If yes and the criminal conviction is unspent, please give details):

* REFERENCES please give details of three referees; one your current/last employer (where possible) and two previous or character references, as appropriate.

* Name:	* Name:	* Name:
* Address:	* Address:	* Address:
Tel No:	Tel No:	Tel No:
Occupation:	Occupation:	Occupation:

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*** MEDICAL** Please check the boxes in answer to the questions

<p>* Do you hold a current DSS linking letter BF220, BM7, BM8 or SP1(L) Form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If YES, please give details and dates:</p>	
<p>* Do you have any disabilities about which we should be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please give details:</p>	<p>* Any serious accident/operation/illness within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please give details:</p>
<p>Have you taken any prescribed medication in the last eighteen months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please give details:</p>	<p>* Have you had any sickness for more than five days in last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please give details:</p>

DEPENDANTS

<p>Have you any dependants? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many?:</p>		
<p>Date of Birth/Adoption</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>Relationship</p>	<p>Parental Leave taken in weeks</p>
<p>Have you any dependants who are disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many? (Give Number)</p>		
<p>Date of Birth/ Adoption</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>Relationship</p>	<p>Parental Leave taken in days</p>

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I certify that the information given by me on this form is accurate and that my experience is genuinely represented and qualifications claimed have been attained. I am aware that any engagement entered into is subject to the information being correct, the receipt of satisfactory references, and passing a medical examination, if so required by The Electronic Waste Company Limited.

I understand that falsification of any information contained therein will result in immediate termination of my employment and I will have no rights of recourse.

* Signed _____ * Date _____

PERSONAL STATEMENT

Why do you think your qualifications, experience, and personal qualities make you a suitable candidate for the position? Continue on a separate sheet if necessary ensuring that you affix the sheet firmly to the application form and that your name is on the each separate sheet

Signature: _____ Date: _____

Name of Applicant (BLOCK LETTERS): _____

