

Job Application Form

Issue date : 03/07/14
Form Rev. B

Position applied for:

If relevant please state which Purvis company you are applying to.

THE INFORMATION SUPPLIED ON THIS FORM WILL BE TREATED IN CONFIDENCE. Please complete it fully and legibly using black ink

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Section 1 - PERSONAL DETAILS				
Last name:		First name(s):		
Address:				
Postcode:				
		」 ᄀ		
Home telephone		Mobi	le no.	
Email address:				
National				
Insurance no.				
Are you eligible to v	work in the UK?		Yes	No
Do you hold a full U	JK driving licence?		Yes	No
			[
If YES, do you have	your own vehicle?		Yes	No
Have you previousl	y been employed by any of the Purvi	s Group companies	? Yes	No
If Yes, please give details below stating which company and time period:				

Section 2 - PRESEN	T EMPLOYMENT		
Name & Address of current employer :			
Postcode:			
Present post:			
Brief description of duties :			
Date of appointment:	Salary	& benefits	
Notice required:	or last	day of service	
Reason for leaving:			
Section 3 - PREVIO	US EMPLOYMENT (to cover atle	east the last 3	years.)
Name of employer (1)			
Post: Brief description of			
duties :			
Date from:		Date to:	
Reason for leaving:			
Name of employer (2)			
Post:			
Brief description of duties :			
Date from:		Date to:	
Reason for leaving:			
Name of employer (3)			
Post:			
Brief description of duties :			
Date from:		Date to:	
Reason for leaving:			

Section 4 - EDUCATION & PROFESSIONAL QUALIFICATIONS

School/College/University

Please note any profe	essional/manage	ement qualifications or memberships	s you have below:	
Course detail/Profess	sional or technic	cal association	Qualification	/Membership level
on the job training as Date(s)	opment courses which may support courses. Course title/Achievement	your application.	Results	
				(where applicable)
	which denotes	anisation all of our construction site competency within the Construction ails below.		
CSCS Reg No.		Skills/Plant categories		Expiry dates

Course or Subjects

Qualification/Grade

attained

Upon any formal appointment you will be required to complete a confidential state may be required to undergo a medical examination. Should you fail to declare any apparent later in your employment you may be subject to dismissal for non-disclos	health issu		
Do you suffer from any medical condition which might affect your working performance? If Yes, please provided further details below.	Yes	No	
Have you had any days/weeks absence due to sickness or ill health in the past 2 years? If Yes, please provide details below e.g. cause and duration	Yes	No	
Reason for absence		No .of day	/s
Section 7 DEDCONAL STATEMENT			
Section 7 - PERSONAL STATEMENT Please use this section to detail any other skills, achievements, knowledge or exper	ience you	have in support	of
your application for this post. (continue on a separate sheet if necessary).			

Section 6 - HEALTH

Section 8 - REFERENCES

Please provide the names and addresses of two references. Atleast one should be your previous employer. If you have not previously been employed then a Head teacher or lecturer who is able to comment on your educational background would be acceptable

Name:	Name:			
Position:	Position:			
Company:	Company:			
Address:	Address:			
Phone no.	Phone no.			
Email:	Email:			
Section 9 - DECLARATION				
How & where did you learn about this post?				
 I hereby certify that: all the information given by me in this form to be correct to the best of my knowledge; all questions relating to me have been answered fully and truthfully; I possess all of the qualifications to which I claim to hold; I understand should my application be successful and it be discovered subsequently that the information provided has been falsified then disciplinary action may result in dismissal from this post. 				
Signed:	Date:			
Any candidates selected for interview will normally be notified within four weeks of submission. Unfortunately, applicants who do not hear from the Purvis group within this time should conclude that their application has been unsuccessful on this occasion, but we thank you for your interest in the post. The Purvis group will treat any personal information contained within the form as confidential and in full compliance with the requirements of the Data Protection Act 1998.				
Section 10 - RETURNING THIS FORM				
Upon completion of this form please ensure it is returned By post to:	d to the following address: or alternatively by email to:			

Group Personnel Manager

Purvis Group

Thistle House

Cartmore Industrial estate

Lynn.crookston@purvisgroup.co.uk

Lochgelly

Fife

KY5 8LL

	Use the space below to add in any other information			
Section No.	Additional details			

Section 11- RECRUITMENT MONITORING

The Purvis Group are committed to ensuring we promote equality of opportunity for all staff and new job applicants. We seek to ensure all applicants are treated fairly, with respect to, and without bias regardless of colour; race; nationality; ethnicity; sex; marital status; disability; sexual orientation; gender re-assignment; pregnancy or maternity; religious or political beliefs or age. It is the aim of the organisation that its workforce should reflect that of a local and wider community wherever practicable.

This policy applies to recruitment and selection practices, training and promotion or transfer within the company.

In order to monitor and ensure the success of this policy all applicants for positions within the organisation are respectfully asked to complete the section below. The details contained herein will be retained by the HR department solely for monitoring purposes. Failure to complete this section will not affect you application in any way.

This sheet will remain separate from the application and will not form any part of the selection process.

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Position applied fo	or:			
Gender:		Male Female		
Age group : (at time of application)		nder 25 25-34 35-44 45-54 55-64	65+	
ETHNIC ORIGIN				
I would describe n	ny ethnic orig	gin as: (please tick one of the following)		
White	British	Irish European*		
Black	African	Caribbean Other*		
Black-Asian	Indian	Pakistani Bangladeshi		
Other	Chinese	Mixed Other*		
* Please specify				
We are aware that some people may not be happy with the classifications used on this form and if you wish to classify yourself in some other way please use the '*please specify' box to do so.				
DISABILITY				
Do you consider yourself to be disabled? Yes No				
If you have ticked 'Yes', are you registered disabled? Yes No				
Would you require any special adaptions/equipment to take up employment? Yes No				
If you have answered 'Yes' to any of the above questions, can you please provide details in the space below:				