



**Application Form - Position Applied For**

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Title      Mr / Mrs / Miss / Ms

Surname ..... First Names .....

Date of Birth .....

Home Address .....

..... Post code .....

Home Telephone No..... Mobile No.....

E Mail Address .....

Nationality .....If non EU nationality, **visa expiry date** .....

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**Bank Details for Payment of Services**

Name of Bank or Building Society .....

SORT CODE ..... Account Number .....

ACCOUNT IN NAME OF.....

National Insurance Number .....

If self employed, Company Name .....

Candidate Signature .....

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***Office Use Only***

*Staff Number..... Pay Code ..... Start Date.....*

**Criminal Offences**

Have you ever been convicted of a criminal offence? yes / no

If 'yes', please give details including any sentence received:

Signed .....

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**Medical Declaration**

Do you consider yourself to have any medical problems or disabilities relevant to this position? yes / no

If 'yes', please give details:

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In the last 12 months, how many days off have you taken due to ill health?

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In the case of emergency, please provide the details of a relative/friend who we are permitted to contact;

Name ..... Telephone Number(s).....

Relationship .....

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Are you legally entitled to work in the United Kingdom Yes / No

Do you have a full current UK driving licence? Yes / No

Do you have your own transport? Yes / No

Are you able to work at nights? Yes / No

Are you able to work at week-ends? Yes / No

Signature .....

**Work History**

Please list your employment history for a minimum **5** years, starting with the most recent position first – please complete all sections. Use a separate sheet of paper if necessary.

Company Name, Address & Telephone Number	From	To	Position Held & Brief Description of Duties	Reason for Leaving

**References**

Please give the details of two business referees. For applicants who are applying for their first employment, please list your last school/college.

**1.** Name ..... Job Title .....  
 Company .....  
 Address .....  
 ..... Post Code .....  
 Telephone Number(s).....

**2.** Name ..... Job Title .....  
 Company .....  
 Address .....  
 ..... Post Code .....  
 Telephone Number(s) .....

**Please note that all information supplied within this application form will be retained on file for a minimum of 12 months under the Data Protection Act 1998.**

<b>Certificates Held</b> (attach copies)	<b>Expiry Date</b>	<b>Comments</b>
Entry Permit		
Track Accustomed		
Depot Track Accustomed		
Site Person in Charge (engineering hours)		
Site Person in Charge (depots)		
Track Trolley Operator		
Track Competent Person (traffic hours)		
Depot Track Competent Person		
Fire Core		
Fire Safety		
Fire Engineering		
Fire Watchperson		
First Aid		
Lifts & Escalator		
Confined Spaces		
PASMA		
IPAF		
CSCS		
Passport to Health & Safety		
P.T.S.		
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<b>Identification Supplied</b> (attach copies)	<b>Comments</b>
Passport	
Work Visa (if appropriate)	
Driving Licence	
Utility Bill	
Proof of N.I. Number ( i.e. pay slip)	
Passport Photos (attach)	
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For office use only:

Originals checked by ..... Date .....