



Electrical Safety Systems

Employment Application Form

Date received	
Relevant vacancy available	Y / N
Interview arranged	Y / N Date
References requested	Y / N Date
References received	Y / N Date
Job offered	Y / N Date
<i>For office use only.</i>	

N.B. Please complete all questions in ink return to the address below.

Personal Details

Application for employment as :-

Surname Other names
 Mr/Mrs/Miss/Ms

Address Date of birth
 Marital status
 Ethnic origin

Telephone No. Disabled person's registration no

Education and Training

Name of school, college etc attended	Dates	Examinations passed and qualifications obtained
Schools (after age 11)		
Further education (College, University etc)		
Professional or other training		

Electrical Safety Systems Limited

Main offices & workshops: Unit 1 & 2 Fulwood Road North, Huthwaite, Nottinghamshire NG17 2NB
 Registered office: 78 Herve Street, Sutton In Ashfield, Nottinghamshire. NG17 4GW
 Tel: (01823) 480018 Fax: (01823) 480019 Email: service@electrical-safety-systems.co.uk
 Reg:- 3025407 VAT number:- 570 9881 08 Company Directors:- D. Maxwell, P.R. Maxwell.



Employment History

Please start with your present or most recent employment and work backwards;
 Include any service with HM forces;

Date		Name of employer	Position held & brief duties	Reason for leaving	Salary
From	To				

Additional details

Electrical staff applications only - please complete the following questions.

DETAILS IF APPLICABLE

Do you hold a full clean driving license?	Y / N	
Would you have any problem with working away from home?	Y / N	
Have you practical experience of carrying out inspection & testing to the I.E.E. Wiring Regs.	Y / N	
Do you consider yourself capable of working on your own without supervision?	Y / N	
Do you consider yourself to have good fault finding skills?	Y / N	

Additional Information

N.B. Please give details of any other information you wish in support of your application including other useful skills, hobbies and sports etc.

Medical History

N.B. Please answer ALL of the following questions and give supporting details if required.

Are you colourblind?	Y / N	
Do you smoke?	Y / N	
Do you suffer from epilepsy?	Y / N	
Do you suffer from vertigo?	Y / N	
Do you suffer from any long term industrial injuries?	Y / N	
Do have a dependency on any drugs?	Y / N	

If you suffer from any other medical conditions please give details below:-

References

N.B. Please give names, occupations and addresses of two persons as referees who we can approach for references. If you give your current employer please indicate if an approach can be before a job offer is made.

Name:-	Relationship to you:-	ONE
Contact address:-		
Contact phone number if known:-		
Comments:-		

Name:-	Relationship to you:-	TWO
Contact address:-		
Contact phone number if known:-		
Comments:-		

If a job offer was made, how soon could you commence employment with us?

Declaration

I confirm that to the best of my knowledge the above information is correct.

Signature

Date