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 Web: theedsgroup.com

## EMPLOYMENT APPLICATION FORM

**Failure to complete this form fully and truthfully may jeopardise your chances of future employment or result in disciplinary action, if following employment, it is discovered that you did not do so.**

<b>Name:</b>																																												
<b>Address:</b>																																												
<b>Mobile Phone No:</b>	<b>Home Phone No:</b>																																											
<b>E-mail address:</b>																																												
<b>Marital Status (Tick box):</b>	<b>Married</b> <input type="checkbox"/> <b>Separated</b> <input type="checkbox"/>	<b>Single</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/>																																										
		<b>Divorced</b> <input type="checkbox"/>																																										
<b>Partners name (if applicable):</b>																																												
<b>Next of Kin Name:</b>		<b>Tel No:</b>																																										
<b>Address:</b>																																												
<b>National Insurance No:</b>		<b>Date of Birth:</b>																																										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Would you be willing to work abroad?</td> <td style="width: 10%;">Yes</td> <td style="width: 20%;">No</td> </tr> <tr> <td>Do you hold a valid 10 year passport - UK</td> <td>Yes</td> <td>No</td> </tr> <tr> <td style="padding-left: 100px;">- Other</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Do you have current security clearance for any UK sites, ie Nuclear,</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Do you hold a current Driving Licence If yes <u>PLEASE ENCLOSE COPY?</u></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Do you have any driving Endorsements?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td style="padding-left: 20px;">If yes please give details:</td> <td></td> <td></td> </tr> <tr> <td>Do you have your own transport</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Would you be willing to drive others?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Have you been convicted of a drink, drug</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Or substance abuse related Driving Offence? If yes please give details:</td> <td></td> <td></td> </tr> <tr> <td>Have you ever been prosecuted, (do you have a criminal record)</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>or facing pending prosecution? If so provide details:</td> <td></td> <td></td> </tr> <tr> <td>Have you ever or do you take any class A, B or C drugs?</td> <td>Yes</td> <td>No</td> </tr> </table>			Would you be willing to work abroad?	Yes	No	Do you hold a valid 10 year passport - UK	Yes	No	- Other	Yes	No	Do you have current security clearance for any UK sites, ie Nuclear,	Yes	No	Do you hold a current Driving Licence If yes <u>PLEASE ENCLOSE COPY?</u>	Yes	No	Do you have any driving Endorsements?	Yes	No	If yes please give details:			Do you have your own transport	Yes	No	Would you be willing to drive others?	Yes	No	Have you been convicted of a drink, drug	Yes	No	Or substance abuse related Driving Offence? If yes please give details:			Have you ever been prosecuted, (do you have a criminal record)	Yes	No	or facing pending prosecution? If so provide details:			Have you ever or do you take any class A, B or C drugs?	Yes	No
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<b><i>For office use only</i></b>	<b><i>Reviewed by:</i></b>
<b><i>Date received</i></b>	<b><i>Authorised by:</i></b>

**Positions Applied For:**  
Please tick box if you hold training certificates or have proven experience in the following positions

Site Manager	<input type="checkbox"/>	Topman	<input type="checkbox"/>	Asbestos Operative	<input type="checkbox"/>
Foreman	<input type="checkbox"/>	Burner	<input type="checkbox"/>	Industrial Service Op.	<input type="checkbox"/>
Decontamination Operative	<input type="checkbox"/>	Labourer	<input type="checkbox"/>	Fitter /dismantler	<input type="checkbox"/>
Monitored/ Classified Worker	<input type="checkbox"/>	Machine Driver	<input type="checkbox"/>	Plant Fitter/Welder	<input type="checkbox"/>

Other \_\_\_\_\_

**Education**

School/F.E. College	Start Date	Leaving Date	Qualifications Gained

## Training

Have you received training on the following? Please indicate expiry dates as shown on cards or certificates. Please enclose a photocopy of all expired and current certificates as proof of training.

### General

TRAINING	✓	Expiry Date	TRAINING	✓	Expiry Date
Fork Truck			Scissor Lift		
Rough Terrain / Telehandler			Cherry Picker		
Slinger / Signaller			Confined Space		
Banksman			Mobile Scaffolding		
Skid Steer (Bob Cat)			Power Washing		
Abrasive Wheels			Lift Supervisor		
First Aid			App Person Crane		

### Health & Safety

TRAINING	✓	Expiry Date
Passport to Safety		
Site Safety Awareness		
IOSH		
NEBOSH		
Risk Assessment		
Drug Awareness		
Manual Handling		
Working At Height		
Alcohol Awareness		

### Asbestos

TRAINING	✓	Expiry Date
Asbestos Awareness		
Asbestos Operator		
Asbestos Supervisor		
Contractor Manager		
Asbestos Medical		
Face Fit (Full Face)		
Face Fit (Half Face)		

### Plant

TRAINING	✓	Expiry Date
CPCS 360 Excavator (Red Card)		
CPCS 360 Excavator (Blue Card)		
Construction Plant NVQ		
CPCS Demo Plant (Red Card)		
CPCS Demo Plant (Blue Card)		
Demolition Plant NVQ		
CPCS Dump Truck (Red Card)		
CPCS Dump Truck (Blue Card)		

### Demolition

TRAINING	✓	Expiry Date	TRAINING	✓	Expiry Date
CSCS Labourer			CSCS Demo Supervisor		
CSCS Mattockman			Demolition NVQ L2		
CSCS Topman			Demolition NVQ L3		

### Employment History

Please give details of your work history. Continue on a separate sheet if necessary or supply full detailed curriculum vitae.

Name of Company and contact	Dates From	To	Brief details of duties	Reason for leaving
Any other relevant information/Skills obtained				

Please give details of past employer referee(s) including telephone number:

Tel:	Tel:
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### Medicals

Please give dates of any of medicals you have undertaken:  
i.e. Lead at Work, Asbestos at Work, Confined Space, BA, Classified worker, etc:

Do you know or are you related to anyone who works for EDS? If so please provide details

## Health History

Would you please complete the following questions regarding your health, should you answer 'yes' to any questions please provide details, i.e. medication and age at onset.

**Have you ever had, or do you at present suffer from any of the following ?**

Questions	Yes	No	Details
An epileptic seizure or fit?			
Any smoking or alcohol related problems?			
Sudden attacks of disabling giddiness, fainting or blackouts?			
Diabetes?			
Circulatory or heart problems such as high blood pressure, etc.?			
A major or minor stroke?			
Asthma, Tuberculosis or any other chronic lung disease?			
Any hearing defects?			
Any eye sight defects?			
Dermatitis, eczema or any other skin complaint?			
Allergies or sensitivity to any antibiotics or other substances/materials? (ie penicillin)			
A shortness of breath or chest tightening (angina) when doing exercise?			
Blanching of the fingers (white finger)?			
Any serious illness or accident?			
An occupational disease or been rejected from employment on medical grounds?			
Have you seen a doctor in the past 3 years?			
Are you currently on any medication not mentioned above?			
May our Company Appointed Doctor contact your GP in respect of any health issues?			
Do you suffer from any condition(s) which may affect your safety or the safety of others.			
Would you be willing to under-go a Company Medical?			
Name of Doctor:			
Address of Medical Centre:			
Contact Telephone Number:			

**Declaration:** To the best of my knowledge all the above details are correct.

Signed:..... Print:..... Date:.....