



Committed to developing valued individuals

1A Enterprise House, Valley Street North, Darlington, Co. Durham DL1 1GY  
Telephone: 01325 252001 Fax: 01325 252004 Email: hr@castlebeck.com  
www.castlebeck.com

## APPLICATION FOR EMPLOYMENT

PLEASE PRINT

### Application Details

Position(s) applied for \_\_\_\_\_

Site(s) position applied for based \_\_\_\_\_

### Personal Details

Name \_\_\_\_\_  
(Surname first and then first name)

Full Postal Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Telephone (inc. STD code) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mobile Telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

### General Information

Sex Female  Male

Marital Status

Are you in General Good Health Yes  No

Do you hold a clean driving licence Yes  No

If no, list endorsements  
\_\_\_\_\_

Date available for work \_\_\_\_\_

Are you legally eligible for Employment in the UK? Yes  No

If you are not a UK or European Union national, please state your permit number  
\_\_\_\_\_

Have you been employed by this company before? Yes  No

If Yes, please give job titles and reasons for leaving  
\_\_\_\_\_  
\_\_\_\_\_

Will you relocate if required? Yes  No

Will you work overtime if needed? Yes  No

Will you work shift or other flexible working arrangements if necessary? Yes  No

Will you travel if job requires? Yes  No

### Educational Background (Including Professional Qualifications)

Name and Location of School/College/University	From/To	Qualification(s)	Subject(s)



INVESTOR IN PEOPLE





From/To	Employer	Telephone
Job Title	Address	
Title of Immediate Supervisor	Summarise the nature of work performed and job responsibilities	
Reason for Leaving	Rate of Pay/Salary	Start £                      per Final £                      per


### Main Interests and Hobbies


### References

Please give below details of people who are willing to give you a reference and tick when to contact  
 At any time                       Only if we offer you a job

Name	Position	Contact Address (if known)	Telephone No.	Years Known

### Equal Opportunities - voluntary information

The Company seeks to recruit employees on the basis of their general suitability for a position and aims to ensure that consideration of age, sex, marital status, disability and racial or ethnic origin should play in this process. In order to monitor the effectiveness of this commitment, it would be helpful if you would complete this section. It is not compulsory but the details you give will be used for no purpose than as stated in this section.

Ethnic Origin                      African                       Asian (Chinese/SE Asian)   
    Asian (Indian sub-continent)                       European   
    Afro-Caribbean                       Other (please specify)

Disabilities (specify) \_\_\_\_\_  
 Registered Disabled Number (where relevant) \_\_\_\_\_

## Medical History

This information is in confidence, and is only for use by the senior management and the doctor carrying out a medical examination, should you be offered a post with the Company.

HAVE YOU EVER	NO	YES	PLEASE GIVE DETAILS
1. Had an operation?			
2. Been seriously injured?			
3. Received in-patient treatment for a physical or mental condition?			
4. Been refused or dismissed from employment for health reasons?			
5. Received a disability pension?			
6. Been made ill by your work?			
7. Been refused a driver's licence because of ill health?			

Please continue below or on a separate sheet if necessary

Do you suffer from or have ever had:

Diabetes	YES/NO	Skin rashes/eczema	YES/NO	Swelling of legs or ankles	YES/NO
High blood pressure	YES/NO	Anaemia	YES/NO	Period or prostrate problems	YES/NO
Asthma	YES/NO	Headaches (frequent)	YES/NO	Varicose veins	YES/NO
Cough (frequent)	YES/NO	Heart trouble	YES/NO	Rupture	YES/NO
Rheumatic fever	YES/NO	Chest trouble	YES/NO	Back trouble	YES/NO
Arthritis	YES/NO	Fainting or dizziness	YES/NO	Ear trouble	YES/NO
Epilepsy/fits	YES/NO	Hay fever	YES/NO	Eye trouble	YES/NO
Shortness of breath	YES/NO	Jaundice	YES/NO	Nerve trouble	YES/NO
Depression	YES/NO				
Do you take medicine regularly? (if yes please indicate what for)			YES/NO		
Do you use glasses or wear contact lenses?			YES/NO	Have you worked in a dusty trade	YES/NO
Do you suffer from any other ailments?			YES/NO	Do you smoke?	YES/NO

NB as part of your job role you may or may not be required to supervise residents who smoke. If you have a medical condition which could be adversely affected by exposure to tobacco smoke it would be in your best interest to declare this.

If you have answered yes to any of the questions please explain further on a separate sheet of paper.

In response to your answers we may have to ask for your consent to approach your GP for further information prior to employment commencing.





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