

# EMPLOYMENT APPLICATION FORM

(PLEASE USE BLOCK CAPITALS THROUGHOUT)

POSITION : .....

**BRITISH DRILLING AND FREEZING CO LTD  
COLWICK INDUSTRIAL ESTATE  
COLWICK  
NOTTINGHAM  
NG4 2BB**

## PERSONAL

Surname..... Forenames.....

Address.....

Telephone Numbers :- Home ..... Mobile.....

Date of Birth..... Age..... Nationality.....

Do you own a Car YES/NO    Do you have a current Driving Licence? YES/NO    Is it Clean? YES/NO

If no, give details.....

Do you belong to a Trade Union? YES/NO    If Yes, which Union.....

## EDUCATION

Schools	from	to	Examination Results
College/University	from	to	Courses and Results
Further education and formal training	from	to	Courses and Results
Professional membership and qualifications			

## H. M. FORCES SERVICE

Were you in the armed forces ? YES/NO    If YES, which branch.....

Date of Duty: from..... to..... Rank at Discharge.....

List of duties and any special training or experience.....

## INTERESTS

Please give brief details of pastimes, hobbies, sports.....

.....

Do you speak any foreign languages?.....

Have you previously worked for the company? YES/NO

If YES state details.....

On what date would you be available for work?.....

Are you prepared to travel abroad for indefinite periods? YES/NO

Are you prepared to work anywhere in the U.K.? YES/NO

---

## HEALTH

National Insurance Number..... Height..... Weight.....

Do you suffer any impairment of sight or hearing? YES/NO Do you wear spectacles or a hearing aid YES/NO

Do you have any defect in limb movement or power? YES/NO

Are you registered disabled? YES/NO If YES Registration Number.....

Do you suffer from Epileptic Fits or similar? YES/NO

Disabling Giddiness or Fainting? YES/NO

Heart Attacks? YES/NO

Diabetes? YES/NO

Have you ever undergone major surgery? YES/NO Please give details.....

.....

Have you ever suffered serious injury? YES/NO Please give details.....

.....

Are you at present undergoing medical treatment? YES/NO Please give details.....

.....

Any other medical details affecting this application.....

.....

Would you be prepared to undergo a medical examination if required? YES/NO

Please state your last three employers, beginning with the most recent.

Present or last Employer.....

Nature of Business.....

Address.....

Position..... Length of Service..... Present Wage.....

Job Description:

Duties:

Reason for Leaving:

Employer.....

Nature of Business.....

Address.....

Position..... From.....To..... Wage on leaving .....

Job Description:

Duties:

Reason for Leaving:

Employer.....

Nature of Business.....

Address.....

Position..... From.....To..... Wage on leaving .....

Job Description:

Duties:

Reason for Leaving:

May we approach the above employers for a reference? YES/NO. If NO which ones do you not wish to be approached? .....

**DECLARATION**

To the best of my knowledge, the particulars on this application form are correct.

Signature..... Date.....