

## EMPLOYMENT APPLICATION FORM

Please complete this form truthfully and use your best endeavours.

Name:

Address:

Postcode:

Mobile Number:

Home Number:

Email address:

Marital Status:

Number of Dependent Children

Next of Kin:

Contact No.:

Address:

National Insurance Number:

Date of Birth:

CITB No (if applicable) :

When would you be available for work?:



Ron Hull Demolition, Mangham Road, Parkgate, Rotherham, S62 6EF  
01709 524115

[www.ronhulldemolition.co.uk](http://www.ronhulldemolition.co.uk)

info@ronhull.co.uk

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Do you have/hold a current UK Driving Licence? Yes No

Do you have any driving endorsements? **Please enclose copy** Yes No

Do you have your own transport? Yes No

Would you be willing to drive fellow employees if needed? Yes No

Have you ever been convicted of a drink,  
drug or substance abuse related driving offence? Yes No

Would you be willing to take a drug test? Yes No

Have you worked for us before? Yes No

### Position Applied For:

Site Manager     Supervisor     Topman

Asbestos Operative     Demolition Operative     Plant Operative

Fitter

### Education

| School/College/University | Start Date | Leaving Date | Qualifications Gained |
|---------------------------|------------|--------------|-----------------------|
|                           |            |              |                       |
|                           |            |              |                       |
|                           |            |              |                       |



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**Training**

Please tell us what training you have and enter there expiry dates below. If you don't have the mentioned training, please leave blank. For all training you have, please enclose a photocopy of the certificate/card.

|            |            |  |                            |              |                    |                                    |                          |                       |                        |
|------------|------------|--|----------------------------|--------------|--------------------|------------------------------------|--------------------------|-----------------------|------------------------|
| <b>NVQ</b> | <b>IDE</b> | <b>Health &amp; Safety Touch Screen Test</b> | <b>CCDO/CSCS card Type</b> | <b>SSSTS</b> | <b>First Aider</b> | <b>Demolition Safety Awareness</b> | <b>Asbestos Training</b> | <b>Scaffold Tower</b> | <b>Abrasive Wheels</b> |
|            |            |  |                            |              |                    |                                    |                          |                       |                        |

|                          |                                |                          |                        |                            |                       |                                 |                         |              |
|--------------------------|--------------------------------|--------------------------|------------------------|----------------------------|-----------------------|---------------------------------|-------------------------|--------------|
| <b>Lifting Op BS7121</b> | <b>Confined Space Training</b> | <b>Slinger/Signaller</b> | <b>Safety Passport</b> | <b>Gas Safety Passport</b> | <b>Work At Height</b> | <b>Manual Handling Training</b> | <b>Oxy Fuel Burning</b> | <b>MEWPS</b> |
|                          |                                |                          |                        |                            |                       |                                 |                         |              |

CPCS Card Renewal Date – \_\_\_\_\_

All units on CPCS -

\_\_\_\_\_

\_\_\_\_\_



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### Employment History:

Please give details of your work history below.

List below present and past Employers:

Company Name:

Company Name:

Address:

Address:

Telephone Number:

Telephone Number:

Nature of Employment:

Nature of Employment:

How long did you work there?:

How long did you work there?:

Reason for leaving:

Reason for leaving:



## EMPLOYMENT APPLICATION FORM

Please give details of two people (not relatives) we could approach for a reference:

Name:

Name:

Occupation:

Occupation:

Address:

Address:

Telephone Number:

Telephone Number:



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### **Past and Present Medical History**

Do you suffer from, or have you ever suffered from, any of the following conditions?

If you answer yes to the questions you may be asked to see the company doctor or nurse for further assessment.

|    |   | YES | NO |
|----|---|-----|----|
| 1  | Giddiness   |     |    |
|    | Fainting Attacks  |     |    |
|    | Epilepsy  |     |    |
| 2  | Stroke  |     |    |
|    | Heart Disease   |     |    |
|    | High Blood Pressure   |     |    |
| 3  | Diabetes  |     |    |
| 4  | Fits, fainting attacks or Epilepsy  |     |    |
| 5  | Lumbago, Sciatica or any other back or neck problem                                     |     |    |
| 6  | Vertigo or any condition which may affect you when working at heights                   |     |    |
| 7  | Eye disease e.g. Glaucoma, Cataracts. <b>Not corrected by glasses or contact lenses</b> |     |    |
| 8  | Ear disease or deafness   |     |    |
| 9  | Recurring Headaches   |     |    |
| 10 | Skin Trouble  |     |    |
| 11 | Serious Injury  |     |    |
|    | Serious Operations  |     |    |
| 12 | Recurring Stomach Trouble   |     |    |
|    | Recurring bowel trouble   |     |    |
| 13 | Tingling of the fingers or numbness during cold weather                                 |     |    |

Do you have any disabilities that affect the following? If you answer **yes** to the questions you may be asked to see the company doctor or nurse for further assessment,

|   |                |  |  |
|---|----------------|--|--|
| 1 | Standing       |  |  |
| 2 | Walking        |  |  |
| 3 | Stair Climbing |  |  |
| 4 | Lifting        |  |  |



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|   |                      |  |  |
|---|----------------------|--|--|
| 5 | Use of your hands    |  |  |
| 6 | Driving of a vehicle |  |  |
| 7 | Working at heights   |  |  |
| 8 | Climbing Ladders     |  |  |

|                     |                              |      |
|---------------------|------------------------------|------|
| Employees Signature | <b>Name (BLOCK CAPITALS)</b> | Date |
|---------------------|------------------------------|------|

**Thankyou for applying to be part of Ron Hull Demolition Ltd. Please attach all training records which may help your application.**



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