



Rofthen Galvanizing Ltd.

Registered Office: North Road Ind Est, Ellesmere Port, Cheshire. CH65 1AB Reg No. 1290735
Tel 0151 355 4257 Fax 0151 355 5565 www.rofthen.com

Job Application Form

POSITION APPLIED FOR

Job Title: _____ Grade: _____ Closing Date: _____

PERSONAL INFORMATION

Title: Mr/ Ms/ Mrs/ Miss Surname: _____ Forename(s): _____

Address: _____

Post Code: _____ Email address: _____

Mobile tel: _____ Home tel: _____

Are you eligible to work in the UK? Yes / No (*Evidence will be required*)

Do you hold a current driving licence? Yes / No (*Evidence may be required*)

EMPLOYMENT HISTORY

Please list in order the organizations you have worked for. Please start with your most recent employer.

Name of Employer	Job Title	Reason for leaving

SUMMARY OF QUALIFICATIONS

Please state relevant professional qualifications, training or courses (Please continue on an additional sheet if necessary)

Name of Schools, Colleges/University attended	Examinations Passed/Grades

EQUAL OPPORTUNITIES

Rofthen Galvanizing is an equal opportunities employer. The sole criteria for selection is the suitability of an applicant for the job for which they are applying. We do not discriminate on any grounds.

We are required by law to monitor the effectiveness of our Equal Opportunities Policy and would therefore ask you to complete the enclosed confidential Equal Opportunities form. Thank you.

CONVICTIONS

Rehabilitation of Offenders Act 1974: Please state any convictions/offences, information of which you are not entitled to withhold.

HEALTH

Do you have an existing medication condition that may affect your ability to work in the role environment for which you have applied ? **YES / NO**

If your answer is yes, you may be required to supply a certificate of good health from your doctor.

Please complete the enclosed Medical Screening Questionnaire and return this in the sealed envelope provided. This information is confidential and will be reviewed by the organisation's appointed Occupational Health Adviser.

REFERENCES (2)

Name	Name
Organisation	Organisation
Address	Address
Period of employment (From/To)	Period of employment (From/To)
Tel No.	Tel No.

References will only be taken after an offer of employment has been made

OTHER INTERESTS

Please give details of your personal interests and hobbies:

DECLARATION

I understand that the data I have given will be processed and used in accordance with Data protection Act 1998 and hereby will give permission for my details to be retained.

I confirm that to the best of my knowledge and belief, the information I have given is correct.

I hereby give Rofthen Galvanizing permission to contact my referees and understand that any contract given to me is based on the information provided.

Signed Date
(Applicant)

Please return this form to
The HR Department, Rofthen Galvanizing Limited, North Road Ind. Estate, Ellesmere Port. Cheshire. CH65 1AB

To help us reduce costs we do not acknowledge receipt of application forms. We regret that we may not be able to advise applicants who have not been short-listed for interview. If you have not heard from us within four weeks, please assume you have been unsuccessful.



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Pre Employment Health Questionnaire

The information contained within this questionnaire relates solely to your ability to carry out the role for which you have applied for. Many of the work areas within our factory are safety critical environments therefore health conditions and any medications must be stated on this form.

Job Title:	Grade:	Dept:	Days / Shift / Nights / Part time
Section 1: PERSONAL INFORMATION <i>(To be completed by HR Dept)</i>			
Title: Mr / Ms / Mrs / Miss	Surname:	Forename(s):	
Address:			
Post Code:	Home tel:		
Mobile tel:	Email address:		
Email address			
1. UNDERLINE THE ACTIVITIES/CONDITIONS THAT APPLY TO THE ROLE APPLIED FOR:			
Heavy manual work: lifting / bending / standing / walking / using hands			
Driving work: HGV / other			
Exposure to: hazardous chemicals / skin respiratory sensitizes / fume / required to wear breathing apparatus			
Working with: moving machinery / vibrating tools/ grinding / working with electrical equipment			
VDU / DSE user / Requires normal colour vision			
Section 2: To be completed by the applicant			
Medical information is retained confidentially in the HR Dept, but you should be aware that your contract of employment is issued on the basis of the information contained in this document being a true statement. If any medical information or any answer that you have provided is found to be misleading or untrue, then the Company may decide to terminate your employment with our without notice or pay in lieu.			
Name & Address of Doctor			
Height	Weight	Date of Birth	
Please continue overleaf			

Please tick the relevant response to each question. (If YES please provide information overleaf)			YES	NO
1	Have you had any days off work due to illness in the last 2 years?			
	State the reason and duration of absence for each incidence			
2	Have you ever been off work continuously for a period of 4 weeks or more?			
	State the reason and duration of this absence			
3	Have you attended hospital either as an in-patient or out patient in the last 5 years?			
	State the reason			
4	Are you colour blind?			
5	Are you taking any prescribed medication at present? If yes please complete medication advice form			
6	Are you currently under the care of your Doctor or undergoing any medical treatment?			
Do you or have you had any of the following:- (if YES please provide information overleaf)			YES	NO
7	any allergies?			
8	asthma, breathing related problems or tuberculosis?			
9	any skin problems or dermatitis?			
10	a stomach ulcer, abdominal pain or gall bladder disease?			
11	kidney disease, jaundice or hepatitis?			
12	an abnormal heartbeat or high blood pressure?			
13	serious chest pain, heart disease, stroke, angina or heart attack?			
14	diabetes?			
15	migraines, dizziness or fainting?			
16	epilepsy?			
17	arthritis, joint or spinal trouble?			
18	cancer?			
19	Work Related Upper Limb Disorder or Repetitive Strain Injury of the neck/shoulder/arm/hand?			
20	A serious accident?			
21	mental health condition i.e. depression/anxiety?			
22	alcohol or drug abuse or dependency?			
23	exposure to toxic substance?			
24	exposure to excessive noise?			
25	have you suffered illness or injury as a result of work?			
26	have you ever had to leave a job for health reasons or been medically retired?			
LIFESTYLE				
	State approximate quantities of cigarettes/tobacco smoked per day?			
	State approximate units of alcohol consumed per week? (1 unit = 1 small glass of wine)			
	Give details of any regular weekly exercise			
	What are your hobbies/interests?			

DISABILITY

Do you feel that you have any disability that may affect your ability to do this job? YES / NO
i.e speech, coordination, disfigurement, learning abilities, physical strength, stamina, mobility, mental illness, etc?

Please describe

Empty text area for describing disability.

The information will help us comply with the provisions of the Disability Discrimination Act 1995 and is consistent with our Equal Opportunity Policy. This information will be used only to assist us in accommodating any special needs that you may have. Depending upon any answer given, you may be asked to attend an occupational health assessment so that we can be properly advised as to any reasonably adjustments which may be required.

PREVIOUS EMPLOYMENT

Please provide details of occupations in the last 10 years.

Name of Employer	Type of Employment	Specific Hazards

DECLARATION

I declare these statements to be true to the best of my knowledge and belief. I am willing to undergo a medical examination and provide specimens if appropriate, in order that the Company may receive a report on my fitness for the position applied for.

I am aware that the results of this medical questionnaire in general terms i.e. Whether I am fit for the post, fit with adjustments of modifications or unfit for the post, may be revealed to the Company if required and the details to my own doctor if this is considered necessary by the occupational health adviser. However, the medical information on this form will not be disclosed to anyone without my express, informed, written consent.

I understand that any false or untrue answers or statements of material omissions may lead to my summary dismissal.

Signature..... Date

Print name

The completed form should be returned in the envelope provided, direct to:
The HR Department, Roften Galvanizing Limited, North Road Ind. Estate, Ellesmere Port. Cheshire. CH65 1AB