

appointment.

Hilton Main Construction Ltd

Sneyd Cottage, Sneyd Lane, Bloxwich WS3 2LT

Office: 01922 716176 Email: enquiries@hiltonmain.co.uk Fax: 01922 712200

Hilton Main Construction Job Application Form

| Section 1 | Personal details | | | | |
|---|--|---------------------------|---------------|------------------|-----|
| Last Name: | Fire | st Name: | | | |
| Address: | | | | | |
| | | | | | |
| Postcode: | | | | | |
| Letter | | | Letters Nu | umbers | |
| Home Telephone Nº: | | National Insurance Nº: | | | |
| Daytime Telephone №: | | | | | |
| Mobile Telephone №: | | | | _ | |
| E-mail address: | | | | | |
| Can we contact you durin | g work Yes 🗌 | No 🗌 | | - | |
| Are you free to remain an UK with no current immig | nd take up employment in the praction restrictions? | e Yes 🗌 | No 🗌 | | |
| <u>Driving Licence</u> – if releva Do you hold a full, clean c | nt to post applied for. driving licence valid in the Ul | ≺? Yes □ | No 🗌 | | |
| If you are successful you w | will be required to provide re | elevant evidence of | the above det | ails prior to vo | our |

Section 2 Present Employment Present Employment (If now unemployed give details of last employer)

| Present Employme | ent (it now unemployed | give details of last employer) | |
|--|------------------------|--------------------------------|--|
| Name of Employer: | | | |
| Address: | | | |
| | | | |
| | | | |
| Postcode: | | | |
| Post Title: | | | |
| Date of Appointmer | nt: | Salary: | |
| Department / Section | n: | | |
| Brief description of | duties: | | |
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| Continue on a separ | ate sheet if necessary | | |
| | | Last day of service | |
| Period of Notice: | | (if no longer employed): | |
| Reason for leaving (if no longer employ | od): | | |
| ii no longer employ | CG). | | |
| | | | |
| | | | |
| | | | |

Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business

| Name of Employer: | |
|----------------------|----------|
| Address: | |
| | |
| | Postcode |
| Position Held: | |
| Summary of duties: | |
| | |
| | |
| Passan for leaving: | |
| Reason for leaving: | |
| Name of Employer: | |
| Address: | |
| | |
| | Postcode |
| Position Held: | |
| Summary of duties: | |
| | |
| | |
| | |
| Reason for leaving: | |
| Name of Employer: | |
| Address: | |
| Address. | |
| | Postcode |
| Position Held: | |
| Summary of duties: | |
| Carrinary of duties. | |
| | |
| | |

| Reason for leaving: | |
|------------------------|--------------------|
| Continue on a separate | sheet if necessary |

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

| College or University | Course | Qualifications and grades obtained |
|---------------------------|----------|------------------------------------|
| | | |
| | | |
| | | |
| School | Subjects | Qualifications and grades obtained |
| | | |
| | | |
| | | |
| | | |
| | | |
| Continuo on a congrato ch | | |

Continue on a separate sheet if necessary

Professional, Technical or Management Qualifications

Please give details:

| Professional/Technical/ Management Qualifications | Course Details | | | | |
|--|---|--|--|--|--|
| | | | | | |
| | | | | | |
| Membership of any Professional / Te | chnical Associations- Please state level of Membership: | | | | |
| The man and the ma | | | | | |
| Continue on a separate sheet if nece | ssary | | | | |

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

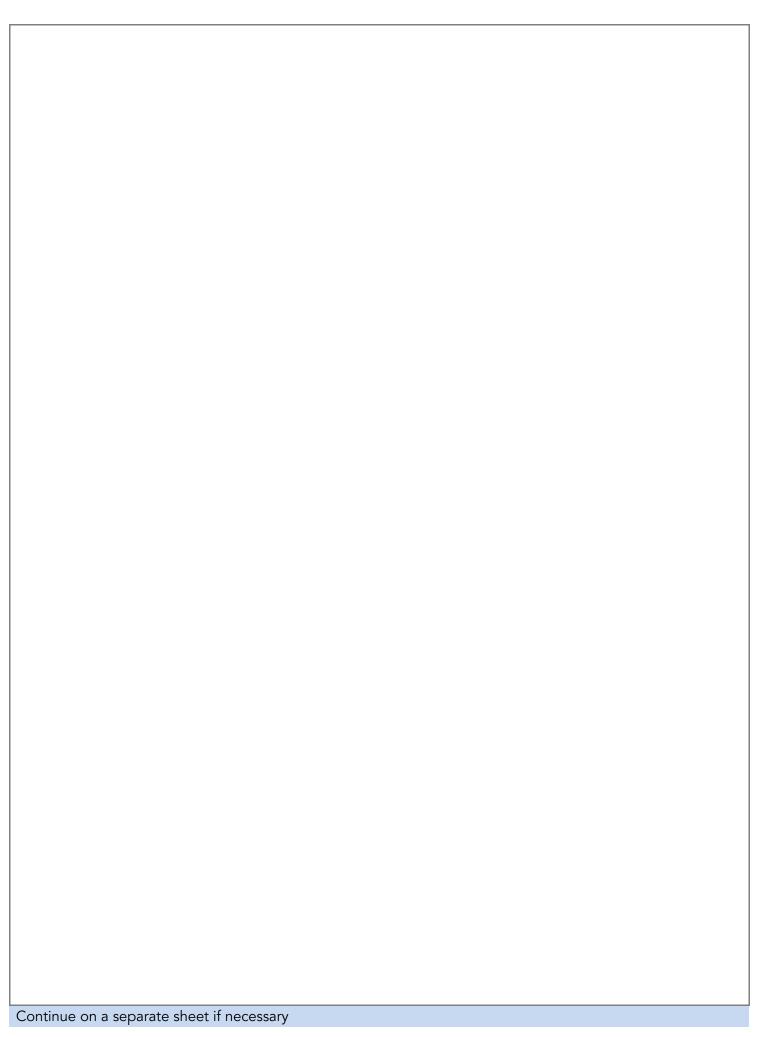
| Title of Training Programme or Course | Duration of Course |
|---------------------------------------|--------------------|
| | |
| | |
| | |

Continue on a separate sheet if necessary

Section 6 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.



| Section 7 Rehabilitation of Offenders Act (1974) |
|---|
| Do you have any convictions that are unspent under the rehabilitation of offenders act 1974? |
| If yes, please give details / dates of offence(s) and sentence: |
| |
| |
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| |
| Section 8 Disability Discrimination Act |
| This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities. (See Guidance Notes). |
| Do you have a disability which is relevant to your application? Yes \square No \square |
| |
| If yes, please give details: |
| We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people. |
| We will try to provide access, equipment or other practical support to ensure that people with disabilities can |
| We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people. Do we need to make any specific arrangements in order for you to |
| We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people. Do we need to make any specific arrangements in order for you to attend the interview? |
| We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people. Do we need to make any specific arrangements in order for you to attend the interview? No |

Section 9 Health

| | icants will be required to complete a call examination prior to being appointed | | tionnaire and may be required to | |
|--|---|------------------------|--|--|
| Number of day | s sickness absence in the last 2 years: | | | |
| Please state nu | mber of occasions in the last 2 years: | | | |
| | | | | |
| Section 1 | 0 References | | | |
| | names and addresses of your two mo arly outline who your references are. | st recent employers (i | f applicable). If you are unable to do | |
| | Reference 1 | | Reference 2 | |
| Name: | | Name: | | |
| Position (job title): | | Position (job title): | | |
| Work Relationship: | | Work Relationship: | | |
| Organisation: | | Organisation: | | |
| Address: | | Address: | | |
| | | | | |
| | | | | |
| | Postcode | | Postcode | |
| Telephone Nº: | | Telephone Nº: | | |
| E-mail: | | E-mail: | | |
| Are you willing for this referee to be approached Yes No prior to the interview? Are you willing for this referee to be approached Yes No prior to the interview? | | | | |
| For Office Use Only: | | | | |
| Start Date: | | | | |

| Section 11 Recruitment Monito | ring | Form | | | |
|--|-------|---|------|--|--|
| This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes. | | | | | |
| Application for the post of: | | | | | |
| To help us ensure that our Equal Opportunities please COMPLETE THIS SECTION OF THE APP | | is fully and fairly implemented (and for no other reas ION FORM. | son) | | |
| What is your Ethnic Group? | | | | | |
| Choose ONE section from A to E, then tick the a | appro | priate box to indicate your cultural background. | | | |
| A. White | | D. Black or Black British | | | |
| White UK | | Black Caribbean | | | |
| Irish | | Black African | | | |
| White non-UK | | Any other Black background (please give details): | | | |
| Any other White background (please give details): | | | | | |
| | | | | | |
| B. Mixed | | E.Chinese or other ethnic group | | | |
| White & Black Caribbean | | Chinese | | | |
| White & Black African | | Vietnamese | | | |
| White & Asian | | Any other ethnic background (please give details): | | | |
| Any other Mixed background (please give details): | | | | | |
| | | | | | |
| C. Asian or Asian British | | F.I do not wish to provide this information | | | |
| Indian | | | | | |
| Pakistani | | | | | |
| Bangladeshi | | | | | |
| Any other Asian background (please give details): | | | | | |

Section 11 Recruitment Monitoring Form continued

| Gender | | | | | | |
|--|-----------------------|-----------------------------------|--|-------------------------|--------------------------------------|--|
| Male | | Female | | | | |
| Disability | | | | | | |
| Disability is defined on a person's ability | l as "ph y to carı | ysical or menta y out normal d | al impairment, wh lay to day activiti | nich has a subs es". | tantial and long term adverse effect | |
| Do you consider yo | urself d | isabled? | Yes 🗌 | No 🗌 | | |
| If yes, please give o | details: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Age Group | | | | | | |
| 16-25 | | 26-35 | | 36-45 | | |
| 46-55 | | 56-65 | | 66-70 | | |
| Over 70 | | | | | | |
| Media | | | | | | |
| Please state where | you sav | this post adve | ertised | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Statement to be Signed by the Applicant

Hilton Main Construction Ltd is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I agree Hilton Main Construction Ltd may use information provided on this form for prevention and detection of crime and it may share this information with other bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

| Signed: | Date: | |
|---------|-------|--|
| | | |

Hilton Main Construction Ltd undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

If you are returning this form by email, you will be asked to sign your application at interview.

RETURNING THIS FORM

By Hand or Post:

Hilton Main Construction Ltd Sneyd Cottage Sneyd Lane Bloxwich WS3 2LT By E-Mail: enquiries@hiltonmain.co.uk

Enquiries:

Telephone: 01922 716176

Fax 01922 712200