



Rothwell Plumbing Services Ltd.

**EMPLOYMENT FORM TO BE KEPT ON FILE**

**PRIVATE AND CONFIDENTIAL**

Return this form to: Rothwell Plumbing Services, Unit 3, Stephens Way, Wigan, WN3 6PH

POSITION APPLIED FOR \_\_\_\_\_

Surname		Forename	Title
Address			Postcode
Date of Birth		Telephone Number	
NI Number		Corgi Reg No(if applicable)	
Current driving licence? Yes/No Groups: Expiry Date		Details of endorsements	
Are there any restrictions on you taking up employment in the UK? ( If yes please provide details)			Yes/No

**QUALIFICATIONS**

Qualification gained (please list)

**TYPE OF WORK YOU ARE APPLYING FOR**

Plumbing  Heating  Bathrooms  Kitchens  Administration   
 General Building  Accounts  Contracts Manager  Supervisor   
 Please tick

**EMPLOYMENT HISTORY**

From-To	Name/Address of Employer	Job Title	Duties	Rate of Pay	Reason for Leaving

Notice required in your current post:



Rothwell Plumbing Services Ltd.

### REFERENCES

Please note here the name and addresses of two persons from whom we may obtain both character and work experience references.	
1.	2.

### CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependant upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.
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### HEALTH DETAILS

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities?      Yes <input type="checkbox"/> No <input type="checkbox"/>
Please specify any special arrangements for work associated with any impairment.
Please specify any special arrangements you will need to attend an interview.
Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer.
Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.
Please list all absences from work in the past 12 months and the reasons for such absences.

### DECLARATION ( Please read this carefully before signing this application)

<ol style="list-style-type: none"><li>1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.</li><li>2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.</li><li>3. I agree that should I be successful in this application, I will if required, apply to the Criminal Records Bureau Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.</li></ol>	
Signed.....	Date.....