

MEDICAL

Do you smoke? Please delete as necessary
Yes/No

Have you at any time taken none prescribed drugs? Yes/No

Do you agree to undergo a medical examination if required? Yes/No

Are you allergic to, or have any sensitivity to any substances or chemicals? Yes/No

Do you require corrective lenses or contact lenses? Yes/No

Are you colour blind? Yes/No

Have you ever suffered from a back injury requiring time off work? Yes/No

State any serious injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for? _____

Have you any hearing loss up to the present date? Yes/No

If yes, at what percentage? _____

Do you have any other known condition, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? Yes/No

If yes, please give details: _____

Do you have any other known condition, which may put customers or staff at risk? Yes/No

If yes, please give details: _____

In your past employment have you been exposed to:

- * Noise Yes/No
- * Asbestos Yes/No
- * Heavy metals Yes/No
- * Solvents Yes/No
- * Skin irritants Yes/No
- * Infectious material Yes/No

If yes, please give details: _____

DECLARATION:

I (Full Name): _____

Declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated.

Signed: _____ Date: _____

Please return all completed application forms to:-
Personnel Department, Heritage Envelopes Ltd., Heritage House, Davyfield Road, Blackburn, BB1 2LU.

FOR OFFICE USE ONLY	
Interviewer:	Comments:
Date:	
REFERENCE CHECK:	



**HERITAGE HOUSE,
DAVYFIELD ROAD,
BLACKBURN,
LANCASHIRE,
BB1 2LU.
TELEPHONE: 01254 278200
FAX: 01254 278140**

Vat Reg. No. 732 4465 41
Business Reg. No. 2035889

EMPLOYMENT APPLICATION FORM

PURPOSE

This information is collected for the purpose of assessing your suitability for employment at Heritage Envelopes, which may include subsequent changes in employment with the Company. We may wish to retain the information on file for a period of approximately 6 months.

Note: The completion of this form does not indicate that there is any obligation on this Company to engage the applicant.

CONFIDENTIAL

To be completed personally
by applicant.

Date of Application _____

(PLEASE PRINT)

Position applied for: _____

Your Name: Mr/Mrs/Miss _____

(IN BLOCK CAPITALS) Surname: _____

Forenames (underline name used): _____

Please give details of any other names you are known by: _____

Your Home: House No/Name & Street: _____

Address & Town: _____

Telephone Postcode: _____

Numbers Home Phone No: _____

Mobile Phone No: _____

Work Phone No: _____

National Insurance No: _____

Please delete as necessary

Status

Are you a citizen of Great Britain? Yes/No

If yes, can you produce evidence if required? Yes/No

If no, do you have the right of permanent residence? Yes/No

If no, do you have a work permit (production of a passport is required for verification)? Yes/No

What is your martial status: _____

No. of Dependents: _____

Education Name of secondary school(s) attended from _____ to _____
 (including University _____
 /Further Education _____
 where applicable) _____

Qualifications _____
 (GCSE, 'O'/'A' Level) _____
 subjects _____

Other Qualifications _____
 (subjects) _____

Languages Can you speak any language other than English? Yes/No
 Language(s) _____

Please describe any skills you hold which are relevant to the position applied for (e.g. for a typist - typing speed, word processing capability, shorthand capability, etc.) _____

Employment History

Present or most recent employer

From _____ **Company:** _____

To _____ **Address:** _____

Job title: _____

Main duties: _____

No. of hours worked per week: _____

Salary: _____

Reason for leaving: _____

Next most recent Employer

From _____ **To** _____

Company: _____

Address: _____

Job title: _____

Main duties: _____

No. of hours worked per week: _____

Salary: _____

Reason for leaving: _____

Next most recent Employer

From _____ **To** _____

Give details of any other job which may be relevant: _____

Do you have a secondary job? Yes/No

If yes, please give details: _____

Referees

Give name, address and telephone numbers of at least two referees. (Preferably from previous employment)

Name	Position	Address	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____

Are any of the above related to you? Yes/No

If your application is accepted, when could you be able to commence employment? _____

GENERAL

Please delete as necessary

Are you prepared to work overtime if required? Yes/No

Have you been convicted of a criminal offense? Yes/No

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No

Are you prepared to handle all products, materials or equipment used in this industry? Yes/No

Do you have a current drivers license? Yes/No

If yes, what class? _____

Do you have any demerit points or endorsements? Yes/No

If yes, please give details: _____

What transport arrangements do you have to attend your place of employment? _____

Are you a member of any territorial force unit? Yes/No

If so, have you completed whole time training? Yes/No

What are your interests/hobbies/sports/clubs or community activities? _____

Have you any holidays booked within the next twelve months Yes/No

If so, please give dates: _____