



Adeliodwyr T.A.D. Cyf
T.A.D. Builders Ltd

**INTEGRATED
MANAGEMENT SYSTEM**

**EMPLOYMENT
APPLICATION**

STANDARD FORM

THRF: 09

1. POSITION

Job Title:

How did you hear about the position?

2. PERSONAL DETAILS

Title (please circle as appropriate):

First Name(s):

Surname:

Dr/Mr/Mrs/Miss/Ms/Other

Address (including postcode):

Daytime Telephone No. (including STD code):

Evening Telephone No. (including STD code):

Email Address:

National Insurance No:

3. EMPLOYMENT HISTORY

Current or Most Recent Employer

Employer Name & Address:

Job Title:

From:

To:

Responsibilities:

Current Salary (or salary on leaving):

Notice Period (if applicable):

Reason for Leaving (if applicable):

Previous Employer 1

Employer Name & Address:

Job Title:

From:

To:

Responsibilities:

Reason for Leaving:

Previous Employer 2

Employer Name & Address:

Job Title:

From:

To:

Responsibilities:

Reason for Leaving:

4. Education & Qualifications

School/College/University/Training Body	Subject	Qualification	Grade Obtained	Date Obtained

5. Training

Please list any training you have received / courses which did not lead to a qualification but which you feel are relevant to the post.

6. Membership of Professional Bodies

Awarding Body	Grade of Membership	Date Obtained

7. Personal Statement – Your experience, skills & knowledge.

Please provide information in support of your application. Describe why you are suitable for the post highlighting any relevant skills, knowledge and experience. Give specific examples where possible. *(Please continue on a separate page if necessary).*

8. References

All appointments are subject to the receipt of satisfactory references. Please provide details of two referees to whom confidential enquiries may be made. One must be your present or most recent employer. References from friends and relatives are not acceptable.

Referee 1 Name:	Referee 2 Name:
Job Title:	Job Title:
Company:	Company:
Address:	Address:
Telephone:	Telephone:
Email Address:	Email Address:
How does this person know you?	How does this person know you?
When may we approach this person for a reference? At any time <input type="checkbox"/> Only after offer of employment <input type="checkbox"/>	When may we approach this person for a reference? At any time <input type="checkbox"/> Only after offer of employment <input type="checkbox"/>

9. Criminal Convictions

Do you have any criminal convictions (*please tick as appropriate*)? Yes No

If yes, please provide details. (*Please note, you are not required to provide details of convictions that are spent, as defined by Rehabilitation of Offenders legislation*)

10. Other

Are you currently eligible for employment in the UK? Yes No

Do you currently hold a valid driving licence? Yes No

If yes, please specify type (Car, HGV)

Do you hold a CITB Training Record Card? Yes No

If yes, please provide CITB Card No.

Do you currently have any driving endorsements? Yes No

If yes, please provide details

11. Declaration

I declare that to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration or misleading statement or any significant omission may disqualify me from employment and render me liable to dismissal. I understand that any job offer is subject to satisfactory references, a probationary period and, if the company believes it appropriate, a satisfactory medical report.

Signed:

Date:

Please email completed applications to: office@tadbuilders.co.uk

Post applications to: **HR Department**

TAD Builders Limited, Temple Works, Furnace. Llanelli. Carmarthenshire. SA15 4HT

Your details will be held on file for a period of six months, during which time you will be contacted if you have been shortlisted for a suitable vacancy.

We would like to thank you for your interest in the Company and for taking the time to complete this application.

EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE

TAD Builders Limited is committed to providing equality of opportunity in employment. In order for us to monitor the effectiveness of our Equal Opportunities Policy, it would be helpful if you could provide the following information. This information is strictly confidential and will be used for statistical monitoring purposes only.

Age

16-19 20-29 30-39 40-49 50-59 60-79 Prefer not to say

Gender

Male Female Transgender Prefer not to say

Sexual Orientation

Heterosexual/Straight Lesbian Gay Bisexual Prefer not to say

Marital Status

Single Married Civil Partner Partner Divorced Separated Widowed Prefer not to say

Disability

Do you consider yourself to have a disability? Yes No Prefer not to say

If yes, please indicate the nature of your disability

Hearing Mobility Mental Health Visual Physical Severe disfigurement Speech
Learning Other

Ethnic Origin

Please tick one box in Section 1 (national identity) and one box in Section 2 (ethnic background)

Section 1		Section 2	
British or mixed British		Asian	Mixed Ethnic Background
English		Bangladeshi	Asian and white
Welsh		Indian	Black African and white
Scottish		Pakistani	Black Caribbean and white
Irish		Any other Asian background	Any other mixed ethnic background
Other		Black	White
Prefer not to say		African	Any white background
		Caribbean	Any other ethnic background
		Any other black background	Any other ethnic background
		Chinese	
		Any Chinese background	Prefer not to say

Religion

No Religion		Christian		Buddhist	
Hindu		Sikh		Jewish	
Muslim		Other		Prefer not to say	