

APPLICATION FOR EMPLOYMENT

PRIVATE AND CONFIDENTIAL		
Return this form to: M & J Drilling Services Limited Unit 44 Coneygree Industrial Estate Tipton West Midlands DY4 8XP		
Or Email to: careers@mandjdrilling.com		
POSITION APPLIED FOR _____		
Surname	Forename(s)	Title
Address		
Postcode		
Date of birth:		Telephone number:
N I Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Email address:
Current driving licence? Yes/No		Details of endorsements
Groups: Expiry date:		
Are there any restrictions on you taking up employment in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If YES please provide details		

EDUCATION HISTORY	
Schools	Qualifications gained
Colleges/Universities	Qualifications gained
Other training	

OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position

EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary)

From – To	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	START/FINISH SALARY	REASON FOR LEAVING
Notice required in current post:				

REFERENCES

Please note here the names and addresses of two persons from whom the company may obtain both character and work experience references.

1.	2
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LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

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 dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post.

HEALTH DETAILS

<p>Do you have any 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"/></p> <p>Please specify any special arrangements for work associated with any impairment.</p> <p>Please specify any special arrangements you will need to attend an interview.</p>
<p>Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer.</p>
<p>Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.</p>
<p>Please list all absences from work in the past 12 months and the reasons for such absences.</p>

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DECLARATION (Please read this carefully before signing this application)

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.
 2. I agree that the organisation reserves the right to require me to undergo a medical examination. (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 this information will be retained in my personnel file during my employment and for up to six years thereafter and I understand that information will be processed in accordance with the Data Protection Act.
 3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records 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
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