

Kenny Group – Job Application Form

If you have any queries please call 0117 963 6141

This form is **STRICTLY PRIVATE & CONFIDENTIAL** & only seen by senior management.

Please return this completed form by post to (as below or email it mailbox@kennygroup.co.uk)		
The Kenny Group 48 Ashton Vale Road Ashton, Bristol BS3 2HQ. (please ensure you mark it for the attention of the person named in the ad)		
Position Applied For:		
Surname	Forename(s)	Title
Address		
Postcode		
	email	
Telephone Number		Mobile Number
Current driving licence? YES/NO Categories held:	Details of Endorsements.	
Expiry Date:		
Are there any restrictions on you taking up employment in the UK? YES/NO (If yes, please provide details)		

Education History (please complete on separate sheet if necessary)

Schools / University Qualifications gained

Plant & Safety Training (if applicable)

CPCS Forward Tipping Dumper	Yes / No	Expiry Date
CPCS Ride on Roller	Yes / No	Expiry Date
CPCS 180 Excavator	Yes / No	Expiry Date
CPCS 360 Excavator	Yes / No	Expiry Date
CPCS Telescopic Forklift	Yes / No	Expiry Date
CPCS Slinger/Signaler/Banksman	Yes / No	Expiry Date
Confined Spaces	Yes / No	Expiry Date
Chain Saw	Yes / No	Expiry Date
Abrasive Wheels	Yes / No	Expiry Date
CAT & Genny	Yes / No	Expiry Date
Safety Awareness	Yes / No	Expiry Date
First Aid	Yes / No	Expiry Date
Construction Site Managers /Supervisors Safety Cert	Yes / No	Expiry Date
CSCS Card	Yes / No	Expiry Date
Other		

REFERENCES

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

CRIMINAL RECORD (if none please put N/A)

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.

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/NO

Please specify any special arrangements for work associated with any impairment.

Please specify any special arrangements you will need to attend an interview.

The Medical Questionnaire attached (Page 5) must be completed.

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. 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 right 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.
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.

Signed

Date

Please complete this form. The information you give will be kept entirely confidential and is needed to ensure the safety of you and others.

First Name	Surname
Address (inc Postcode)	
Date of Birth	Date of Arrival if non UK Born

Medical History

Please indicate if any of the following apply or have applied to you in the past. Please give details where appropriate.

	Yes	No
Circulatory problems such as varicose veins, phlebitis, thrombosis?	<input type="checkbox"/>	<input type="checkbox"/>
Heart problems such as angina, high blood pressure, heart attack?	<input type="checkbox"/>	<input type="checkbox"/>
Chest problems such as asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or fainting attacks?	<input type="checkbox"/>	<input type="checkbox"/>
Skin disorders?	<input type="checkbox"/>	<input type="checkbox"/>
Recent operation or fracture?	<input type="checkbox"/>	<input type="checkbox"/>
Any current medication?	<input type="checkbox"/>	<input type="checkbox"/>
Back trouble, arthritis, rheumatism?	<input type="checkbox"/>	<input type="checkbox"/>
Injury to bones, joints, tendons, including wrist tendons?	<input type="checkbox"/>	<input type="checkbox"/>
A claim for industrial injury, etc?	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked in an industry with high noise levels?	<input type="checkbox"/>	<input type="checkbox"/>
Any other significant health problems (eyes, hearing, skin)?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details of any condition.

--

I hereby declare that the above information is correct to the best of my knowledge

Signature

--

Date

--