

JAMES WASTE MANAGEMENT

APPLICATION FORM

Unit 2 Brickfields Way, Purdeys Industrial Estate, Rochford, Essex, SS4 1NB

Tel: 01702 524385

Email: info@jameswaste.co.uk

Please complete as much information as possible below then either email/post this form to the above address:

SECTION 1 – PERSONAL DETAILS		
Title:	Surname:	Previous surnames (if any):
Forenames (in full):		
Address:		
Post code:		
Home telephone number:	Mobile number:	Email:
Date of Birth: (for ID and payroll information only)	NI Number:	Nationality:
Next of kin to be notified in case of emergency		
Name:		Relationship to you:
Telephone number:	Mobile number:	Work number:

SECTION 2 – PREFERENCE REGARDING WORK
Position Sought:
SKILLS / EXPERIENCE
Fork Lift <input type="checkbox"/> Mobile Plant <input type="checkbox"/> Manual Work <input type="checkbox"/> Administration/Office <input type="checkbox"/>
Other: <input type="checkbox"/> Please state:.....
Please list further details regarding qualifications, skills or experience relevant to above sectors:

SECTION 3 – GENERAL INFORMATION

Do you hold a current driving licence? YES NO

Please detail licence classes held:

Please give details of any driving convictions:

Do you have a current passport? YES NO

Do you have proof of eligibility to work in the UK?

YES NO

Are you registered Disabled? YES NO

Do you have a medical condition which your employer should be made aware of? YES NO

If yes, please give details:

Interests / Hobbies:

How did you first hear about James Waste?

SECTION 4 – DETAILS OF EDUCATION / QUALIFICATIONS / TRAINING

School/College/University/Training Provider	Name of course	Date from	Date to	Qualification(s) Obtained

SECTION 5 – PRESENT AND PAST EMPLOYMENT (please list present and past employment, starting with the most recent)

Name & Address of Employer	From Date (Month/Year)	To Dates (Month/Year)	Leaving Salary	Name of Manager
			£	
	Job Title:			
	Brief description of role:			
Telephone No:	Reason for Leaving:			
Type of Business:				

Name & Address of Employer	From Date (Month/Year)	To Dates (Month/Year)	Leaving Salary	Name of Manager
			£	
	Job Title:			
	Brief description of role:			
Telephone No:	Reason for Leaving:			
Type of Business:				

Name & Address of Employer	From Date (Month/Year)	To Dates (Month/Year)	Leaving Salary	Name of Manager
			£	
	Job Title:			
	Brief description of role:			
Telephone No:	Reason for Leaving:			
Type of Business:				

SECTION 6 – REFERENCES

Please provide the names of two referees, (not relatives or friends), preferably previous employers whom we may approach with regard to your application. We will seek your permission prior to contacting referees.

Name:	Name:
Position:	Position:
Company Name and Address: Post code:	Company Name and Address: Post code:
Telephone number:	Telephone number:
Email Address:	Email Address:

SECTION 7 - DECLARATION

- I confirm that I am eligible to work in the UK.
- I declare that the information that I have given in this application is, to the best of my knowledge, complete and accurate in all respects.
- I consent to this application being held on file under the terms of the Data Protection Act 1998.

Date:

Signed:

Print Name: