



Kirkham Skip And Recycling Limited

WASTE MANAGEMENT SPECIALISTS

EMPLOYMENT APPLICATION

Position
Applied For:

1. Personal Information

Surname:	Age:	Date of Birth:
First Name:	Home Telephone Number:	
Home Address	Mobile Telephone Number:	
	National Insurance Number:	
	Bankers Name:	
	Bank Account Number:	
	Sort Code:	
Bankers Address:		
[To be completed at Interview Stage]		
Passport Checked: Yes/No		
Driving License Checked: Yes/No		

2. Next of Kin Details

Name:	Relationship:
	Telephone Number:
Address:	

3. Previous Employment

Employer Name/Address:	From:	Appointment:	Wage/Salary:	Reason For Leaving:
	To:			
Duties, Skills and Responsibilities				
Employer Name/Address:	From:	Appointment:	Wage/Salary:	Reason For Leaving:
	To:			
Duties, Skills and Responsibilities				

4. Driving License

Category: <input type="checkbox"/> Full <input type="checkbox"/> HGV Class 2 <input type="checkbox"/> HGV Class 1
Driving License Number:
Convictions/Endorsements:

5. Education/Qualifications/Training

School/College/University	Dates From	Dates To	Qualifications gained with grades if any

6. References

Name and Address of two persons to whom reference may be made (one should be your present or last employer)	
Reference 1	Reference 2
May we contact them without further authority? Yes/No <i>References will be taken for applicants unless otherwise indicated</i>	

7. Equal Opportunities

Kirkham Skip and Recycling Limited is committed and working towards equal opportunity in employment, training and development. In order to monitor the progress of our recruitment and selection practices please provide the following personal details.					
Ethnic Origin			Gender		
UK/European	African/Caribbean	Asian	Other	Male	Female
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you consider you have a disability which is relevant to the application?: YES/NO [if yes please give details]

Applicant with a disability, who meet the criteria for the post, will be considered on their abilities.

8. Health and Medical Details

Do you suffer from any ill health? YES/NO if yes please give details

Have you been absent from work through ill health for more than 10 days in the last 12 months? YES/NO [if yes please give details]

A medical examination may be required for new employees.

9. Other Information

Have you ever been convicted of a criminal offence? YES/NO [If yes please give details]

Have you ever applied for a post with Kirkham Skip and Recycling Limited Before?: YES/NO [If yes please give details]

How did you become aware of this vacancy?:

I declare that the information contained in this form is to the best of my knowledge correct and complete.
I fully understand that I will be placed on a 2 months probationary period.
I declare I am fully eligible for employment in the UK.
I understand that any false statement may disqualify me from employment or render me liable to be dismissed.

Signature:

Date:

Completed forms to be returned to:

Kirkham Skip and Recycling Ltd
500 Blackpool Old Road
Highfurlong
Blackpool
Lancashire
FY3 7LR