JOB APPLICATION FORM



Please return this form by email which is our preferred option or alternatively by post.

| | | | | | | | - , | <i>y</i> 1 | | | | | |
|---|--|--|--|---------------------|----------------------------|-------------------------|--------|------------|---------|--------|----------|--------------|---|
| Other PDF rea which is availa Save this PDF | ete this form using aders (e.g. Previo able free to down | ng only <i>Adobe Re</i> ew for Mac) may pload for PC and outer. Fill in the t arheathrow.com | not save a Mac from I | ll your http://g | informa j et.ado | ation c be.co | m/rea | der | | | | | |
| | ut the form, com | plete it in BLOCk w Ltd, Colndale | | | | | | | | | | | |
| Please provid | le us with as m | uch information | ı as possib | ole. | | | | | | | | | |
| JOB DETAI | LS | | | | | | | | | | | | |
| Position you a | re applying for: | | | | | | | | | | | | |
| Hours of work required: | | Flexible Days | Full Time | ; | Part Ti | _ | _ | | | ate) | | | |
| THE VACA | NCY | , Ш | 3 | | | | | | | | | | |
| How did you h | ear about the va | cancy? (response | to advert, emp | ploymen | t agency, | recom | mended | d by frie | nd, any | other) | | | |
| PERSONAL | _ DETAILS | | | | | | | | | | | | |
| Title: | Mr Mrs | Miss Ms | | | | | | | | | | | |
| Surname: | | | | | Nation | nal Ins | urand | ce Nui | nber: | | | | |
| First names: | | | | | | | | | | | | | |
| Present addre | ss: | | | | | | | | | | <u> </u> | | |
| | | | | | Nation | ality: . | | | | | | | |
| Postcode: | | | | | Are yo (Proof w | | | | | | _ | ountry NO | ? |
| Home tel no: | | | Do you require a work permit? (If YES, please state expiry date) | | | | | | | | | | |
| Mobile tel no: | | | | | YES NO expiry date: | | | Ш | | | | | |
| Email: | | | | | | | | | | | | | |
| Date of Birth: | | | | | Marita | l statu | s | | | | | | |

CONVICTIONS

| Do you have any criminal conviction *If YES, please give details: | ons? | | | | YES* | NO 🗌 |
|---|---------------------|------------------|----------------|-------------------|---------------|-----------------------|
| | | | | | | |
| | | | | | (continue or | n page 7 if necessary |
| Do you have any criminal conviction spent under the Rehabilitation of 0 | | | S | | YES** | NO 🗌 |
| ** If YES, please supply details of your uns | spent conviction: | | | | | |
| | | | | | | |
| Sign to confirm | | Or if re | turnina bv ema | | | age 7 if necessary) |
| I am submitting this form by email. | | | | | | onvictions above. |
| Tain submitting this form by chian. | rour name | | | | , unopent oc | invioliono above. |
| CRIMINAL RECORD CHEC | K | | | | | |
| Do you give Goldstar Heathrow Li | td the authority to | carry out a | Criminal R | ecord Check? | YES | NO 🗌 |
| (If you already have a current CRI | B (within the past | 5 years) pl | ease provid | e the certificate | at interview) |) |
| EMPLOYMENT REFERENCE | CES | | | | | |
| THESE MUST COVER YOUR EN | MPLOYMENT FO | R THE LAS | ST 5 YEARS | 3 | | |
| | | | | _ | | |
| (1) CURRENT EMPLOYER | | | | | | |
| Name of Contact & Job Role | | | | | | |
| Company Name | | | | | | |
| Company Address | | | | | | |
| | | | | | | |
| Postcode | | | | | | |
| Email Address for Contact | | | | | | |
| Telephone No. for Contact | | | | | | |
| Your Position in the Company | | | | | | |
| Period of Employment | Date started | 1 | 1 | Date finished | 1 | 1 1 |
| Duties | | | | | • | |
| | | | | | | |
| Reason for leaving | | | | | | |

2) PREVIOUS EMPLOYER

| Name of Contact & Job Role | | | | | | |
|------------------------------|--------------|---|---|---------------|---|---|
| Company Name | | | | | | |
| Company Address | | | | | | |
| | | | | | | |
| Postcode | | | | | | |
| Email Address for Contact | | | | | | |
| Telephone No. for Contact | | | | | | |
| Your Position in the Company | | | | | | |
| Period of Employment | Date started | 1 | I | Date finished | 1 | 1 |
| Duties | | | | | | |
| | | | | | | |
| Reason for leaving | | | | | | |
| 3) PREVIOUS EMPLOYER | | | | | | |
| Name of Contact & Job Role | | | | | | |
| Company Name | | | | | | |
| Company Address | | | | | | |
| | | | | | | |
| Postcode | | | | | | |
| Telephone No. for Contact | | | | | | |
| Email Address for Contact | | | | | | |
| Your Position in the Company | | | | | | |
| Period of Employment | Date started | 1 | 1 | Date finished | 1 | 1 |
| Duties | | | | | | |
| | | | | | | |
| Reason for leaving | | | | | | |

You must provide information covering your checkable employment history for 5 years. If necessary please provide more information on a page 7.

EDUCATION

| School / college | DATE | QUALIFICATIONS | | GRADES |
|---|-----------------------|---|--------------|-----------------------------------|
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| | | | | |
| TRAINING DETAILS | 5 | | | |
| Level D Training | YES NO | Digital Tacho | YES | NO 🗌 |
| ADR Trained | YES NO | CPC Training* | YES | NO 🗌 |
| | | (*If yes, how many | completed ho | urs?) |
| Fork Lift Trained | YES NO | First Aid* | YES | NO 🗌 |
| * Please give further details if | answered YES: | | | |
| Please give details of oth | ner relevant training | g experience or qualifications you | u have: | (continue on page 7 if necessary) |
| 3 | | , - , | | |
| | | | | (continue on page 7 if necessary |
| DRIVER'S LICENSE (If applying for a Drivin | | | | |
| What class of license do | you hold? | Class 1 Class 2 | 2 Class | 3 🔲 |
| Do you have a clean driv | ving license? | YES NO | O ** | |
| Have you had any accid | ents within the last | 3 years? YES ** NO | 0 | |
| ** Please provide further detail | ils: | | | |
| | | | | |
| | | | | |
| | | | | (continue on page 7 if pecessary |

PLEASE NOTE

You will be asked to show copies of your Driving License, Qualifications, Training Certificates and Digi Card at the interview stage.

HEALTH QUESTIONNAIRE

This information is important because if there have been any matters relating to your health which may affect your ability to perform your duties with us (or which may have implications for your own or others' safety), we will need to discuss these issues with you. Any previous conditions will not, on their own, prevent us from offering employment to you unless that condition cannot be accommodated or unless it would jeopardise your own or others' health and safety.

Do you have, or have you ever had, any of the following conditions?

| Blood Disorders, e.g. Anaemia, Hepatitis/HIV | YES NO |
|--|-----------------------------------|
| Diseases such as Typhoid, Cholera, reoccurring diarrhoea | YES NO |
| Chest problems including asthma, bronchitis or a frequent cough | YES NO |
| Cancer | YES NO |
| Diabetes | YES NO |
| Ear or hearing problems | YES NO |
| Fits, blackouts, repeated fainting or Epilepsy | YES NO |
| Heart, blood vessel problems or high blood pressure | YES NO |
| Any muscle weakness including hernias, arthritis and bone weakness | YES NO |
| Kidney or urinary problems | YES NO |
| Mental illness including anxiety and depression | YES NO |
| Any previous neck or back problems | YES NO |
| Problems with alcohol consumption or drug dependency | YES NO |
| Eye problems including colour blindness | YES NO |
| Serious skin complaints or allergies (including Dermatitis, allergies to drugs/substances and Hayfever) | YES NO |
| A stress related illness | YES NO |
| Any current medical treatment or investigations | YES NO |
| Any time off sick in the last year | YES NO |
| Stomach or intestinal disorders | YES NO |
| Migraines or Frequent Headaches | YES NO |
| Dyslexia or Dyspraxia | YES NO |
| Any condition which causes sleep disorders | YES NO |
| Any re-occurring injuries/illness that we should be aware of | YES NO |
| Have you ever been refused employment or dismissed on medical grounds? | YES NO |
| Do you have a registered disability? | YES NO |
| Have you within the past three years, attended an out-patients clinic or had a course of treatments lasting one month or more? | YES NO |
| Do you smoke? | YES NO |
| Are you currently on any medication that would put yourself or others at risk when completing your job. | YES NO |
| If you have answered YES to any of the medical conditions above, please give full details belo | w, including dates: |
| | |
| | |
| | (continue on page 7 if necessary) |

DECLARATION

| I have included additional information on page 7 YES NO |
|---|
| I understand that it is an offence under the Aviation & Martime Security Act 1990 to give false information regarding my application for employment with <i>Goldstar Heathrow Ltd</i> . |
| I have carefully read through the above and any additional information I've given on page 7. |
| I declare that the information that I have supplied is complete and accurate. |
| I accept that any misrepresentation of the facts is a ground for refusal of employment or disciplinary proceedings (and, in appropriate cases, criminal charges); |
| I authorise for approaches to be made to former employers, educational establishments, government agencies and personal referees for verification of the information provided. |
| Please print your name, sign and date below to confirm acceptance of the above declaration. |
| Signature: Print Name: Date: |
| If returning by email – print your name and date above and then complete the Returning by email confirmation below |
| Returning by email: Please tick the box, write your name and date to confirm your declaration |
| I am submitting this form by email and I confirm my acceptance of the above declaration. |
| Your name: Date: |
| Attach the completed PDF to an email and send to recruitment@goldstarheathrow.com |
| Returning by post: Please sign and date this form |
| Signature: Print Name: Date: |
| Post to: Recruitment, Goldstar Heathrow Ltd, Colndale Road, Colnbrook, Berkshire SL3 0HQ |

Goldstar Heathrow Ltd Colndale Road, Colnbrook, Berkshire SL3 0HQ tel: 01784 422 100 / fax: 01784 422 200 / email: info@goldstarheathrow.com / www.goldstarheathrow.com

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| Additional information in support of your job application: | | | | | | |
|--|--|--|--|--|--|--|
| PRINT NAME: | | | | | | |
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