



Please return form to: Chard Construction Ltd, 19 South Avenue, Blantyre Industrial Estate, Blantyre, G72 OBX. Tel No: 01698 820 333 Fax No: 01698 823 222

TRADE APPLICATION FORM

Start Date **Tel No**

Full Name

Address

.....

Trade

Date of Birth

Age **Marital Status**

| | | <u>Delete</u> | |
|----------|--|---------------|-----------|
| 1 | Are you a member of a Trade union? | yes | no |
| 2 | Do you have any current or pending motor vehicle convictions? | yes | no |
| 3 | Do you have a criminal record? | yes | no |
| 4 | Do you have any pending criminal court convictions? | yes | no |
| 5 | Have you worked for this Company before? | yes | no |
| 6 | Do you hold a current driving licence? | yes | no |

If you have answered yes to 2, 3 or 4 please give details below:



| PREVIOUS EMPLOYMENT | | | |
|---------------------|-----------------|---------------------|--------------------|
| Employer | Work Experience | Dates of Employment | Reason for Leaving |
| | | | |
| | | | |
| | | | |
| | | | |

Declaration of Health: - (N.B: A disability or health problem does not preclude full consideration for the job and application from suitable disabled people are welcome. All information provided by applicants will be treated as confidential)

- | | | | |
|---|--------|--|--------|
| 1. Do you suffer from any chest disease? | YES/NO | 8. Have you any physical deformity? | YES/NO |
| 2. Do you suffer from gastric or duodenal ulcer? | YES/NO | 9. Have you any other disability? | YES/NO |
| 3. Do you suffer from heart trouble? | YES/NO | 10. Are you registered disabled? | YES/NO |
| 4. Is your hearing good? | YES/NO | 11. Have you had a previous industrial injury. | YES/NO |
| 5. Have you any skin disease? | YES/NO | 12. Do you suffer from back pain or knee injury | YES/NO |
| 6. Is your eyesight good? | YES/NO | 13. Do you have to take medication on a regular basis? | YES/NO |
| 7. Do you suffer from fits or any other medical conditions? | YES/NO | | YES/NO |

If the answer to 7, 8, 9, 10, 11, 12 or 13 above is YES, please give details including Registered Disabled No: -

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.....

I certify that the above particulars are correct and understand that any statement above being found to be untrue would render me liable to instant dismissal.

I agree that my previous employers may be asked for a reference before the Company decide whether to offer employment.

Signed:

Date:



EMPLOYEE INDUCTION CHECKLIST TRAINING AND EQUIPMENT

Name: Trade:

Age: Experience (yrs):

| Tools/Equipment | Received Training | Previously Used | No. of years Experience |
|---|--------------------------|------------------------|--------------------------------|
| <u>Tools</u> | | | |
| Kango hammer | | | |
| Circular Saw/grinders etc | | | |
| *Abrasive wheels | | | |
| Cartridge tools | | | |
| Sanders/planers | | | |
| Electrical equipment (drills,etc) | | | |
| <u>Equipment</u> | | | |
| Compressors | | | |
| Concrete mixers | | | |
| *Crane slinger / banksman | | | |
| *Mobile / static tower scaffold | | | |
| *Scaffold erection / alteration / dismantling | | | |
| Woodworking machines e.g. bench saws, etc. | | | |
| Ginwheel | | | |
| *Forklift | | | |
| *Excavators | | | |
| *Dumpers | | | |
| *Mobile elevated work platform | | | |
| *Scissors lift | | | |
| *Passenger hoist | | | |
| *Goods hoist | | | |
| <u>General Safety Training</u> | | | |
| *1 day course | | | |
| *2 day site supervisors course | | | |

These details are considered true to the best of my knowledge. Any falsification of these details could result in immediate dismissal.

Signed: Date:

ALL DETAILS SHOULD BE SUPPORTED BY APPROPRIATE DOCUMENTATION, CERTIFICATES, ETC. WHERE NECESSARY.

ANY INFORMATION PROVIDED WILL BE REGARDED AS CONFIDENTIAL