

# Dike & Son Ltd

## Job Application Form

### Vacancy Details

Position applied for: \_\_\_\_\_

How many hours would you prefer to work each week: \_\_\_\_\_

Hours and days you can work  
(Please indicate your preferences)

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Earliest Start Time							
Latest Finishing Time							

### Personal Details

Last Name: ( Mr/Mrs/Miss/Dr etc ): : \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

# Education/Qualifications

School / College etc	Qualifications / Examinations /Courses	Results / Grades	Date From / To

## Present Or Most Recent Employer

Job Title: \_\_\_\_\_

Main Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Left: \_\_\_\_\_ (if applicable)

Reason for Leaving or Wanting to Leave: \_\_\_\_\_  
\_\_\_\_\_

Employers Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Notice Period: \_\_\_\_\_

Salary: \_\_\_\_\_  
(Please include details of any bonuses or benefits etc)

# Past Employment & Experience

(Please include voluntary or any other relevant experience)

Employers Name	Job Title	Main Responsibilities	Date From / To	Reason For Change	Salary

## General Information

Do you have the legal right to work in this country?

Yes [ ] No [ ]

Have you previously worked for Dike & Son Ltd

Yes [ ] No [ ]

If yes please give details: \_\_\_\_\_

Do you have any secondary employment you would continue with if you were employed by Dike & Son Ltd?

Yes [ ] No [ ]

If yes please give details: \_\_\_\_\_

Do you have any relatives employed by Dike & Son Ltd?

Yes [ ] No [ ]

If yes please give details: \_\_\_\_\_

Have you ever been convicted of a criminal offence either before a civil or military court which is not yet "Spent" under the Rehabilitation of Offenders Act 1974?

Yes [ ] No [ ]

If yes please give details: \_\_\_\_\_

Do you have any persons (young or old) that depend on you for day to day care?

Yes [ ] No [ ]

If yes please give details: \_\_\_\_\_

# References

Please provide names and addresses of two referees who have given their permission for their names to be used. These should not be relatives, and one should be your most recent employer. ( The latter will not be contacted without your permission if you are still in employment.) If you have no previous employer then a college tutor, head teacher, or someone who is familiar with your skills and abilities should be given.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

This role may require you to carry out a significant amount of manual lifting, strenuous physical work and carrying moderate weights.

Have you suffered a relevant injury (such as to your back or shoulders) or do you have current aches and pains? Or a specified medical condition which effects hands, wrists, upper arms or shoulders as a result of working on a keyboard or any similar repetitive manual activity

Yes [ ] No [ ]

If yes please give details: \_\_\_\_\_

Have you any problems affecting:(If so please give details)

Sitting Yes [ ] No [ ]

Standing Yes [ ] No [ ]

Walking Yes [ ] No [ ]

Driving Yes [ ] No [ ]

Lifting Yes [ ] No [ ]

Bending Yes [ ] No [ ]

Working at heights Yes [ ] No [ ]

Operating machinery Yes [ ] No [ ]

Climbing stairs or ladders Yes [ ] No [ ]

Do you have any skin conditions Yes [ ] No [ ]

In the last two years have you been off work due to illness or injury? Yes [ ] No [ ]

If yes how many days were you off and what was the reason? : \_\_\_\_\_

Are you currently having any treatment or medicine prescribed by a doctor or taking self prescribed medicines or tablets?

Yes [ ] No [ ]

If yes please give details: \_\_\_\_\_

# Further Relevant Information

Please use this section to add anything you may feel will aid your application.

## To Be Signed By All Applicants:

### **Data Protection Act 1998:**

By signing the declaration below, I grant Dike & Son Ltd the right to process any personal data contained in this application form, for all necessary purposes relating to my application and, if I am successful, to my future employment by the company.

The facts stated in this application are, the best to my knowledge, true. I understand that any false, misleading or undisclosed information could lead to my employment with the company being terminated, should my application be successful.

I understand that my appointment may be subject to passing a medical examination. I agree that my appointment is subject to satisfactory references being received, whether before or after the commencement of my employment. I agree that up to the first 12 weeks of my contract will be regarded as a probationary period during which the company may terminate my contract on one weeks notice for any reason, or without notice in the event of gross misconduct.

It will be a condition prior to employment that evidence regarding legibility to work in the United Kingdom is provided.

I agree that my remuneration with the company will be paid into any bank or building society of my choice.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for completing this form.

Please return this form, Marked for the attention of Andrew Dike.

Dike & Son Ltd  
Ring Street  
Stalbridge  
Dorset  
DT10 2NB  
01963 362204

We encourage applications from all sections of the community.