

# Lockhart Garratt Limited Application Form

The information provided on this form will be used for the purposes of interview and selection and will be retained on file only for the period appropriate to the subsequent decision.

Please use BLOCK CAPITALS and write clearly

**Position applied for:**.....

**Personal Details**

Surname..... First Name..... Title.....

Address.....

.....

..... Post Code.....

Home Tel No..... Mobile.....

**Employment**

Please give details of the most recent full or part time employment to up to and including your current status. (Please continue on separate page if required)

Date From/To	Employers Name	Position Held & Duties	Reason for Leaving & Salary/Package

**References**

Please give the names and addresses of two people (not related to you) who could be approached for references, one of which should be a previous/current employer.

**Name**..... **Name**.....

**Occupation**..... **Occupation**.....

**Address**..... **Address**.....

.....

**Tel No**..... **Tel No**.....

**Education and Training**

Please identify any relevant training or qualifications

Date	Name of school/training provider	Details of qualification

**Work Permits**

Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK?

Yes No

If you are successful in your application would you require a work permit to work in the UK?

Yes No

**Interests** Please indicate below any hobbies or leisure interests

**Holidays and Availability**

Please list dates of forthcoming holidays and specify when you will be available to start work

Holiday Dates.....

I am available from .....

**Declaration**

I confirm that the information contained on this form is correct. I understand that if I falsify or withhold information that could have a bearing on an offer of employment, then disciplinary action could follow which could result in dismissal without compensation. Information given indicates my acceptance of referees being contacted.

**Signed**..... **Date** .....

# Lockhart Garratt - Supplement to Application Form

**Name**..... **Position Applied for**.....

Please ensure that you complete the supplement fully and return it with the Application form, as failure to do so will result in your application being delayed or rejected.

Please continue on a separate sheet if needed.

Describe your character using 5/6 words. EG Outgoing/shy/loud etc.

What are your strengths and why?

Describe a situation when you have dealt with a difficult person, what you did & the outcome.

What motivates you to achieve?

Please describe why are you the right person for the role?

When faced with a problem, how do you go about solving it?

Thank you for completing the supplement, should you progress to the next stage we will discuss its contents in detail. Please sign and date the form.

**Signed**..... **Date**.....

# Lockhart Garratt Limited Interview Screening Sheet

*This information will be treated as confidential and retained in the employees file. As it contains Sensitive Personal Data it will be retained and stored within the constraints of the Data Protection Act 1998.*

**Name**.....

**Address**.....

How do you keep yourself fit?

Have you ever been in hospital? *When? Why? Any re-occurrence of symptoms?*

When did you last take time off? (*Other than holidays*)

How many days lost through sickness? *This year: Last Year: Year before:*

Have you ever been involved in an accident at work? *Give details*

Do you suffer from headaches? Yes/No (delete as appropriate) If Yes how frequent?

Do you suffer from backache?	Yes/No
Do you suffer from pains in your joints?	Yes/No
Do you suffer from any other muscular discomfort?	Yes/No
Do you suffer from hearing difficulties?	Yes/No
Do you have any eye problems other than long/short sighted?	Yes/No
Have you ever had any nervous disorders?	Yes/No
Do you suffer from any skin problems?	Yes/No
Do you suffer from any respiratory problems?	Yes/No
Do you smoke? <i>If so what is your average daily rate?</i>	Yes/No
Are you Diabetic?	Yes/No
Do you suffer from any life threatening disease?	Yes/No
Do you take any medication? <i>Give details</i>	Yes/No
Do you suffer from dizziness or blackouts?	Yes/No
Do you suffer from any allergies? <i>If so please state</i>	Yes/No

Do you drink alcohol? Yes/No      What is your typical weekly consumption?

Have you ever had an alcohol or drug problem in your opinion or anyone else's  
Yes/No

Motoring – Do you hold a current Driving License?      Yes/No

Accident history (if the person is required to drive on Company business) Please specify any accidents (within the last 3 years) or current driving convictions.

Do you have any criminal convictions which are not yet “spent” under the Rehabilitation of Offenders Act 1974? If please give details      Yes/No

*I understand that if I falsify or withhold information that could have a bearing on an offer of employment, then disciplinary action could follow which could result in dismissal without compensation.*

**Signed** ..... **Date** .....

# Lockhart Garratt Limited Equal Opportunities Monitoring

Lockhart Garratt Limited is an Equal Opportunity Employer and as such monitors applications to help ensure that recruitment procedures are meeting their obligations under the various Acts of Parliament and related codes of practice, including the new age discrimination laws.

The following questions will assist in the monitoring of our Equal Opportunity Policy. They are in a separate section to emphasise that they relate only to monitoring and not to selection. This sheet will be retained by the Office Manager and will not be used for any purpose other than analysis of the Company's Equal Opportunity Policy.

**Position applied for:** .....

**Surname** ..... **Forenames**..... **Mr/Mrs/Miss/Ms**.....

I would describe my marital status as: (Please tick as appropriate)

- |             |                                 |
|-------------|---------------------------------|
| a) Single   | b) Married                      |
| c) Divorced | d) Widow/Widower                |
| e) Partner  | f) Other (please specify) ..... |

**Date of Birth:** ..... **Nationality:** ..... **Sex:** Male/Female  
(delete as appropriate)

The following codes have been devised by the government's Census of Population and are recommended by the Department for Education and Employment:

I am (Please tick & where other is used please specify):

<p><b>White</b></p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Other White Background <input type="checkbox"/></p>	<p><b>Mixed</b></p> <p>White &amp; Black Caribbean <input type="checkbox"/></p> <p>White &amp; Black African <input type="checkbox"/></p> <p>White &amp; Asian <input type="checkbox"/></p> <p>Other Mixed Background <input type="checkbox"/></p>	<p><b>Asian</b></p> <p>Asian British <input type="checkbox"/></p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Other Asian Background <input type="checkbox"/></p>
<p><b>Black</b></p> <p>Black British <input type="checkbox"/></p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Other African Background <input type="checkbox"/></p>	<p><b>Chinese or other Ethnic Group</b></p> <p>Chinese <input type="checkbox"/></p> <p>Any Other <input type="checkbox"/></p>	

Lockhart Garratt Limited wishes to ensure that disabled people are not discriminated against, either directly or indirectly, both in recruitment/selection and in employment.

You are not obliged to answer the following details or to give details.

As defined by the Act – a disability is ‘a physical or mental impairment which has a long-term adverse effect on a person’s ability to carry out normal day-to-day activities’, do you consider yourself to be (or to have been) disabled?

Yes  No

If appropriate, please describe any special needs or arrangements, which may be necessary for interview.

.....  
.....