

Application Form



HM Plant Ltd welcomes applications from all sections of the community, offering equality of opportunity, and promotes mutual respect amongst its employees. We recruit on merit and suitability.

Please answer all questions, failure to do so may mean that we are unable to proceed with your application. This form should be completed in ink and in your own handwriting and will be seen by HR and relevant Managers involved in the selection process

Position applied for

Location

1. Personal Details

Title

Last Name First Name(s)

Home Address

Postcode

Email Address

Daytime Telephone Number

Evening Telephone Number

Mobile Telephone Number

Do you currently work in the construction industry? Yes No

To enable us to monitor the effectiveness of our recruitment advertising please could you indicate where you heard about the position?

Staff referral* Media Advertisement** HM Plant site advertisement

Other

* If staff referral, please print employee's name

** If media advert please state where you saw the advert.

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2. Career/Work Experience (including voluntary/unpaid work)

Please indicate ALL periods of previous employment, unemployment or self-employment for the last 10 years or since the age of 16. Start with your current or most recent role. You may expand on your experience by continuing on a separate sheet.

Organisation/ company	Position held/ Nature of work	FromMM/YY	ToMM/YY	Reason for Leaving and salary

3. Other interests and activities

What are your main interests out of work including any groups or clubs that you may belong to?

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4. Education and Training

Please give details of any examinations taken/training courses attended and qualifications gained

Subject	Type of Qualification	Grade	Name & Address of school, college or organisation	Date

5. Competencies – Relevant construction industry, or other certificates

Subject	Awarding Body/Company	Date Attained	Expiry Date

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8. Health

People applying for safety critical roles will be required to demonstrate visual and hearing standards. Please complete the following if appropriate.

Do you regard yourself as having: -

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Normal vision without glasses? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Normal vision with glasses? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is your colour vision normal? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you wear contact lenses? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is your hearing normal? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

9. Working Patterns

- | | | |
|--|------------------------------|-----------------------------|
| Are you prepared to work shifts including nights? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you prepared to work weekends/bank holidays as part of your normal working week? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you willing to work outdoors at all times of the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you prepared to work overtime if required? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you hold a current valid driving license? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If relevant would you be willing to relocate? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

10. Availability

Please give any dates when you are not available for interview?

If currently employed how much notice do you have to give to your employer?

Do you have any special needs that you would like us to consider if we were to invite you to interview?

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Disability

Section 1 of the Disability Discrimination Act 1995 defines a 'disabled' person as someone who has a physical or mental impairment which has a "substantial and long term effect on their ability to carry out normal day to day activities". Physical impairment includes impairments that affect the senses e.g hearing or sight. Mental impairment is impairment resulting from or consisting of mental illness. The illness has to be a "clinically well-recognised" illness e.g manic depression, schizophrenia, severe and extended depressive psychoses. An impairment is recognised as affecting the ability of the person concerned to undertake normal day to day activities if it affects one of the following: -

- Speech, hearing or eyesight
- Physical Co-ordination
- Perception of risk or physical danger
- Memory or ability to concentrate /learn or understand
- Manual Dexterity
- Contenance
- Mobility
- Ability to lift, carry or otherwise move everyday objects

Taking onto account the above, do you consider you have a disability? Yes No

If yes what is the nature of your disability?

Your registration number (if applicable)

Certificate expiry date

WE ARE WORKING TOWARDS EQUALITY OF OPPORTUNITY AND APPLICATIONS FROM DISABLED PEOPLE ARE POSITIVELY WELCOMED. HOWEVER, SOME JOBS ENTAIL PARTICULAR PHYSICAL OR MENTAL ABILITIES AND MAY NOT BE AVAILABLE TO THOSE WITH CERTAIN DISABILITIES.

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Declaration

In connection with your employment application, or during the course of your employment, consumer reports or investigative reports, including information with respect to your character, general reputation, convictions and personal characteristics may be ordered by HM Plant Ltd and its subsidiaries. By signing and submitting this form, you authorise HM Plant Ltd to order such an investigation.

I authorise any organisation used by HM Plant to verify the information I have provided on this form, to check my personal and employment references. I understand that all the offers of employment are contingent upon satisfactory references and that any adverse information that is discovered may result in revocation of an offer or, if discovered after my employment commences may lead to disciplinary action or dismissal from employment. I release HM Plant and any third party from any and all liability to me (in whatever form), which results from enquiries or information disclosed in connection with the matters stated above.

I also certify that HM Plant Ltd shall be entitled to hold this information as part of any record of my application and, in the event of my employment, as part of any personal file relating to my service with HM Plant Ltd or any of its associated companies.

I certify that the information contained in this form, and any attachments is complete and accurate in all respects.

Prevention of accidents due to abuse of drugs or alcohol is taken very seriously by the Company. I understand and accept that it is essential to the safety of the workplace that employees do not come to work under the influences of drugs and alcohol. I agree to take part and provide samples for pre-employment, and subsequently during employment, testing for drugs and alcohol at the Company's expense. I understand that a positive test or possession of illegal drugs or being over the limit for alcohol will almost always result in summary dismissal.

Signed:

Date:

Please return this application form to:



HM Plant Ltd
Personnel Department
Monkton Business Park North
Hebburn
Tyne & Wear
NE31 2JZ

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Convictions

Please give details of any court martial conviction, outstanding summons or prosecution (except spent convictions under the Rehabilitation of Offenders Act 1974). Any false statement will disqualify you from employment, or, if discovered after employment has commenced, will render you liable to summary dismissal. This information will be kept on file for a period no longer than six months.

Date	Nature of Offence	Sentence or Court Order with costs

Post applied for

Equal Opportunities Monitoring

To assist us in monitoring our recruitment practices and to ensure equality of opportunity we would appreciate it if you would kindly complete the following section: (This information does not form part of the selection process and is removed from the application form before being seen by selecting Managers).

I would describe my race or cultural origin as: (please tick one box only)

- | | | | |
|------------------------------|--------------------------|------------------------|--------------------------|
| Black-African | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Black-Caribbean | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Black-Other (please specify) | <input type="checkbox"/> | White | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | | |

Please indicate your gender

Male Female