

Application Form



Please complete this form in full, **in your own handwriting using black ink**. Incomplete forms may not be considered. Information you provide will only be used in accordance with the principles of the Data Protection Act 1998

Position applied for:	Ref No.
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PERSONAL DETAILS

Surname:		Title (e.g. Mr./Mrs./Miss./Ms./Other):	
Forenames:			
Date of Birth:		National Insurance No.	
Address:			
Postcode:			
Telephone (Home):		Mobile:	
E-Mail Address:			
Do you have a current UK driving licence? YES / NO Number of penalty points:			

IMMIGRATION, ASYLUM & NATIONALITY ACT 2006

All short listed applicants will be required to provide original material evidence of their Eligibility to Work in the UK. Do you have the legal right to work in the UK? YES / NO
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HEALTH DETAILS

Do you have any long standing illness or disability that affects your daily activities? If 'yes' please give details	YES / NO
Please give details of any absences from work in the last 24 months (days, occasions and reasons)	

EMPLOYMENT HISTORY (*Present Position*)

Employer:

Post title and main responsibilities:

Date appointed:

Salary:

Notice required:

PREVIOUS EMPLOYMENT (*In reverse chronological order*)

Employer	Post Title and Main Responsibilities	Dates From – To

QUALIFICATIONS

School / College / University	Dates		Qualifications awarded
	From	To	

MEMBERSHIP OF PROFESSIONAL BODIES

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OTHER TRAINING RECEIVED *(Include in-service Training)*

Training Course Title	Organising Body	Duration	Date Completed

PREVIOUS APPLICATION

Have you previously applied to the client company? YES / NO If yes, when and for what position?
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QUALIFICATION & EXPERIENCE QUESTIONNAIRE

(ONLY COMPLETE THIS SECTION FOR MANUFACTURING/PRODUCTION POSITIONS)

Please tick "✓" only **ONE** circle per question (unless stated otherwise) which best describes your situation:

QUESTIONS		YOUR ANSWERS			
		Yes	No		
1	Do you have GCE, GCSE or equivalent in Maths & English Language?	<input type="radio"/>	<input type="radio"/>		
2	How many GCE's, GCSE's or equivalent do you have?	None <input type="radio"/>	1 to 4 <input type="radio"/>	5 to 8 <input type="radio"/>	More than 8 <input type="radio"/>
3	Indicate if you have higher qualifications (<i>Tick more than one circle as necessary</i>)	A Levels / C&G / ONC <input type="radio"/>	NEBSM / ILM <input type="radio"/>	HNC / HND <input type="radio"/>	Degree <input type="radio"/>
4	How long have you worked as a Supervisor or Team Leader? <i>If answered "Never" go to Qu 6</i>	Never <input type="radio"/>	Less than 1 year <input type="radio"/>	1 to 3 years <input type="radio"/>	More than 3 years <input type="radio"/>
5	As a supervisor / Team Leader, how many employees reported to you?	1 to 3 <input type="radio"/>	4 to 8 <input type="radio"/>	9 to 12 <input type="radio"/>	More than 12 <input type="radio"/>
6	How long have you worked in a continuous production process?	Never <input type="radio"/>	Less than 1 year <input type="radio"/>	1 to 3 years <input type="radio"/>	More than 3 years <input type="radio"/>
7	How long have you worked in a Lean Manufacturing environment?	Never <input type="radio"/>	Less than 1 year <input type="radio"/>	1 to 3 years <input type="radio"/>	More than 3 years <input type="radio"/>
8	How often at work do you work under pressure to meet deadlines?	Never <input type="radio"/>	Rarely <input type="radio"/>	Frequently <input type="radio"/>	Continuously <input type="radio"/>
9	How long have you worked in a team? <i>If answered "Never" go to Qu 11</i>	Never <input type="radio"/>	Less than 1 year <input type="radio"/>	1 to 3 years <input type="radio"/>	More than 3 years <input type="radio"/>
10	What size team have you worked in?	0 to 5 <input type="radio"/>	5 to 10 <input type="radio"/>	10 to 20 <input type="radio"/>	More than 20 <input type="radio"/>

QUESTIONS		YOUR ANSWERS			
11	How long have you worked shiftwork?	<i>Never</i>	<i>Less than 1 year</i>	<i>1 to 3 years</i>	<i>More than 3 years</i>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	Describe your computer ability. <i>(Tick more than one circle as necessary)</i>	<i>For data entry</i>	<i>Using spreadsheet</i>	<i>Using email</i>	<i>Using all MS Office packages</i>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Do you hold valid current licences for the following vehicles? <i>(Tick more than one circle as necessary)</i> <i>If answered "None" go to Qu 15</i>	<i>None</i>	<i>Counterbalance Fork Lift Truck</i>	<i>Reach truck</i>	<i>Scissor lift platform</i>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	How long have you regularly driven vehicle(s) you selected in Qu.13	<i>Never</i>	<i>Less than 1 year</i>	<i>1 to 3 years</i>	<i>More than 3 years</i>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	Describe your engineer experience / background	<i>None</i>	<i>Occasional use of hand tools</i>	<i>Regular & competent use of hand tools</i>	<i>Completed engineering apprenticeship</i>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	How long have you worked in a Test Laboratory using test equipment?	<i>Never</i>	<i>Less than 1 year</i>	<i>1 to 3 years</i>	<i>More than 3 years</i>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	How long have you worked in an ISO 9002 Quality Assured environment?	<i>Never</i>	<i>Less than 1 year</i>	<i>1 to 3 years</i>	<i>More than 3 years</i>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	Describe your warehouse experience. <i>(Tick more than one circle as necessary)</i>	<i>None</i>	<i>load/unload vehicles</i>	<i>Feed/unload product lines</i>	<i>Stock control</i>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	Describe your machine operation experience. <i>(Tick more than one circle as necessary)</i>	<i>None</i>	<i>Set up/size change</i>	<i>Run / Feed / Unload product lines</i>	<i>Minor m/c adjustment / maintenance</i>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

REFEREES

Please give the details of two persons who would be prepared to provide references on your behalf. One of these should be your present or most recent employer. Your present employer will not be approached until the final short list stage.

Name:

Position:

Address:

Telephone:

Name:

Position:

Address:

Telephone:

ANY OTHER INFORMATION TO SUPPORT YOUR APPLICATION

DECLARATION

I confirm that information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection and if employed, for dismissal.

Signature:

Date:

Please forward your completed form to:
MPCG Business Solutions Limited
19 Berkeley Court
Water Street
Newcastle-under-Lyme
ST5 1TU

