



## CONFIDENTIAL APPLICATION FORM

SURNAME:

FIRST NAMES:

ADDRESS:

TELEPHONE Nos: Home:

Mobile:

EMAIL ADDRESS:

### PERSONAL INFORMATION

DATE OF BIRTH:

NATIONALITY:

DO YOU POSSESS A CURRENT VALID WORK PERMIT FOR UK? YES NO TYPE?

DO YOU POSSESS A CURRENT DRIVING LICENCE? DO YOU OWN A CAR? POINTS?

ARE YOU WILLING AND ABLE TO RELOCATE? UK ONLY  OVERSEAS

NATIONAL INSURANCE NUMBER:

POSITION SOUGHT:

LANGUAGES: Specify written or spoken and degree of fluency:

SOURCE OF APPLICATION:

### ACADEMIC RECORD: Include Secondary, College and Further Education

NAME, TYPE & ADDRESS OF SCHOOL	From	To	SUBJECTS/RESULTS (Indicate Pass, Fail or Grade)

### CERTIFICATES HELD

Full Driving Licence

List other certificates you currently hold:

Banksman Slinger

Offshore Medical

Forklift Type

Offshore Survival Course

Do you have Personal Protective Equipment/Safety Workwear ie boots/coveralls etc? Yes  No

### EMPLOYMENT HISTORY:

Please indicate positions in chronological order. Start with your current or last job.

Company Name	From	To
Position	Reason for making a Change (Elaborate)	
Duties and Responsibilities in current position	References Name & Contact:	
	Can we approach? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	From	To
Position	Reason for making a Change (Elaborate)	
Duties and Responsibilities in current position	References Name & Contact:	
	Can we approach? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	From	To
Position	Reason for making a Change (Elaborate)	
Duties and Responsibilities in current position	References Name & Contact:	
	Can we approach? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT HISTORY (CONTINUED):**

Company Name	From	To
Position	Reason for making a Change (Elaborate)	
Duties and Responsibilities in current position	References Name & Contact:	
	Can we approach? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	From	To
Position	Reason for making a Change (Elaborate)	
Duties and Responsibilities in current position	References Name & Contact:	
	Can we approach? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	From	To
Position	Reason for making a Change (Elaborate)	
Duties and Responsibilities in current position	References Name & Contact:	
	Can we approach? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## BRYANT GROUP MEDICAL QUESTIONNAIRE:

As part of our commitment to the Health and Safety of our contract and permanent workforce we ask for your co-operation in completing this Questionnaire

Doctor's Name:			
Address:			
Details of any illness, disability or other condition you have suffered			
Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving			
Have you suffered from:-			
Skin Allergies	YES/NO	Diabetes	YES/NO
Epilepsy	YES/NO	Defective Hearing	YES/NO
Injury resulting in disability	YES/NO	Heart Trouble	YES/NO
Back Trouble	YES/NO	High Blood Pressure	YES/NO
Wrist Injury	YES/NO	Eye Problems	YES/NO
Repetitive Strain Injury	YES/NO		
Are you Registered Disabled	YES/NO		
Date of last medical			
Do you:			
Smoke	YES/NO	Have a rare blood group	YES/NO
Wear any artificial aids	YES/NO	Have asthma or any allergies	YES/NO
Please list any artificial aids worn e.g. glasses, hearing aid			
<b>IT IS A CONDITION OF EMPLOYMENT THAT YOU MAY HAVE TO UNDERGO A MEDICAL EXAMINATION WHICH MAY INCLUDE DRUG SCREENING PRIOR TO OR DURING YOUR ASSIGNMENT</b>			

Thankyou for your co-operation

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I have been notified of the Data Protection Act 1998 as it relates to my data processed by The Bryant Group (Scotland) Ltd as shown above.

Signed:	Name:	Date:
Date of Birth:		