

Application for Employment

Please use **BLACK INK and CAPITAL LETTERS** to complete your form and send to The Human Resources Department, London Ashford Airport Ltd, Lydd Airport, Lydd, Romney Marsh, Kent, TN29 9QL.

Position Applying For:

Title		Surname			
Forename		Maiden Name			
Address					
Post Code		Home Tel No.			
Mobile Tel No.		E-mail address			
How long have you lived at your present address?			Years Months		
Place of Birth		Nationality by Birth			
Marital Status		N.I. Number			
Do you need a work permit to take up employment in the U.K.?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please provide details:					
Have you previously worked in an Airport environment?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you related to anyone who is currently working at the Airport?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please provide details:					
Do you hold any of the following licenses? - If Yes - please supply copies					
a) current <u>FULL</u> valid driving licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	b) PSV licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) HGV licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	d) Fork Lift	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you any convictions / disqualifications on your driving licence?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes please give details:					

How do you intend to travel to work?				
Do you have any language skills (including sign language)?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes please list:				
How would you rate your IT skills?	No Prior Experience <input type="checkbox"/>	Basic <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>
Please provide details				
What type of employment are you looking for?			Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>
If Part-time, approximately how many hours a week you are looking to work?				
Do you have any qualifications related to the job <u>for which you are applying?</u>			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide details below (including position applying for) and enclose copies of all relevant certificates				

Qualifications

Continue on a separate sheet if necessary

Name(s) & Address(es) of School(s) / College(s)	Dates		Subject/Courses Studied & Level	Examination Result / Grade
	From	To		

FURTHER AND HIGHER EDUCATION: Please give details of all further and higher education since leaving school including training courses and details of qualifications.

University / College / Institute Attended	Dates		Subjects Studied / Type of Training	Qualifications Obtained
	From	To		

Are you a member of any technical or professional association?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, please give details:

Employment Record

Please show all periods of employment, self-employment, and unemployment, **starting with your present**, in sequence over the **previous 5 years**. If unemployed, state the Job Centre you were registered at. If a housewife / husband and employed for any period, show this in sequence with the date and address at which you lived. Continue on a separate sheet if necessary. TELEPHONE NUMBERS MUST BE PROVIDED.

Employer or Unemployment	Dates Month and	Position and Responsibilities	Reason For Leaving
Name Address Tel No.	From <hr style="width: 50%; margin: 0 auto;"/> To <hr style="width: 50%; margin: 0 auto;"/>		
Name Address Tel No.	From <hr style="width: 50%; margin: 0 auto;"/> To <hr style="width: 50%; margin: 0 auto;"/>		
Name Address Tel No.	From <hr style="width: 50%; margin: 0 auto;"/> To <hr style="width: 50%; margin: 0 auto;"/>		
Have you ever been dismissed for misconduct by an employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details:			
Name of Company:		Dates	
Events leading to dismissal:			
If currently employed, period of notice required by employer:			

Have you ever been self-employed? If Yes give the names of your solicitor and accountant.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Solicitor Contact Details			
Name Address Tel No.		From <hr/> To <hr/>	
Accountant Contact Details			
Name Address Tel No.		From <hr/> To <hr/>	
Self employment certificate number :			

Service in the Armed Forces

Regiment / Unit		Rank Attained	
Service Number:		Dates of service	From To
Additional Qualifications			
Reason For Leaving			
Are you a member of the Territorial Army or a reservist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Additional Information

Please tell us how you feel you can contribute to the success of the Airport and, what makes you suitable for the post, including details of training, experience, skills and personal attributes. Please also give your reasons for applying for this post.

READ VERY CAREFULLY. Have you ever been fined, sentenced to imprisonment, placed on probation, discharged on payment of costs, or had any order made against you by a criminal, civil, military court or public authority, or is any prosecution pending? (Other than any treated as spent under the provisions of the Rehabilitation of Offenders Act 1974).

Yes No

If Yes, please give full details and continue on a separate sheet if necessary

Give the names and addresses of three persons who are NOT relatives, or past employers, who have known you continually for a period of 5 years and who will be prepared to give you a written reference.

Personal Referees	Period Known	Occupation
Name Address Tel No.	From _____ To	
Name Address Tel No.	From _____ To	
Name Address Tel No.	From _____ To	

Declaration: I confirm that the information given on this application form is to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed dismissal. I make it knowing that I shall be liable to prosecution if I have wilfully stated in it anything, which I know to be false, or do not believe to be true.

Signature		Date	
I authorise the company to obtain references to support this application once a provisional offer of employment has been made and accepted. I also understand that a CTC (Counter Terrorist Check) will be carried out by the DfT (Department for Transport) and that employment is conditional upon the outcome.			
Signature		Date	

ADDITIONAL INFORMATION

Please supply the following information to enable the correct sized clothing to be supplied, in the event that you are successful in your application

Chest		Collar		Waist		Hips		Inside Leg	
Shoe		Gloves		Blouse Size		Hat (if Known)			

FOR EMERGENCY CONTACT ONLY:

Name and Contact of Next of Kin	Name Address Tel No.
Relationship	

How did you hear about the vacancy?	
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FOR OFFICE USE ONLY	Total Score	
Interview Date		CTC Sent
Driving Licence Copy Enclosed		CTC Returned
Copy Certificates Enclosed		Valid To
References Completed		Start Date
CRC Received		

Medical History

Height	Weight				
Are you colour blind?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Have you normal vision in both eyes?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Do you wear Glasses / Contact lenses?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Have you normal hearing in both ears?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Time lost through illness / Injury in the past year	Months	Weeks	Days		
Nature of illness/injury:					
Have you had or do you suffer from:					
Skin trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Varicose veins	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ulcers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Migraines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Nervous disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rupture/hernia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Arthritis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Blackouts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Have you had any major or minor operations?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, please give details:					
Are you currently receiving any medical treatment?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, please give details:					
Are you registered disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, state Number		
Doctors Name:					
Doctors Address:					
I confirm that the information given on this form is to the best of my knowledge, true and complete and in the event that medical references are required I authorise the company to obtain these.					
Signature			Date		

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Equal Opportunities

London Ashford Airport Ltd is committed to achieving equal opportunities in employment. Please supply the following information in order to help us monitor the effectiveness of this. The information required is to protect applicants' interests and to ensure that all applications receive equal consideration regardless of age, sex, race, colour, nationality or ethnic origin, disability, marital status, religion or sexual orientation.

All information will be treated in strict confidence and will be retained in the Personnel Department for monitoring purposes only. The information will be used by London Ashford Airport staff only and will not be passed on to other agencies, and will not be used for selection purposes. This sheet will be detached from the application form on arrival.

Please indicate the ethnic group to which you feel you belong by checking the appropriate box (ethnic group describes how you see yourself, and is a mixture of culture, religion, skin colour, language, the origins of yourself or your family. It is not the same as nationality).

Date of birth:		Gender:	Male	Female
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I would describe myself as :

White		Black or Black British	
White/British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
White/Irish	<input type="checkbox"/>	African	<input type="checkbox"/>
White/Other	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
Mixed		Ethnic groups	
White/Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White/Black African	<input type="checkbox"/>	Any other Ethnic group	<input type="checkbox"/>
White/Asian	<input type="checkbox"/>		
Any other mixed background	<input type="checkbox"/>		
Asian or Asian British			
Indian	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>		
Bangladeshi	<input type="checkbox"/>		
Any other Asian background	<input type="checkbox"/>		