



Application For Membership

1 TRB Drive, St Asaph Business Park, St Asaph, Denbighshire LL17 0LJ

Position Applied For:	Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Department:	How Did You Hear About This Position?			

Personal Details

First Name(s):	Surname:
Address:	
Postcode:	
Home Telephone Number:	Mobile Telephone Number: (if applicable):
Preferred First Name (for badge purposes):	
National Insurance Number:	
<i>(Please ensure you bring proof of NI Number with you to any interview i.e. Plastic Card, P60, Benefits Agency Document)</i>	
Do You Hold A Current Driving Licence?	Do You Own Your Own Car?
Name Of Next Of Kin:	Relationship:
Address:	
Postcode:	
Home Telephone Number:	Work Telephone Number: (if applicable):

Uniform Size - (This information is required in the event that your application is successful)

Uniform size	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Waist:	Chest:	Leg:	Shoe Size:
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Your Interests Outside Work

What Are Your Hobbies And Interests, And What Do You Enjoy Most About These?

Are There Any Other Facts That You Think Will Be Useful When We Consider Your Application?

Your Education

Please Show Current Or Most Recent First

Name & Address Of School / College	Subjects	Qualifications

Courses Attended: At Work / Elsewhere

Training Course Provider	Course Title	Qualifications

Your Work Experience

Please Show Current Or Most Recent First:

Date from/to	Name & Address Of Employer	Your Main Duties & Responsibilities & Reason For Leaving	Salary / Other Benefits

When Would You Be Available To Start Work?

If You Have Any Criminal Convictions Which Are Not Spent, Please Give Details:

Medical History

Please Tick If You Have Ever Suffered From Any Of The Following?			
Back Pain	Slipped Disk	Rheumatism	Arthritis
Muscle/Spinal Problem	Stress	Depression / Anxiety	Mental Breakdown
Psychiatric Disorder	Tumour, Growth, Cyst Or Lump	High Blood Pressure	Chest Pain
Heart Problem	Recurring Indigestion	Liver Or Pancreas Disease	Ulcer
Diabetes	Kidney Or Bladder Disorder	Fits Or Blackouts	Migraine
Asthma	Colitis Or Other Bowel Problem	Bronchitis	Lung Disorder
Ear Or Eye Disease	Any Other Illness, Injury or Surgical Operation		
If You Have Ticked Any Of The Above, Please Give Details <i>(Continue on separate sheet if necessary)</i>			
I accept that in the event of being employed and it is subsequently shown that relevant medical information has been withheld, or has been misleading, then I could become liable to disciplinary proceedings which may include dismissal.			
Signed :		Date:	
How Much Time Off Have You Had Due To Sickness In The Last 12 Months?			
Are You Likely To Require Treatment Or Time Off For Medical Reasons In The Next Year? <i>(For any condition):</i>			
Do You Consider That You Have A Disability Relevant To Your Application? <i>(Please Note That TRB Is An Equal Opportunities Employer)</i>		YES	<input type="checkbox"/> NO <input type="checkbox"/>
Do You Require Any Special Adjustments?		YES	<input type="checkbox"/> NO <input type="checkbox"/>
If YES, Please State Adjustments You Might Need:		Are You Registered Disabled?	

Declaration - Please Read Carefully Before Signing.

The information given in this application for employment is to the best of my knowledge true and complete. I understand that any offer of employment is subject to satisfactory references and possibly to a medical examination. I agree to abide by all company rules and I understand my employment is subject to a probationary period of three months. (I understand that this probationary period can be extended):

Applicants Signature:

Date:



We are an equal opportunities employer and a disability symbol user. This means that we actively encourage applications from people with special needs. We guarantee to interview all applicants with a disability who meet the minimum criteria for a job vacancy, and consider them on their abilities not disabilities.



Referees:

Please Supply Names And Addresses Of Two Referees (One Of Which Must Be Your Current Or Most Recent Employer).

We Will Not Approach Your Employer, Without Checking With You First.

Current Employer	Other
	State Relationship