



**RTS WASTE MANAGEMENT LTD
EMPLOYMENT APPLICATION**

APPLICATION FOR EMPLOYMENT – All sections must be completed – Please print

Surname	Forename(s)	Title
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PRIVATE AND CONFIDENTIAL

Return this form to: **RTS Waste Management** Date: _____
Unit 1, Stockholm Road, London, SE16 3LP

POSITION APPLIED FOR: _____

Address: _____

Telephone Number: _____

Postcode _____ Email: _____

Next of Kin:	Relationship	Contact Number:
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NI No:	Date of Birth:
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Do you have a current driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details of any current Licence endorsements <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">CODE</th> <th style="width: 33%;">DATE</th> <th style="width: 34%;">POINTS</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td></td> <td></td> </tr> <tr> <td>2)</td> <td></td> <td></td> </tr> <tr> <td>3)</td> <td></td> <td></td> </tr> </tbody> </table>	CODE	DATE	POINTS	1)			2)			3)		
CODE	DATE	POINTS											
1)													
2)													
3)													

Licence number:	1)
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Groups:	Expiry Date:	2)
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Do you have a Digital Driver Card? Yes <input type="checkbox"/> No <input type="checkbox"/>	3)
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Do you have a Driver CPC? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are you related to any employee within our group? <input type="checkbox"/> Yes (give name(s)) _____ <input type="checkbox"/> No	Country of birth _____ Time in UK _____
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Are there any restrictions on you taking up employment in the UK? (If yes, please provide details)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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List the computer software systems you can use and level of proficiency

Excel <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Not used	Exchange <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Not used
Word <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Not used	Other _____ <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Not used



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EDUCATION HISTORY

Schools/Colleges/University	Qualifications gained

EMPLOYMENT HISTORY (Last 3 Positions)

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	JOB TITLE	DUTIES	RATE OF PAY	REASON FOR LEAVING
1)					
2)					
3)					

Notice required in current post: _____

REFERENCES

Please note here the names and addresses of two persons from whom we may obtain work experience references.

1)	2)
Contact Number:	Contact Number:



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OTHER EMPLOYMENT

Please list any other employment you would continue with if you were to be successful in obtaining this position.

NAME & ADDRESS OF EMPLOYER	DATES EMPLOYED	JOB TITLE	DUTIES	RATE OF PAY	I have no other employment Please tick <input type="checkbox"/>

ADDITIONAL INFORMATION

Please list all driving accidents during the last 2 years, who was at fault and cost None (tick)

To assist us in choosing the right candidate, tell us what personal qualities make you different from other applicants for this position

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. None (tick)

In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office

Please list any criminal convictions pending or spent that have occurred outside the UK - if yes please list. None (tick)

Do you have any outstanding criminal actions within or outside the UK - if yes please list. None (tick)

List details



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HEALTH DETAILS

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please specify any special arrangements for work associated with any impairment.	None (tick)	<input type="checkbox"/>		
Please specify any special arrangements you will need to attend an interview.	None (tick)	<input type="checkbox"/>		
Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer.	None (tick)	<input type="checkbox"/>		
Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.	None (tick)	<input type="checkbox"/>		
Please list all absences from work in the past 12 months and the reasons for such absences.	None (tick)	<input type="checkbox"/>		

DECLARATION (Please read this carefully before signing this application)

1) I confirm that the above information is complete and correct and that any untrue or misleading information will give RTS Waste Management the right to terminate any employment contract offered

2) I agree that RTS Waste Management reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act

3) I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated

4) I agree to submit myself on request at anytime throughout my employment to random drug and alcohol testing, to refuse or fail such test(s) will jeopardise my employment, any offer may be withdrawn or my employment immediately terminated

5) Any offer of employment is subject to satisfactory references and a trial period of 3 months and can be terminated at any time within this period

6) I agree to RTS making all necessary enquiries with DVLA or any other Government Agency as to the validity of your Driving Licence or Identity

Signed: _____ Date: _____

Print name: _____