



Byron Avenue  
Lowmoor Business Park  
Kirkby in Ashfield  
NG17 7LA  
Tel: 01623 759737

**Job Application Form (please write clearly in Black ink or type)**

**Title of post applied for**

**PERSONAL DETAILS (BLOCK CAPITALS PLEASE)**

Surname: (Mr/Mrs/Ms/Miss)	Forenames:
Address:	Age:
	Date of Birth:
	Tel No. (Home):
	E-mail address:
	Tel No. (Business):
	Mobile No:
	National Ins. No:

**EDUCATION & PROFESSIONAL QUALIFICATIONS  
(ORIGINAL DOCUMENTS AS PROOF OF QUALIFICATION WILL BE REQUIRED AT INTERVIEW)**

Secondary Schools; Colleges; University	Dates		Examinations taken	Date	Result
	From	To			

Professional Qualifications currently held: how obtained, grade and date

Other relevant Educational or Training Courses, with dates:

## PRESENT POST

Title of Post:	Salary:
Name & Address of Employer:	Business of Employer
	Date Commenced:
	Date ended (if applicable)
Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable)	
Reason for leaving or wishing to leave:	
Period of notice required to terminate present employment:	

## PREVIOUS EMPLOYMENT

Name & Address of Employers	Position held	Dates		Reason for leaving and final grade/salary
		From	To	

## RELEVANT EXPERIENCE

Please say why you are applying for this post, outline aspects of your experience and give details of any particular achievements or distinctions which you consider relevant to this application. Please use a continuation sheet if necessary.

**Where did you see this vacancy advertised?**

## OTHER INFORMATION

What activities outside work interest you? (State any positions held you consider relevant)

Do you hold a current driving licence? YES/NO

Do you own a car? YES/NO

### HEALTH

Please completed the attached medical questionnaire

## REFERENCES

Names and addresses of two referees, one of whom should be your current or most recent employer:

Tel No:

Email Address:

Tel No:

Email Address:

Please indicate if we may contact them prior to interview YES/NO

Please state maiden name if applicable

## DECLARATION

I declare that the information given is true and correct. I give my consent to my referees being contacted as indicated and for details of any sickness absence over the last 2 years to be obtained.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing this application. Please return to:

**Joseph Merritt Group plc**  
**Byron Avenue**  
**Lowmoor Business Park**  
**Kirkby in Ashfield**  
**NG17 7LA**



## List of Qualifications

Please tick in the box provided if you have certification for any of the following

Name \_\_\_\_\_

Please attach one passport size colour photograph

For office use

<b>Counterbalance Fork Truck</b>	<input type="checkbox"/>
<b>Versa Lift Fork Truck</b>	<input type="checkbox"/>
<b>Lorry Loader</b>	<input type="checkbox"/>
<b>Abrasive Wheels</b>	<input type="checkbox"/>
<b>MEWP Boom</b>	<input type="checkbox"/>
<b>Emergency Aid</b>	<input type="checkbox"/>
<b>Basic Safety Awareness</b>	<input type="checkbox"/>
<b>Lifting and Slinging using Overhead Crane</b>	<input type="checkbox"/>
<b>CITB Slinger, Signaller</b>	<input type="checkbox"/>
<b>Manual Handling</b>	<input type="checkbox"/>
<b>Reach FLT</b>	<input type="checkbox"/>
<b>Telescopic FLT</b>	<input type="checkbox"/>
<b>MEWP Scissor</b>	<input type="checkbox"/>
<b>Fire Awareness</b>	<input type="checkbox"/>
<b>Risk Awareness</b>	<input type="checkbox"/>
<b>SPA Quarry Passport</b>	<input type="checkbox"/>
<b>SPA Safety Passport + Food</b>	<input type="checkbox"/>
<b>CCNS Passport to Safety</b>	<input type="checkbox"/>
<b>CCNS Passport to Safety Supervisor</b>	<input type="checkbox"/>

Please include below details of any qualifications that you hold relevant to your position with JMG that are not detailed above