APPLICATION FOR EMPLOYMENT

(PLEASE COMPLETE IN BLOCK CAPITALS)



Vacancy/type of work applied for

PART 1 - PERSONAL DETAILS

Title	Surname		First name(s)	
Current address				
Postcode				
Tel no STD home			Mobile no	
Work no			May we contact you at work	Yes No
Email Address				
You will be requir	igible for employment in the U ed to provide evidence of your the Immigration Asylum Act 19	eligibility to w	No work legally in the United Kingdo	om at Interview in compliance
Have you previou	sly been employed by us?	Yes No		
Please provide de	etails (i.e. job title and dates en	nployed)		
Please summarise	e briefly why you would like to	work for us		

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PART 2 - SUMMARY OF EMPLOYMENT HISTORY

Name and address of organisation

Please list all paid and unpaid employment, including any gaps in employment, starting with the most recent employer first.

Date started Date left Reason for leaving/wanting to leave Job title Salary/rate of pay Car/van Yes No Any other benefits e.g. overtime, bonus Notice required Outline of key responsibilities/duties Name and address of organisation Date left Date started Reason for leaving/wanting to leave Job title Salary/rate of pay Car/van Yes No Any other benefits e.g. overtime, bonus Notice required Outline of key responsibilities/duties Name and address of organisation Date started Date left Reason for leaving/wanting to leave Job title Salary/rate of pay Car/van Yes No Any other benefits e.g. overtime, bonus Notice required Outline of key responsibilities/duties

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Other Employers

Name & Address	From	То	Job Title	Salary/Wage

PART 3 - TRAINING/QUALIFICATIONS & SKILLS

Secondary Schools/Colleges attended (up to age 18)

School/College	Dates	Qualifications obtained (with grades)

Further/Higher Education

College/University	Dates	Full & part-time	Qualifications obtained (Class/division)

Professional qualifications, short courses attended and in-company training – please give dates and membership grades

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Do you hold any of the following certificates?

Please tick appropriate boxes and provide expiry dates:

Please note you must provide originals of all documentation for verification at interview

NCCA Sentinal card (Personal Track Safety card) - please provide PTS card number and expiry date				
Number:		Expiry date:		
CSCS (please state categories below)		CPCS (please state categories below)		
CSCS card Number		CPCS card Number]	
Expiry date		Expiry date		
HGV Driver CPC (please state details below)		Crane Controller]	
OTP Operator (please state categories below)		RTITB]	
Lookout		Loads Examiner]	
IWA		Impact Wrench]	
COSS		Disk Cutter]	
Hand Signalman		Rail Drill]	
PC		Kango Equipment]	
ES		Chainsaw Operator]	
PICOM		Confined Spaces]	
First Aid		IPAF]	
Manual Handling		Abrasive Wheels]	
Road & Streetworks		CITB 5 Day Site Safety]	
Mobile Tower Scaffold		Industry Passport Schemes]	
Slinger/Signaller				

Further information (including other relevant certificates held)

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Previous Experience - Railway Specific	
Have you had any railway related transgressions in the last 3 years?	Yes No
If yes, were you dismissed for the above?	Yes No
Please provide details	
Do you have any previous railway experience?	Yes No No
If Yes, please provide details below	
PART 4 - AVAILABILITY FOR EMPLOYMENT	
When could you be available to commence work for Story Contracting Ltd?	Date
Are you prepared to travel?	Yes No
Are you prepared to lodge?	Yes No
Are you prepared to work weekends? (where applicable)	Yes No
Are you prepared to work night shifts? (where applicable)	Yes No
Do you hold a current driving licence?	Yes No
Do you own a car?	Yes No
1. Have you ever been disqualified for or convicted of drink driving?	Yes No
2. Have you ever been disqualified or convicted of any other driving offence?	Yes No
If you have answered yes to either of the above 2 questions, please give details a	nd dates
Have you ever been convicted of an alcohol or drug related offence?	Yes No
If yes, please give details and dates	
Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974?	Yes No
If ves. please give details and dates	

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Please complete this section if your application is speculative or the job advertised is part-time, includes weekends etc. Full-time Part-time If part time, please specify preferred choice Mornings Afternoons Whole days PART 5 - CODE OF CONDUCT ALCOHOL & DRUGS TEST AND PERSONAL TRACK SAFETY COURSE Please note that it is a basic condition of working for the railways that prior to employment you submit to and successfully pass the following: Medical Alcohol & Drugs test (sample available on request) • Personal Track Safety (PTS) course The alcohol and drugs test is very thorough and will identify if you have taken any illegal substances within the last twelve weeks. In the event of a positive test, your application for employment will fail. In addition this record will stay on file for 5 years. I have read and understand the above I agree that by entering my name in the box below, I am electronically signing this application. Signed Date To ensure safety and comply with Network Rail's policy on the safe use of Alcohol & Drugs you should note the following guidelines for Story Contracting employees. Failure to comply with these guidelines may result in disciplinary action and dismissal. · Employees can and will be tested for any alcohol or drug abuse at any time and at short notice under the Transport and Work Act 1992 • These tests will be carried out by a qualified company. You will be given the opportunity to have a sample of your test to enable you to have your own analysis performed. Would you object to being tested as above? No Yes

Type of work/hours preferred

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PART 6 – GENERAL

REFERES – Any offer of employment is subject to the receipt of satisfactory references. Both Referees should have line management knowledge/experience of your work skills. One Referee must be your current or last employer. Neither should be a relative.

Name	Name		
Company	Company		
Address	Address		
Position	Position		
Tel no	Tel no		
We will not contact your current employer without your consent.			
If you have a disability, please tell us about any adjustments of	we may need to make to assist you at interview:		
Please tell us how you heard about this vacancy:			
If recommended by a Story employee, please state their name	ne:		
I understand that Story Contracting Ltd, and any other releva the purpose of monitoring equal opportunity, non discrimina consent to its use.	nt person may use the information contained in this form for tion and the effectiveness of its recruitment procedures and I		
I declare that the information I have given is true and accurate knowingly providing false information on this form or providing render me liable to disciplinary proceedings, which may include	ng misleading information may bar me from employment or		
I agree that by entering my name in the box below, I am elec-	tronically signing this application.		
Signed	Date		
Please note: If you are unsuccessful on this occasion, your application form will be kept on file for 24 months. It will then be destroyed to comply with the Data Protection Act.			

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The Company is registered under the Data Protection Act 1998.

Please return this form to recruitment@storycontracting.com