27 February 2020

Dear Sir / Madam

Thank you for requesting an application for the Apprentice Welder/ Fabricator role with Crossland Tankers Ltd

Please find enclosed:

1. Application Form
2. Competencies Demonstration
3. Equal Opportunities Monitoring Form

Please post to:

**The Personnel Department**

**Crossland Tankers Ltd**

**114 Grove Road**

**Swatragh**

**N Ireland**

**BT46 5Q**

Yours faithfully

Crossland Tankers Ltd

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | Application Form App Ref No: APPWELD/CTS/FEB2020/Apprentice Welder/ FabricatorOnly application forms containing all the information which has been sought on the Application Form will be considered for appointment.The following will not be accepted: Curriculum Vitae / Attached pages | | Part A – Personal Details | | 1 Personal Details | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Title | Mr/Mrs/Miss/Ms/Dr | | | | | | | | | | First Name |  | | | | | | | | | | Last Name |  | | | | | | | | | | Address |  | | | | | | | | | |  | | | | | | | | | | Town |  | | | | | | | | | | Postcode |  | | | | | | | | | | Home Telephone Number |  | | | | | | | | | | Mobile Telephone Number |  | | | | | | | | | | Email Address |  | | | | | | | | | | Place of birth |  | | | | | | | | | | National Insurance Number |  |  |  |  |  |  |  |  |  | | Passport No: |  |  |  |  |  |  |  |  |  | | | 2 Licence Details | | |  |  | | --- | --- | | Do you hold a current full UK driving licence? | Yes/No | | Car D.L. Number: |  | | H.G.V. D.L. Number: |  | | Do you have any endorsements, or pending offences? | Yes/No | | If yes, please give details: | | |  | | | | 3 Academic and/or Job Specific Qualifications | | Please list what academic qualifications and/or job specific qualifications you have obtained e.g.CSE/GCS/GCSE/NVQ/CITB  **Subject Level Grade**   |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |  | |

|  |
| --- |
| 4 Employment history (start with most recent) |
| **Previous Employers (**Most Recent First)   |  |  |  |  | | --- | --- | --- | --- | | a. Name & Address of Employer: |  | | | | From (dd/mm/yy) |  | To: |  | | Employed as: |  | | | | Duties/ Responsibilities of post: |  | | | | Reason for leaving: |  | | | | Hourly Pay Rate |  | Any other payments: |  | |  | | | | | b. Name & Address of Employer: |  | | | | From (dd/mm/yy) |  | To: |  | | Employed as: |  | | | | Duties/ Responsibilities of post: |  | | | | Reason for leaving: |  | | | | Hourly Pay Rate |  | Any other payments: |  | |  | | | | | c. Name & Address of Employer: |  |  |  | | From (dd/mm/yy) |  | To: |  | | Employed as: |  |  |  | | Duties/ Responsibilities of post: |  |  |  | | Reason for leaving: |  |  |  | | Hourly Pay Rate |  | Any other payments: |  | |  | | | | |
| 5 References |
| Please give the names and addresses of 2 people who will provide a reference for you. One reference must be from a current or former employer. References will only be sought when the Company is preparing a job offer.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name |  | Name |  | | | Address |  | Address |  | | |  |  | | |  |  | | | Tel: |  | Tel: |  | | | Relationship to Applicant: |  | Relationship to Applicant: |  | | | If you are currently employed, what notice would be required if successful? | | |  | (Months) | | Are you prepared to work alternate Saturdays? | | | Yes/ No | | | Are you prepared to work Public Holidays, if required? | | | Yes/ No | | |

|  |
| --- |
| 6 General |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Distance from Home to Swatragh |  | Miles |  | Time | | Do you have use of a car or access to a form of transport which will enable you to meet the requirement of the post in full if required | | | Yes/ No | | |
| 7 Disability |
| |  |  | | --- | --- | | **Do you have a disability that meets the following definition?**  The Current Legislation states that a person has a disability if s/he has a ***‘physical or mental impairment which has a substantial or long-term adverse effect on his/her ability to carry out normal day to day activities.’*** | | | Do you meet (or have you in the past, met) this definition? | Yes/ No | | If yes, please state what reasonable adjustments, provisions or facilities may be required in the selection process | | |

|  |
| --- |
| 8 Health |
| |  |  | | --- | --- | | Do you suffer from any medical conditions which might affect your safety or the safety of others whilst operating equipment or driving a vehicle? | Yes/ No | | If Yes, please give details: | | |  | | | Are you confident to work on a 1 meter wide catwalk at heights of 12 to 18 feet (using handrail provided) | Yes/ No | | Are you claustrophobic (fear of confined spaces)? | Yes/ No | | Are you willing to undergo medical examinations and eye tests as and when necessary? | Yes/ No | | In Accordance with the Control of Electronic Magnetic Fields at Work Regulations 2016  (CEMFAW Regulations) and the ICNIRP public Guidelines 1998. Crossland Tankers have a  duty of care to their employees to identify any employees who could be at a risk from  exposure to EMF’s and make the necessary adjustments where required.  Employees who associate themselves with any of the following are encouraged to  declare this to Crossland Tankers by completing the section below.   * Active Implanted medical devices (AIMDs) * Passive implanted medical devices (PIMDS) * Body-Worn medical devices (BWMDs) * Expectant Mothers. | | | If Yes, please give details: | | |  | | |

|  |
| --- |
| 9 Data Protection Act |
| Please note that the information on this form may be held on record. Strict confidence will be observed and disclosure will only be made for Payroll, Human Resource, Occupational Health & Safety Administrative procedures. The information may also be disclosed in respect of litigation. |
| 10 Convictions |
| |  |  | | --- | --- | | Do you have any convictions for criminal offences or any criminal proceedings pending? | Yes/ No | | If yes, please give full details below. (You need not include motoring convictions unless your driving license is endorsed or you are currently banned from driving and you need not include any convictions which are 'spent' under the Rehabilitation of Offenders (NI) Order 1978.) | | |  | | |
| 11 Declaration by the applicant |
| |  |  | | --- | --- | | I declare that I have not canvassed in any way and that the information contained in this application is complete and correct to the best of my knowledge. I accept that providing false information or suppressing any information willfully will make me liable to disqualification, and if appointed to dismissal. | | | Signature: |  | | Date: |  | |

|  |
| --- |
| Part B – Competencies Demonstration |
| In the following section please demonstrate (through examples) that you have experience in the core competencies required for the role: |
| 1. Experience in a fabrication role |
|  |
| 1. Any other experience that you would consider relevant |
|  |

|  |
| --- |
| Part C – Monitoring Information |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE | | | | | | | | | | | Ref: | |  | | | | Date of Birth: | |  | | | | | | | | | | | | | | | Please tick as appropriate: | | | | | | | | | | | | | | | | | Sex: | | | | | | | | | | | | | | | | | Male | | | | Female | | | | | | Other | | | | | | |  | | | | | | | | | | | | | | | | | Marital Status | | | | | | | | | | | | | | | | | Married | Single | | | | Divorced | | | Separated | | | | | | Widowed | | |  |  | | | |  | | |  | | | | | |  | | | Caring Responsibilities | | | | | | | | | | | | | | | | | None | | | Children | | | Elderly Relative(s) | | | | | | Other | | | | |  | | |  | | |  | | | | | |  | | | | | Community Background | | | | | | | | | | | | | | | | | I am a member of the Protestant community | | | | | | | | | | | | | | |  | | I am a member of the Roman Catholic community | | | | | | | | | | | | | | |  | | I am a member of neither the Protestant nor Roman Catholic communities | | | | | | | | | | | | | | |  | | Disability | | | | | | | | | | | | | | | | | The Disability Discrimination Act 1995 states that a person has a disability if s/he has a ***‘physical or mental impairment which has a substantial or long-term adverse effect on his/her ability to carry out normal day to day activities.’*** | | | | | | | | | | | | | | | | | Do you meet (or have you in the past, met) this definition? | | | | | | | Yes | |  | | | No | |  | | | If yes, please tick the heading which best describes your disability: | | | | | | | | | | | | | | | | | Mobility | | | Vision | | | Hearing | | | | | | Speech | | | | |  | | |  | | |  | | | | | |  | | | | | Mental | | | Learning | | | Dexterity/ Co-ordination | | | | | | | | | | |  | | |  | | |  | | | | | | | | | | | Ethnic Origin | | | | | | | | | | | | | | | | | White | | | Chinese | | | Indian | | | | | | Irish Traveler | | | | |  | | |  | | |  | | | | | |  | | | | | Pakistani | | | Bangladeshi | | | Black African | | | | | | Black Caribbean | | | | |  | | |  | | |  | | | | | |  | | | | | Black Other | | |  | | | Please Specify | | | | | |  | | | | | Mixed Ethnic Group | | |  | | | Please Specify | | | | | |  | | | | |