



APPLICATION FORM

All personal information that you provide, will be treated in the strictest confidence.

Please complete all relevant sections, and circle the words YES / NO where applicable

PERSONAL DETAILS:				
Position Applied For:				
First Name(s):				
Last Name:				
Email Address: (Required for Pay slips)				
Address:				
			Post Code:	
Tel No: (Home)				
Tel No: (Mobile)				
Date of Birth:		NI Number:		
Age:		Nationality:		
Do you wear:		Yes	No	<i>(Note, when wearing contact lenses, you are required to carry a spare pair of prescription spectacles at all times when on Network Rail Infrastructure)</i>
a) Glasses		Yes	No	
b) Contact Lenses		Yes	No	
Are you Colour Deficient and or Hearing Deficient?		Yes	No	<i>Please note that if you are colour blind/hearing deficient this may exclude you from carrying out certain Safety Critical activities.</i>
Do you hold a current Sentinel Card?		Yes	No	Expiry Date:
				Card No:

NEXT OF KIN DETAILS:				
Surname:				
First Name(s):				
Address:				
			Post Code:	
Tel No: (Home)				
Tel No: (Work)				
Tel No: (Mobile)				
Relationship to you (e.g. Wife, Sister etc):				

Issue No:	1
Issue Date:	January 2020
No of Pages:	1 of 5
Form Ref:	RWI-06-01



QUALIFICATIONS

Do you Drive?	Yes	No	Driving License enclosed	Yes	No
Other Driving qualifications e.g. HGV/ PSV (Minibus) License	Please detail:				
Have you received training in:			Issued By:	Expiry Date:	Do You hold a certificate? (Please tick if enclosed)
a) Manual Handling	Yes	No			
b) First Aid	Yes	No			Yes No

Are you a qualified (*please tick*):

You will be asked to provide further information & certification at interview stage)

Please provide details of **VALID** Rail specific competencies you currently hold:

TRAINING COMPETENCIES:	Expiry Date	Date Initial Course Taken
PTS (AC / DC)		
Other		

EMPLOYMENT DETAILS

EMPLOYMENT HISTORY: (Please account for the last 10 years) <i>Please start with the most recent and work backwards.</i>		
Company Name & Address:		
Contact Name:	Tel No (inc STD code):	
Position Held:	Start Date:	Finish Date:
Company Name & Address:		
Contact Name:	Tel No (inc STD code):	
Position Held:	Start Date:	Finish Date:
Reason for Leaving:		
Company Name & Address:		
Contact Name:	Tel No (inc STD code):	
Position Held:	Start Date:	Finish Date:
Reason for Leaving:		
<i>Please attach additional pages if required</i>		

Issue No:	1
Issue Date:	January 2020
No of Pages:	2 of 5
Form Ref:	RW1-06-01



How much notice is required by your current employer. (e.g. 1 month)		
Do you have any holidays booked during the next three months? <i>If yes please state when:</i>	Yes	No
Can we contact your current employer for a reference? <i>If no please state reasons & supply alternative reference:</i>	Yes	No

Have you previously been employed within the Rail industry?	Yes	No
Have you previously been dismissed or disciplined for failing or refusing to take a drugs and/or alcohol test within the Rail Industry in the last 5 years? <i>If yes please give details:</i>	Yes	No

Have you applied to or been previously employed by L & W Contractors Ltd <i>If yes please give details:</i>	Yes	No
Please specify any criminal conviction other than those spent under the Rehabilitation of Offender's Act 1974. <i>If yes please give details: (If none please write NONE)</i>		

Have you been dismissed as a result of a railway related transgression in the last 5 years? <i>If yes please give details:</i>	Yes	No
--	------------	-----------

Are you currently taking any prescribed medication? <i>(If yes please provide further details)</i>		
Please give details of any additional medical conditions that are not included on this form <i>(If none please write NONE)</i>		

Issue No:	1
Issue Date:	January 2020
No of Pages:	3 of 5
Form Ref:	RW1-06-01



Please give details of any periods of hospitalisation: (including dates) <i>(If none please write NONE)</i>

Please tick (✓) YES / NO as applicable.	Yes	No
Have you sustained any injury which may affect your ability to work? <i>(If yes please provide further details below e.g. date, location, nature of accident/incident any periods of recovery, unemployment etc).</i>		
Have you previously been affected or injured by a railway related incident or accident at work? <i>(If yes please provide further details below e.g. date, location, nature of accident/incident any periods of recovery, unemployment etc).</i>		

Do you give us permission to contact your own GP if required?		Yes	No
Doctor:			
Address:			
Tel No:		Fax No:	

I declare to the best of my knowledge, the information given in this application form is true and accurate and I will inform L & W Contractors Ltd of any changes regarding my circumstances or health.	
Signed:	
Name (print):	
Date:	

Issue No:	1
Issue Date:	January 2020
No of Pages:	4 of 5
Form Ref:	RW1-06-01



Interview notes:

Please do not write anything in this section when filling in the application form, this section is for the interviewers use only.

Issue No:	1
Issue Date:	January 2020
No of Pages:	5 of 5
Form Ref:	RWI-06-01