



Part A Personal Details

Title	Mr.	Miss.	Mrs.	Ms.	Dr.	Other	
Full Name							
Full Address							
Telephone				E-mail			
Date of Birth				NI Number			

Driving Licence No:		Valid Until:	
Groups		Endorsements	

Qualifications, Competency & Skills Certifications	
---	--

Professional / Trade Bodies, Trade Union Membership (give details)	
---	--

Would you be prepared to work away from home?	YES / NO
Would you be prepared to work weekends?	YES / NO
Have you completed this form yourself?	YES / NO
Are you legally allowed to work in this country?	YES / NO

Emergency Contact Details

Name			
Address			
Telephone		Relationship	
Doctor			
Address			
Telephone			

I can confirm that the above details along with other associated documents are a true and accurate record, and that any deliberate misrepresentations may affect my current and future employment as well as the Health and Safety of me and others.

Candidate.....Date.....

Where did you hear about us:

Metro/Evening Standard	<input type="checkbox"/>	RailWay People	<input type="checkbox"/>
Local Paper	<input type="checkbox"/>	Other:	



Part B Previous Employers/Contracts (please list the most recent first)

Name & address of Company	From / To	Position – brief description of type of work undertaken and reason for leaving
1		
2		
3		

Names & Addresses of Referee(s): **NO PERSONAL REFERENCES**

1. 2.

.....

.....

.....

.....

Tel No: Tel No:

I understand that the above mentioned referees may be contacted if I subcontract or am offered employment with 1st inrail Ltd

Please provide any information which may restrict or preclude you from employment on sectors of the London Underground Network, Network Rail or any rail related industry. <i>Please include any D&A test failings or restriction / removal of Entry Permit or Personal Track Safety cards.</i>	Not Applicable	Details below
Failure to include any relevant information may lead to immediate dismissal		

OFFICE USE ONLY

Date application was submitted:	
Date applied for reference(s):	
Application accepted and processed by:	



Part C Medical Self Certification

Alertness and reasonable physical fitness are essential for duties which may interact with moving trains. It is, therefore important to be accurate with your answers to this questionnaire, although trivial matters should be ignored (e.g. transient dizziness while gardening two years ago).

When you declare NO, you are accepting a degree of responsibility for your safety.

Please detail as applicable and sign the declaration at the bottom:

Discomfort or pain in the chest or shortness of breath on exercise	Yes / No	Have you previously worked with excessive noise?	Yes / No
Difficulty in moving rapidly over short distances, including slopes, steps or rough ground?	Yes / No	Do you have vibration white finger?	Yes / No
Difficulty in looking over either shoulder?	Yes / No	Worked with lead / asbestos?	Yes / No
Difficulty in working in out-doors open areas?	Yes / No	Chest related illness in the last 12 months?	Yes / No
Difficulty in working in enclosed spaces?	Yes / No	Back Injuries in the last 12 months?	Yes / No
Difficulty working above head height?	Yes / No	Nervous condition	Yes / No
Difficulty with your hearing?	Yes / No	Physical health problems	Yes / No
Any medication that is giving you dizziness or drowsiness?	Yes / No	Respiratory problems	Yes / No
Used or abused drugs within the last 12 months?	Yes / No	Skin disease/problems	Yes / No
Alcohol-related illness during the last 12months?	Yes / No	Varicose veins	Yes / No

Please disclose any illness or medical conditions you have/had	
--	--

One or more of the above applies to me	YES
None of the above apply to me	NO

I agree to inform 1st inrail Ltd of any change to my health which may affect my ability to perform my duties.

Signed	
Print	
Date	