

Application for Employment with the Hutchison Ports (UK) Limited Group



Please complete in **BLOCK CAPITALS** and answer all questions as fully as possible. Tick boxes where appropriate. All information will be treated in confidence. You may wish to attach a Curriculum Vita to accompany your application form, but this will not in any way replace the information you provide in this form.

Please note that, in line with the Health and Safety Dock Regulations, a minimum age of 21 is applied to all quayside vacancies.

Position applied for:	Where did you find out about this vacancy?	Vacancy Ref:
Personal Details		
Title:	Address:	
Surname:	-----	
First Name(s):	-----	
	Postcode:	
Home Tel:	Mobile:	
Work Tel:	May we contact you at work?	
Do you have a full UK driving licence?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have your own transport?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you hold any driving licences or permits other than your motorcar licence?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:		
Do you have any licence endorsements?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details including offence code and date(s):		
Do you require authorised documentation to work in the UK?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state the documents and the requirements:		
Are you a member of any professional bodies?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state which:		



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Have you ever been convicted of any criminal offences, which are not yet 'spent' under the Rehabilitation Act 1974?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:		

Health
Please note that you will be required to undergo a medical examination, which will include a drug and alcohol test before any offer of employment can be confirmed. A disability or health problem does not preclude full consideration for the job, and applications are welcomed from disabled people, who think that they could do the job applied for with reasonable, or no, adjustments.
How many days have you been absent from work due to illness in the last two years? <input style="width: 150px;" type="text"/>
How many occasions did this consist of? <input style="width: 150px;" type="text"/>
Under the terms of the Act a 'disability' is defined as a 'physical or mental impairment, which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities'.
Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>
I do not wish to disclose this information <input type="checkbox"/>
Do you require us to make special arrangements to enable you to attend an interview? Yes <input type="checkbox"/> No <input type="checkbox"/>

Education		
Secondary schools(s) attended:	Qualification(s) gained (including level and grade):	Subject(s):

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Further education:	Qualification(s) gained:	Subject(s):
University/polytechnic college(s):	Qualification(s) gained:	Subject(s):
Professional/technical training e.g. institute, chartered society	Qualification(s) gained (indicate if by examination):	Subject(s):



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Current Employment					
Name and full address of employer:	Nature of business:				
Postcode:	Current position held:				
	Start date:				
	Total annual earnings (including expenses/overtime):				
	Other benefits:				
Responsibilities:					
.....					
.....					
Reason(s) for wishing to leave:					
.....					
.....					
Employment History					
Name and full address of employer:	Dates:		Appointment, job title, reporting to, duties and achievements:	Reason for leaving:	Final salary and benefits:
	From:	To:			
Have you previously applied for a job, or been employed by, this Company, or any associated or subsidiary company? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please give details:					
.....					

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Supporting Information

Is there other information you wish to give in support of your application? Consider how you would suit the position applied for, detailing any relevant training/experience that you may have. Please continue on a separate sheet if required.



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Please give names and addresses of two referees. If you are leaving school, or have left in the last 2 years, please give the name of your head teacher as a referee.	
Current/Most Recent Employer	Previous Employer
Name and address:	Name and address:
.....
.....
Postcode:	Postcode:
Tel no:	Tel no:
Occupation:	Occupation:
Relationship:	Relationship:
When may we contact your present employer? Now <input type="checkbox"/> After first interview <input type="checkbox"/> After second interview <input type="checkbox"/> After offer has been made <input type="checkbox"/>	To provide consent for us to action references as specified, please sign below: Signature Date
I declare that the information contained in the form is true and complete. I understand that any false or misleading information given by me in this application form, or during an interview or medical examination, may result in my dismissal without notice, if I am appointed.	
I consent to the information I have given this application form and in all other enclosed documentation being held, used and updated under the security safeguards of the Data Protection Act 1998.	
Signed:	Date:



Confidential – Equal Opportunities



The company actively pursues a policy of affording equal opportunities to all prospective and existing staff in recruitment, transfer, promotion and all other employment matters. We guarantee to meet all the applicable legislative requirements, which include gender, race and disability rights. For this reason we are asking candidates for vacancies within the Company to provide information supplementary to the application form as indicated below. It must be stressed that personal details of this nature are disclosed voluntarily and will be kept in the strictest confidence. These details will not form any part of the selection process.

Name:

Position/s applied for:

Ethnic Origin (please indicate Ü)

- | | |
|---|---|
| <input type="checkbox"/> Asian – Bangladeshi | <input type="checkbox"/> Mixed – White and Black Caribbean |
| <input type="checkbox"/> Asian – Indian | <input type="checkbox"/> Mixed – Any Other Mixed Background |
| <input type="checkbox"/> Asian – Pakistani | <input type="checkbox"/> White - British |
| <input type="checkbox"/> Asian – Any Other Asian Background | <input type="checkbox"/> White – English |
| <input type="checkbox"/> Black – African | <input type="checkbox"/> White – Irish |
| <input type="checkbox"/> Black – Caribbean | <input type="checkbox"/> White – Scottish |
| <input type="checkbox"/> Black – Any Other Black Background | <input type="checkbox"/> White – Welsh |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> White – Any Other White Background |
| <input type="checkbox"/> Mixed – White and Asian | <input type="checkbox"/> Any Other Ethnic Background |
| <input type="checkbox"/> Mixed – White and Black African | <input type="checkbox"/> Do Not Wish To Disclose |

Disability Discrimination Act 1995 (please indicate Ü)

Under the terms of the Act a ‘disability’ is defined as a ‘physical or mental impairment, which has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities’. Do you have a disability?

- Yes No
- Do Not Wish To Disclose

I understand that the information I have supplied will be retained and used for equal opportunities monitoring only. If successful, this will form part of workforce equal opportunities monitoring.

Signed

Date



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