

Equal Opportunities

London Ashford Airport Ltd is committed to achieving equal opportunities in employment. Please supply the following information in order to help us monitor the effectiveness of this. The information required is to protect applicants' interests and to ensure that all applications receive equal consideration regardless of age, sex, race, colour, nationality or ethnic origin, disability, marital status, religion or sexual orientation.

All information will be treated in strict confidence and will be retained in the Personnel Department for monitoring purposes only. The information will be used by London Ashford Airport staff only and will not be passed on to other agencies, and will not be used for selection purposes. This sheet will be detached from the application form on arrival.

Please indicate the ethnic group to which you feel you belong by checking the appropriate box (ethnic group describes how you see yourself, and is a mixture of culture, religion, skin colour, language, the origins of yourself or your family. It is not the same as nationality).

| | | | | |
|-----------------------|--|----------------|-------------|---------------|
| Date of birth: | | Gender: | Male | Female |
|-----------------------|--|----------------|-------------|---------------|

I would describe myself as :

| | | | |
|-------------------------------|--------------------------|-------------------------------|--------------------------|
| White | | Black or Black British | |
| White/British | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> |
| White/Irish | <input type="checkbox"/> | African | <input type="checkbox"/> |
| White/Other | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> |
| Mixed | | Ethnic groups | |
| White/Black Caribbean | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| White/Black African | <input type="checkbox"/> | Any other Ethnic group | <input type="checkbox"/> |
| White/Asian | <input type="checkbox"/> | | |
| Any other mixed background | <input type="checkbox"/> | | |
| Asian or Asian British | | | |
| Indian | <input type="checkbox"/> | | |
| Pakistani | <input type="checkbox"/> | | |
| Bangladeshi | <input type="checkbox"/> | | |
| Any other Asian background | <input type="checkbox"/> | | |

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Medical History

| | | | | | |
|--|---------------|--------------|-----------------------------|------------|-----------|
| Height | Weight | | | | |
| Are you colour blind? | Yes | | No | | |
| Have you normal vision in both eyes? | Yes | | No | | |
| Do you wear Glasses / Contact lenses? | Yes | | No | | |
| Have you normal hearing in both ears? | Yes | | No | | |
| Time lost through illness / Injury in the past year | Months | Weeks | Days | | |
| Nature of illness/injury: | | | | | |
| Have you had or do you suffer from: | | | | | |
| Skin trouble | Yes | No | Varicose veins | Yes | No |
| Ulcers | Yes | No | Migraines | Yes | No |
| Heart trouble | Yes | No | Nervous disorder | Yes | No |
| Diabetes | Yes | No | Rupture/hernia | Yes | No |
| Asthma | Yes | No | Arthritis | Yes | No |
| Back trouble | Yes | No | Blackouts | Yes | No |
| Epilepsy | Yes | No | | | |
| Have you had any major or minor operations? | | | Yes | No | |
| If Yes, please give details: | | | | | |
| Are you currently receiving any medical treatment? | | | Yes | No | |
| If Yes, please give details: | | | | | |
| Are you registered disabled? | Yes | No | If Yes, state Number | | |
| Doctors Name: | | | | | |
| Doctors Address: | | | | | |
| I confirm that the information given on this form is to the best of my knowledge, true and complete and in the event that medical references are required I authorise the company to obtain these. | | | | | |
| Signature | | | Date | | |

ADDITIONAL INFORMATION

Please supply the following information to enable the correct sized clothing to be supplied, in the event that your are successful in your application

| | | | | | | | | | |
|--------------|--|---------------|--|--------------------|--|-----------------------|--|-------------------|--|
| Chest | | Collar | | Waist | | Hips | | Inside Leg | |
| Shoe | | Gloves | | Blouse Size | | Hat (if Known) | | | |

FOR EMERGENCY CONTACT ONLY:

| | |
|--|----------------|
| Name and Contact of Next of Kin | Name |
| | Address |
| | Tel No. |
| Relationship | |

| | |
|--|--|
| How did you hear about the vacancy? | |
|--|--|

| | | |
|-------------------------------|--------------------|---------------------|
| FOR OFFICE USE ONLY | Total Score | |
| Interview Date | | CTC Sent |
| Driving Licence Copy Enclosed | | CTC Returned |
| Copy Certificates Enclosed | | Valid To |
| References Completed | | Start Date |
| CRC Received | | |

READ VERY CAREFULLY. Have you ever been fined, sentenced to imprisonment, placed on probation, discharged on payment of costs, or had any order made against you by a criminal, civil, military court or public authority, or is any prosecution pending? (Other than any treated as spent under the provisions of the Rehabilitation of Offenders Act 1974). Please give full details and continue on a separate sheet if necessary.

Give the names and addresses of three persons who are NOT relatives, or past employers, who have known you continually for a period of 5 years and who will be prepared to give you a written reference.

| Personal Referees | Period Known | Occupation |
|----------------------------|---------------------|------------|
| Name Address Tel No. | From _____ To | |
| Name Address Tel No. | From _____ To | |
| Name Address Tel No. | From _____ To | |

Declaration: I confirm that the information given on this application form is to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed dismissal. I make it knowing that I shall be liable to prosecution if I have wilfully stated in it anything, which I know to be false, or do not believe to be true.

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|

I authorise the company to obtain references to support this application once a provisional offer of employment has been made and accepted. I also understand that a CTC (Counter Terrorist Check) will be carried out by the DfT (Department for Transport) and that employment is conditional upon the outcome.

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|

Additional Information

Please tell us how you feel you can contribute to the success of the Airport and, what makes you suitable for the post, including details of training, experience, skills and personal attributes. Please also give your reasons for applying for this post.

| | | |
|--|---|-----------|
| Have you ever been self-employed? If Yes give the names of your solicitor and accountant. | Yes | No |
| Solicitor Contact Details | | |
| Name Address Tel No. | From <hr/> To <hr/> | |
| Accountant Contact Details | | |
| Name Address Tel No. | From <hr/> To <hr/> | |
| Self employment certificate number : | | |

Service in the Armed Forces

| | | | |
|---|------------|-------------------------|--------------------|
| Regiment / Unit | | Rank Attained | |
| Service Number: | | Dates of service | From To |
| Additional Qualifications | | | |
| Reason For Leaving | | | |
| Are you a member of the Territorial Army or a reservist? | Yes | No | |

Employment Record

Please show all periods of employment, self-employment, and unemployment, **starting with your present**, in sequence over the **previous 5 years**. If unemployed, state the Job Centre you were registered at. If a housewife / husband and employed for any period, show this in sequence with the date and address at which you lived. Continue on a separate sheet if necessary. TELEPHONE NUMBERS MUST BE PROVIDED.

| Employer or Unemployment | Dates Month and | Position and Responsibilities | Reason For Leaving |
|--|---|----------------------------------|-----------------------|
| Name Address Tel No. | From <hr style="width: 50%; margin: 0 auto;"/> To <hr style="width: 50%; margin: 0 auto;"/> | | |
| Name Address Tel No. | From <hr style="width: 50%; margin: 0 auto;"/> To <hr style="width: 50%; margin: 0 auto;"/> | | |
| Name Address Tel No. | From <hr style="width: 50%; margin: 0 auto;"/> To <hr style="width: 50%; margin: 0 auto;"/> | | |
| Have you ever been dismissed for misconduct by an employer? | | Yes | No |
| If Yes, please give details: | | | |
| Name of Company: | | Dates | |
| Events leading to dismissal: | | | |
| If currently employed, period of notice required by employer: | | | |

Qualifications

Continue on a separate sheet if necessary

| Name(s) & Address(es) of School(s) / College(s) | Dates | | Subject/Courses Studied & Level | Examination Result / Grade |
|---|-------|----|--|----------------------------------|
| | From | To | | |
| | | | | |
| FURTHER AND HIGHER EDUCATION: Please give details of all further and higher education since leaving school including training courses and details of qualifications. | | | | |
| University / College / Institute Attended | Dates | | Subjects Studied / Type of Training | Qualifications Obtained |
| | From | To | | |
| | | | | |
| Are you a member of any technical or professional association? | | | Yes | No |
| If Yes, please give details: | | | | |

| | | | | | | |
|---|--|-----------------------|----------------------------|----------------------------|------------------|-------------|
| Do you have any language skills (including sign language)? | | | | Yes | No | |
| If Yes please list: | | | | | | |
| How would you rate your IT skills? | | | No Prior Experience | Basic | Average | Good |
| Please provide details | | | | | | |
| What type of employment are you looking for? | | | | Full-time | Part-time | |
| If Part-time, approximately how many hours a week you are looking to work? | | | | | | |
| Please state <u>in order of preference</u> (1-3) the type and areas of employment in which you are interested | | | | | | |
| Accounts | | Administration | | Air Traffic Control | | |
| Airport Operations | | Catering | | Customer Services | | |
| Engineering | | Ground Support | | Maintenance | | |
| Rescue & Fire Fighting Service | | Security | | | | |
| Do you have any qualifications related to the job <u>for which you are applying?</u> | | | | Yes | No | |
| If Yes, please provide details below (including position applying for) and enclose copies of all relevant certificates | | | | | | |



Application for Employment

Please use **BLACK INK** and **CAPITAL LETTERS** to complete your form and send to The Human Resources Department, FAL Aviation UK Ltd, London Ashford Airport, Lydd, Romney Marsh, Kent, TN29 9QL.

| | | | |
|---|------------|-----------------------------|--------------------------|
| Title | | Surname | |
| Forename | | Maiden Name | |
| Address | | | |
| | | | |
| Post Code | | Home Tel No. | |
| Mobile Tel No. | | E-mail address | |
| How long have you lived at your present address? | | | Years Months |
| Date of Birth | / / | Current Age | |
| Place of Birth | | Nationality by Birth | |
| Marital Status | | N.I. Number | |
| Do you need a work permit to take up employment in the U.K.? | | | Yes No |
| If Yes, please provide details: | | | |
| Have you previously worked in an Airport environment? | | | Yes No |
| Are you related to anyone who is currently working at the Airport? | | | Yes No |
| If Yes, please provide details: | | | |
| Do you hold any of the following licenses? - If Yes - please supply copies | | | |
| a) current <u>FULL</u> valid driving licence | Yes | No | b) PSV licence |
| | | | Yes No |
| c) HGV licence | Yes | No | d) Fork Lift |
| | | | Yes No |
| Have you any convictions / disqualifications on your driving licence? | | | Yes No |
| If Yes please give details: | | | |
| How do you intend to travel to work? | | | |