





**APPLICATION FORM** 

HTA GROUP APPRENTICESHIP SCHEME





Surname:	Telephone:			
First Name:	Mobile Telephone:			
Address:	Date of Birth:			
Town:	National Insurance No:			
Town:				
Postcode:	Email:			
Where did you hear about the Apprenticeship scheme?				
General:				
Why are you interested in joining the HTA Group (Part of the WEC Group) apprenticeship scheme?  What do you think an apprenticeship involves?				
Please provide details of any other workshop facilities you have attended and what was involved?				
What do your parent/s do for a living?				





Health:	Υ	N
Do you have a disability/health problem that may affect your day to day activities? Have you ever had a disability/health problem that has affected your day to day activities?  Do you have a disability/health problem which affects the work you can do? Are you registered disabled?  Do you smoke?		
If you have answered 'YES' to question(s), please provide details:		
Drug & Alcohol Testing:		
The Company has zero tolerance towards drugs and alcohol. We therefore operate a Alcohol testing policy. Are you prepared to accept this policy? YES NO	random D	rug &
Health & Safety: Are you willing to take full responsibility for your own health & safety whilst at work?	Y	N
Are you willing to adhere to the Company's Health & Safety rules at all times?  Are you a registered first aider or fire marshal?		
Driving:	Υ	N
Do you hold a full driving license?		
If 'YES', what type of vehicles are you eligible to drive?		
Car Motorcycle PSV HGV Hi-ab		
Please give full details of any previous bans or endorsements:		





If you currently have any points on your license, please state how many:

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## **Education, Training, Work Experience:**

Place of Study	Dates Attended	Subject Studied	Grade Achieved / Predicted Grade
Work Experience	Dates Attended	Duties Undertaken	

Note: If you are invited for an interview, please bring along an item you have made. The item/s can be made out of any material, for example wood, metal or plastic. Also bring along your last school report.





Other Details:		
What are your hobbies and interests?		
Please list any facts which you think may be	e useful when considering your a	pplication:
How soon would you be available to work?		
Have you ever been convicted of a criminal offence? (declaration subject to the Rehabilitation of Offenders Act 1974)		Y N
If 'YES', please provide details:		
References:		
Please provide two references below:		
Referee 1	Referee 2	
Name:	Name:	
Address:	Address:	
Telephone:	Telephone:	
Relationship:	Relationship:	_





I DECLARE, TO THE BEST OF MY KNOWLEDGE, THE II CORRECT	NFORMATION GIVEN ON THIS FORM IS
Signed:	Date:

Please return this application form to:

If you are successful at your interview, you will be required to attend one day at HTA Group Limited to showcase your practical skills and see the environment which will count towards the selection process.