

Application for Employment



PERSONAL DETAILS:	
Surname:	Forename:
Address:	
.....	
.....	
Tel. No.	Mobile No.
E-mail:	Nationality:
Do you have the legal right to work in the UK ?	Yes / No
Do you have a current Driving Licence	Yes / No
How many days sickness absence have you had in the last 2 years?	
Have you ever been convicted of a criminal offence	Yes / No
If Yes, please give details. (Declarations are subject to the provisions of the Rehabilitation of Offenders Act 1974)	
Do you have any hobbies ?	
What are your career objectives ?	
EMPLOYMENT:	
Position applied for:	
Have you previously worked for us?	
Do you have any relatives working for us?	
If 'Yes' please give name and relationship	
What date would you be available for work?	
Do you have any skills or experience that you feel are relevant for the job for which you are applying?	

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SECONDARY & HIGHER / FURTHER EDUCATION:	
Schools / College / University attended	Examinations and Results
PRESENT EMPLOYMENT:	
Present Employer:	
Type of Business:	
Position held:	
Responsibilities:	
.....	
.....	
.....	
.....	
.....	
Date Started:	Date Left:
Reason for leaving:	
.....	
.....	
.....	
Pay on date of leaving	

Application for Employment



PREVIOUS EMPLOYMENT [Beginning with the most recent]	
1. Company:	
Type of business:	
Position held:	
Responsibilities:	
.....	
.....	
.....	
.....	
Date Started:	Date Left:
Reason for leaving:	
.....	
.....	
.....	
Pay on date of leaving	
2. Company:	
Type of business:	
Position held:	
Responsibilities:	
.....	
.....	
.....	
.....	
Date Started:	Date left:
Reason for leaving:	
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.....	
.....	
Pay on date of leaving	

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3. Company:	
Type of business:	
Position held:	
Responsibilities:	
.....	
.....	
.....	
.....	
Date Started:	Date left:
Reason for leaving:	
.....	
.....	
.....	
Pay on date of leaving	
Declaration:	
<p>I give my permission for all or part of this information to be held on both manual and computerised records to which I may request access. I declare that to the best of my knowledge the information contained in this form and on my CV is true, complete and accurate and I understand that if any particulars I have given are found to be false, I may be regarded as ineligible for recruitment or dismissed after my employment has commenced.</p>	
Date:	
Signature:	

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Medical Questionnaire:

Please complete this form and return it with your application. The information you give will be kept entirely confidential and is needed to ensure the safety of you and others. Any points of uncertainty can be discussed further with Personnel at your interview. Any items that require further investigation will be discussed with you and you may be requested to undertake medical tests if deemed necessary.

Your name

Medical History

Please indicate if any of the following apply or have applied to you in the past. Please give full details below where appropriate.

	YES	NO
Circulatory problems such as varicose veins, phlebitis, thrombosis?		
Heart problems such as angina, high blood pressure, heart attack?		
Chest problems such as asthma?		
Diabetes?		
Epilepsy or fainting attacks?		
Skin disorders?		
Recent operation or fracture?		
Are you currently taking any medication?		
Back trouble, arthritis, rheumatism?		
Injury to bones, joints, tendons, including wrist tendons?		
Have you ever claimed for an industrial injury, etc?		
Have you worked in an industry with high noise levels?		
Do you have any other significant health problems (eyes, hearing, skin problems, etc)?		
Are you aware whether you may be pregnant or have you given birth / had a miscarriage or termination within the last 6 months?		
Is there any other health related matter we need to be aware of?		

Full Details of any item marked Yes above. Continue on the back of this sheet if necessary.

I hereby declare that the above information is correct to the best of my knowledge

Signature

Date