

# APPLICATION FORM

PRIVATE & CONFIDENTIAL

**PLEASE PRINT CLEARLY**

## Employment required

Position applied for:  
Salary expected: £                      per  
Where did you hear about this vacancy?  
Other employment interests:  
When would you be available to start?  
Would you work full time?    Yes/No  
If part time, state days/hours:  
If offered this position will you continue to work in any other capacity?    Yes/No  
Have you previously worked for us? Yes/No              If yes, when?

## Personal details

Full name: Title:              Forename(s)                      Surname:  
Home address:  
  
  
Postcode:  
Private telephone:                      Business telephone:  
Date of Birth:  
Are you legally eligible for employment in the UK?              Yes/No  
Do you require a work permit to work in the UK?              Yes/No

Is your ability to perform the particular job for which you are applying limited in any way?

If so, how can we overcome this?

Have you any relevant medical conditions?

Do you have a relevant current driving licence?              Yes/No  
Please give details of any driving offences currently under endorsement:

*Note: If you are invited to attend an interview, and your driving license is relevant to your application please bring it with you.*

Give details of any criminal convictions that you may have (as in accordance with the Rehabilitation of Offenders Act 1974.)

## Employment

List below present and past employment, beginning with your most recent.

Name & Address of Employer	From: Month Year	To: Month Year	Starting Salary	Leaving Salary	Name of Manager
			£	£	
			Per	per	
	Job Title:				
	Describe the work you did:				
Telephone:					
Type of Business:					
	Reason for leaving:				

Name & Address of Employer	From: Month Year	To: Month Year	Starting Salary	Leaving Salary	Name of Manager
			£	£	
			Per	per	
	Job Title:				
	Describe the work you did:				
Telephone:					
Type of Business:					
	Reason for leaving:				

Please describe any other work you have been involved in, e.g. voluntary, freelance, project work, etc.  
 Dates/Duration:  
 Description:

## Education, Qualifications & Training

Beginning with the most recent events, give details of your education, qualifications and training to date. Include under 'Details' the places you attended.

Details	Dates From/To	Qualifications Gained

## Experience

Outline particular experience gained in previous positions or in activities outside of work that you feel show your aptitudes and skills for the position applied for.

## Interests

Give details of your main interests and the depth to which they are pursued.

## Additional Information

Give any further information, which you think may assist us in considering your application.

## References

Please provide names, addresses and occupations of two referees (not relatives), preferably previous employers whom we may approach with regard to your application at an appropriate and later date after obtaining your permission.

Name:  
Occupation  
Address:

Names:  
Occupation:  
Address:

Telephone:

Telephone:

I declare that to the best of my knowledge and belief the information given in this application is correct:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For office use only

Application form evaluated by:  
Comments:

Date:

Action:

1<sup>st</sup> Stage INTERVIEW

Date:

or REJECT

or HOLD

2<sup>nd</sup> Stage INTERVIEW

Date:

or REJECT

or HOLD

3<sup>rd</sup> Stage INTERVIEW

Date:

or REJECT

or HOLD

Offer details:

# Pre-Employment Medical Questionnaire

**Data Protection Notice:**

All information disclosed will be treated in the strictest confidence and will be used only for the purposes detailed in the Data Protection Act 1998.

Certain information is requested prior to you commencing employment with our company, in order to ensure you are able to carry out the requirements of the job, ensure your personal safety and to meet our statutory obligations imposed by the relevant Health and Safety regulations. The information is also required to establish if we may need to make any reasonable adjustments to assist you in performing the work, in accordance with the requirements of the Disability Discrimination Act 1995.

**Your doctor will not be contacted without your prior written consent to do so.**

Name:

Date of Birth:

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## Medical History

Have you ever suffered from any of the following ailments in the past, please give details where appropriate?

- Circulatory problems such as varicose veins, phlebitis or thrombosis.
- Heart problems, angina, hypertension, heart attack or stroke.
- Respiratory problems such as asthma or severe bronchitis.
- Diabetes.
- Epilepsy or fainting attacks.
- Skin disorders.
- Recent operations or bone fractures.
- Back trouble, arthritis or rheumatism
- Injuries to bones, joint tendons, including wrist tendons.

Are you currently on any medication?

Have you suffered from any other significant health problems including eyes, hearing, skin etc?

Have you ever made a claim for an Industrial Disease or Injury?

Have you worked in an industry with high noise levels or been exposed to the use of hand held vibratory tools?

Signature \_\_\_\_\_

Date\_\_\_\_\_