

Previous Employment

Please include details of your most recent employment here and use the spaces below to give details of other employment's, working backwards from the most recent.

Present / Previous employer: _____ Type of Business: _____

Address: _____ Starting Date: _____

_____ Leaving Date: _____

Starting Pay: £ _____ per _____ Finishing Pay: £ _____ per _____

Job Title: _____ Reasons for Leaving: _____

Duties/Responsibilities:

Previous employer: _____ Type of Business: _____

Address: _____ Starting Date: _____

_____ Leaving Date: _____

Starting Pay: £ _____ per _____ Finishing Pay: £ _____ per _____

Job Title: _____ Reasons for Leaving: _____

Duties/Responsibilities:

Previous employer: _____ Type of Business: _____

Address: _____ Starting Date: _____

_____ Leaving Date: _____

Starting Pay: £ _____ per _____ Finishing Pay: £ _____ per _____

Job Title: _____ Reasons for Leaving: _____

Duties/Responsibilities:

Interest/hobbies: Give details of pastimes, sports, etc.

Public duties? J.P., local councillor, etc. undertaken

Have you ever been convicted of a criminal offence?
(Declaration subject to the Rehabilitation of Offenders Act):

Yes

No

Membership of professional organisation or trade union :

Yes

No

Please give details:

Please give details:

Do you need a work permit To work in the U.K.?

Yes

No

If offered this position will you continue to work in any other Capacity?

Yes

No

(give details)

Personal referees (not members of your family)

Name: _____

Address: _____

Occupation: _____

Telephone No. _____

Personal referees (not members of your family)

Name: _____

Address: _____

Occupation: _____

Telephone No. _____

Additional information

Please add here any additional information you wish to support your application.

Please complete the questionnaire below. The information is required with your interests in mind. As a result of the information you have given you may be referred to a doctor appointed by the company so that a medical examination can be carried out.

Have you at any time:	No	Yes	Please give details
1. Had an operation?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Been seriously injured?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Received in-patient treatment for a physical or mental condition?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Been refused or dismissed from employment for health reasons?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Received a disability pension?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Been registered disabled?	<input type="checkbox"/>	<input type="checkbox"/>	Card no: _____ Expiry date: _____
7. Been made ill by your work?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Been refused a driver's licence because of ill health?	<input type="checkbox"/>	<input type="checkbox"/>	

Do you suffer from or have you ever had:			
	Yes	No	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Skin rashes/eczema
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Anaemia
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Headaches (frequent)
Cough (frequent)	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Chest trouble
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Fainting or dizziness
Epilepsy/Fits	<input type="checkbox"/>	<input type="checkbox"/>	Hay fever
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice
			Prostate problems
			Varicose veins
			Rupture
			Back trouble
			Ear trouble
			Eye trouble
			Nerve trouble
			Repetitive strain injury
Do you take medicine regularly?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a head injury?
			Do you suffer from any other ailments? If yes, please provide Details overleaf.

Single Married Separated Divorced Widowed

Number of Children:

Ages : _____

Name & Address of Next of Kin: _____ _____ Tel. No. _____ _____
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Ethnic Group: (In accordance with the Race Relations Code of Practice please assist the company to monitor its equal opportunity policy by ticking the relevant box. This information will be used for no other purpose.)

African Asian Afro-Caribbean UK European

Other European Please specify: _____

National Insurance No.

Are you prepared to work away? Yes No If No, reason? _____

Recruitment Policy

It is the company's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, sex or marital status.

I authorise the company to obtain references to support this application once an offer has been made and accepted. I release the company and referees from any liability caused by giving and receiving information.

Declaration:

I confirm that the information given on this form, to the best of my knowledge is true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signature: _____ **Date:** _____

For Office use only:

Job offered : _____

Starting date: _____

Recruitment source: _____

Pay : _____ P45 or P46 Yes No

N.I. No. _____

Interviewer's use only						Other comments:-
Appearance	1	2	3	4	5	
Speech	1	2	3	4	5	
Experience	1	2	3	4	5	
Intelligence	1	2	3	4	5	
Co-operation	1	2	3	4	5	
General Impression	1	2	3	4	5	