

Application for Employment

PRIVATE AND CONFIDENTIAL

Please complete in **BLOCK CAPITALS**

Applicant Reference Number:

Position applied for:

How did you hear of this vacancy? (include date) _____

A. PERSONAL PARTICULARS

Full Name: Mr/Ms/Mrs/Miss	
Address:	Telephone Number (including STD Code)
e-mail address:	Home:
	Mobile:
N.I. Number:	Business: (Tick box if you do not want to be contacted at work). <input style="width: 20px; height: 15px;" type="checkbox"/>
	Applicants will be required to provide documentary evidence of their right to work in the United Kingdom if invited for interview.
Do you have the right to work in the United Kingdom? Yes/No	

B. EDUCATION AND QUALIFICATIONS

QUALIFICATIONS: Please give details of examinations attempted and results (including any examinations failed)

Name(s) and Address(es) of School(s)/College(s)	Dates		Subject/Courses Studied & Level	Examination Result/ Grade (include any examinations failed)
	From	To		

C. EMPLOYMENT HISTORY (Continue overleaf if necessary)

Please list starting with the most recent, all the organisations for which you have worked during the last 20 years:

Name(s) and Address(es) of Employer(s)	Dates		Position Held/ Main Duties	Starting/ Leaving Salary	Reason for Leaving
	From	To			

D. SUPPLEMENTARY INFORMATION

Are you in good health? If No, please give further information:	Yes / No
Have you ever been convicted of a criminal offence? (which is not a spent conviction under the Rehabilitation of Offenders Legislation) If Yes, please give details: Depending upon the nature of the vacancy for which you are applying, employment may be subject to receipt of a satisfactory disclosure from the Criminal Records Bureau. Information received will be treated in the strictest confidence and will generally be retained by the Organisation for a period of 6 months or for as long as is deemed necessary. A criminal record will not necessarily be a bar to obtaining employment with the Organisation.	Yes / No
Do you have a current full driving licence? (Please list any current endorsements)	Yes / No
Are you willing to work overtime and weekends when required?	Yes / No
Can we approach your present/most recent employer for a reference?	Yes / No

DECLARATION OF APPLICANT

I confirm that the above information is correct.

I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable for dismissal.

I consent to the Organisation using and keeping information I have provided on this application or elsewhere as part of the recruitment process and/or personal information supplied by third parties such as referees, relating to my application or future employment. I understand that the information provided will be used to make a decision regarding my suitability for employment and if successful the information will be used to form my personnel record and will be retained for the duration of my employment. If I am not successful, I understand that the Organisation will retain the form for as long as is deemed necessary and that the Organisation may use it to contact me in the event of there being any other vacancies for which I may be suitable.

Signed: _____ Dated: _____

FOR OFFICE USE ONLY

INTERVIEW RECORD

Interviewed by:	Date:
Interviewer's report and reasons for decision as indicated below:	
Decision: (Tick as applicable)	Reject <input type="checkbox"/> Further Interview <input type="checkbox"/> Accept <input type="checkbox"/>
Rejection letter sent:	Yes / No

APPOINTMENT RECORD (To be completed where there has been an offer of employment).	
CONDITIONAL OFFER LETTER	REQUESTS FOR REFERENCES
Date sent:	Date sent:
Response:	Response:
Acceptance/Refusal/No reply	Good/Satisfactory/No Reply/Suspect/Unsuitable
RIGHT TO WORK IN U.K. Appropriate documentary evidence checked.	

Confidential: Medical Questionnaire

You have applied for the post of **WORKS OPERATIVE**

Type of work (Employer - Give brief description)

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. If you wish, you may request an interview with the Company's medical officer/nurse or Human Resources Officer, either as an alternative to completing this form or to provide supplementary information or explanation. All the information you provide will remain confidential.

A. Have you ever:	No	Yes	Please give Details
1. Had an operation?			
2. Been seriously injured?			
3. Received in-patient treatment for a physical or mental condition?			
4. Been refused or dismissed from employment for health reasons?			
5. Received a disability pension?			Card No: Expiry Date:
6. Are you disabled?			
7. Been made ill by your work?			
8. Been refused a driver's licence because of ill health?			

B. Do you suffer from or have you ever had:

Diabetes	YES/NO	Skin rashes/eczema	YES/NO	Swelling of legs/ankles	YES/NO
High blood pressure	YES/NO	Anaemia	YES/NO	Kidney/ stomach/ bowel/ bladder trouble	YES/NO
Asthma	YES/NO	Headaches Migraines (frequent)	YES/NO	Varicose veins	YES/NO
Cough (frequent)	YES/NO	Heart trouble	YES/NO	Rupture/hernia	YES/NO
Rheumatic fever	YES/NO	Chest trouble	YES/NO	Back/Neck trouble	YES/NO
Arthritis/joint problems	YES/NO	Fainting or dizziness	YES/NO	Ear trouble	YES/NO
Epilepsy/fits	YES/NO	Hay fever	YES/NO	Eye trouble	YES/NO
Shortness of breath	YES/NO	Jaundice/hepatitis	YES/NO	Repetitive Strain Injury	YES/NO

1. Do you take medicine regularly?	2. Do you need glasses to read?	3. Have you worked in a dusty trade?	4. Have you ever had a head injury?	5. Do you suffer from any other ailments?
YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

C. To the best of my knowledge and belief the information given above is correct. I understand that if I am appointed and this information is inaccurate, I am liable to dismissal.

I consent under the Data Protection legislation to the Company processing the information I have provided on this Questionnaire for the purpose of assessing my health and suitability for employment. I understand and agree that the information will be retained for as long as the Company deems necessary and that the information may be passed to a third party such as a Medical Assessor for comments.

Signature:	Date:
Name:	Date of Birth:
Department:	Employee No:
Job Title:	Date of Transfer: