



Employment Application Form

Private & Confidential

Please Complete All Sections Fully

Position Applied For

Personal Details

Surname _____ Forename(s) _____

Address _____

Postcode _____ Tel No. (Home) _____

National Insurance No. _____ Date of Birth _____ Age _____

Valid Visa No. _____

Next of Kin

Name _____ Relationship _____

Home Address _____

Post Code _____ Tel No. _____

Present and Previous Employment

Name & Address of Employer	Date		Job Title & Duties	Reason for Leaving
	From	To		
1. _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Tel No. _____				
2. _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Tel No. _____				

General Education

School/College/University	Date		Subjects Studied	Exams/Results
	From	To		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Training/Courses Taken

Hobbies & Interests

Criminal Convictions

Have you ever been convicted of a criminal offence? _____ (Yes or No)

If "YES", please give details (under the Rehabilitation of Offenders Act 1974, spent convictions need not be declared) _____

I certify that the information is correct

I understand that misrepresentation, falsification or omission of information requested on this application form may be cause for dismissal. Prior to any offer of employment being made I understand that I shall have to provide documentary evidence of my eligibility to work in the UK. I consent to the company recording my data and disclosing information on this form to third parties. I also consent to the company contacting my present and/or previous employee for a reference.

Applicant's signature _____ Date _____



Health Declaration

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Applicant's Name _____ Position Applied For _____

Listed below are aspects of health which can make some work activities difficult. In some cases it is impossible to do some jobs because of a health problem. If you think that any of them are, or could be, a difficulty for you please tick the box next to it.

Allergies		Heart disease or disorder	
Back Problems/injury lifting/bending		Limited or impaired vision	
Blackouts (or Faints)		Migraine	
Breathing (e.g. Asthma)		Nervous Disorder	
Bronchitis		Skin disorders (e.g. Eczema)	
Colour Vision		Speech	
Diabetes		Standing	
Dyslexia		Tuberculosis	
Epilepsy		Use of hands/arms/feet/legs	
Eyesight requiring glasses		Walking	
Hearing		Working at height	

Please answer the following questions:

1. Are you disabled? YES / NO
2. Have you ever been advised by a Doctor to avoid a specific situation or working environment? YES / NO
If yes, please give details in the box below.
3. Are you taking any medication or receiving any medical treatment which may affect you at work? YES / NO
If yes, please give details in the box below.
4. Do you have to visit the Hospital / Doctor for treatment or check ups on a regular basis? YES / NO
If yes, please give details in the box below.
5. Do you suffer from any other condition or disability which could affect your ability to do the job? YES / NO
If yes, please give details in the box below.

Details:

Applicant's Signature _____ Date _____