



APPLICATION FOR EMPLOYMENT

- ❖ Please use **black ink** and CAPITAL LETTERS when filling out this form.
- ❖ Complete all questions and where applicable tick the correct answer.

Position applied for _____

Personal Details

Title	Mr / Mrs / Miss / Ms / Other (please state)
First Name (s)	
Surname	
Address	
Postcode	
Daytime Telephone Number	
Evening Telephone Number	

National Insurance Number					
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	Yes	No
Do you have the right to take up employment in the UK and, if necessary, hold a Work Permit?		
Do you consider yourself disabled under the Disability Discrimination Act?		
Are you aware of any physical or mental condition, which may impair your ability to perform your duties?		
Are you prepared to work overtime provided that you are given sufficient notice?		
The company requires you to be trained in all areas of the production process. Are you willing to move to different departments as required?		
Do you wear glasses or contact lenses?		
Are you a smoker?		
Have you ever been convicted of a criminal offence?		

If yes, please give details

Your educational and training details



Please give details of: -

1. Any qualifications you have achieved: -

Qualification	Subject	Grade	Date

2. Any courses you have attended: -

Employment History

Please give details of your previous employment for the last five years: -

Name and address of employer	Start date	Finish date	Brief details of duties	Reason for leaving

Do you have any other skills that you think will be useful when we consider your application?

Please give the names and addresses of two references.

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When can you start work? ____/____/____

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Medical Questionnaire



Please complete the questionnaire below. The information is requested as a result of the information you provide you may be referred to the company doctor so that an independent medical can be carried out.

Please tell us if you have ever:	Please tick	Please give details
Had an operation		
Been seriously injured		
Received in-patient treatment for a physical or mental condition		
Been refused or dismissed from employment for health reasons		
Received a disability pension		
Been registered disabled		
Been made ill by your work		
Been refused a drivers licence because of ill health		

Do you suffer from or have you ever had:	Please tick		Please tick
Diabetes		Skin Rashes	
High Blood Pressure		Anaemia	
Asthma		Headaches (frequent)	
Cough (frequent)		Heart Problems	
Rheumatic Fever		Chest Problems	
Arthritis		Fainting or dizziness	
Epilepsy / Fits		Hay Fever	
Shortness of Breath		Jaundice	
Swelling of legs / ankles		Period or Prostrate Problems	
Varicose Veins		Rupture	
Back Problems		Ear Problems	
Eye Problems		Nervous Disorder	

	Yes	No
Do you take medicine regularly?		
Do you need glasses to read?		
Have you ever worked in a dusty environment?		
Have you ever had a head injury?		
Have you ever worked in a noisy environment?		

DECLARATION: -

I declare that the information I have given on this form is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed. I hereby give my consent to the Company processing the data I have supplied on this application form for the purpose of recruitment and selection.

Signed: - _____ Date: - ____/____/____