



Application for the position of

Please Note:

This post is not protected by the rehabilitation of offender's act 1974. You must disclose all information about all convictions/cautions and pending convictions/cautions (if any) in a court of law, no matter when they occurred. In the event of employment, failure to disclose all previous convictions/cautions and pending convictions/cautions (if any) this could result in dismissal. Please use the space below to give details (if any) if none please write "NONE".

.....
.....
.....
.....

Christian name:

Surname:

Maiden Name:

Address:

E-mail

Telephone Number:

Date of Birth:

Marital Status:

Family Dependants and ages:

N.I Number:

Driving License Number

Name and Address of person to contact in event of an emergency:

.....

.....

Date Available for duty:

Previous Employment starting with present or last employment:

Name and Address	Dates	Position Held	Reason for Leaving

Details of previous experience/qualifications and any other relevant information (please continue on a separate sheet if necessary)

.....

.....

.....

.....

Names and addresses of two references including present or last employer if employed, (please give complete addresses

	Address	Tel No

--	--	--

Medical Questionnaire

Please answer yes and give details if you have suffered from any of the following.

Asthma, Hay Fever or nettle rash

Skin Trouble (Dermatitis, eczema ect)

Heart or Chest Problems

Blackouts or Fits

Lung or Breathing Problems

Back Problems

Rheumatism or Arthritis

High Blood Pressure

Frequent Headaches

Tiredness or weariness

Varicose veins

Diabetes

Have you ever had an operation, if so what for

Seriously injured

Disabled

Made Ill by work

Are you sensitive to any foods or drugs?

Do you wear glasses/ lenses or use a hearing aid?

Applicant to sign: Date:

Manager