

APPLICATION FORM
Confidential Application For Employment

Company Address:

The Manor House

Fore Street, Seaton
Devon, EX12 2AD
Tel. 01-297-22433

1. Position applied for:

Date on which employment could commence:

2. Prepared to work: Full time Part time Nights

3. Personal Details: Last Name

First Name

Address

.....

.....

Telephone Number

Date of Birth

Marital Status: Single Married Divorced Widowed

Do you own a car: YES NO

Do you have a current driving license: Provisional Full HGV No

Do you have any current endorsements? YES NO (If yes, give details)

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Are you in good health: YES NO

Have you had problems with your back: YES NO

Are there any disabilities which may affect your application: YES NO

If yes, give details

Are you registered disabled: YES NO RDP No.

Do you speak or read a foreign language: YES NO

If yes, give details

4. Education

Schools attended from age 11	Start Date	Finish Date	Examinations

5. Further Education

Place of education	Start Date	Finish Date	Type of Training	Qualifications

6. Employment history

Please give details of current and previous employment in reverse chronological order (present or recent job first)

Start Date	End Date	Employer	Position Held	Reason for Leaving

7. Interests and hobbies: (give details of pastimes, sports, etc.)

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Offices held in social/sports clubs etc.:

8. Public duties undertaken: (JP, local councillor, etc.)

.....

9. Have you ever been convicted of a criminal offence: Yes No
(Declaration subject to the Rehabilitation of Offenders Act)

10. Are you a member of a professional organisation or trade union: Yes No
(If yes, which)

11. Do you need a work permit to work in the U.K.: Yes No

12. If offered this position, will you work in any other capacity: Yes No
(If yes, please give details)

13. Personal Referees (not family members):

(1) Name

Address

.....

Occupation

Telephone Number

(2) Name

Address

.....

Occupation

Telephone Number

14. If you wish to do so, please give details of next of kin who should be contacted in case of an emergency:

Name

Address

.....

Relationship

Daytime Telephone Number

Evening Telephone Number

Signature of applicant

Today's Date

Confidential Medical Questionnaire

Please complete the questionnaire below which is designed in order that your health, safety and welfare in our home can be appropriately managed.

Have you or do you suffer from:

	No	Yes	If yes, please give details
Heart or chest problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lung or breathing problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatism or arthritis	<input type="checkbox"/>	<input type="checkbox"/>	_____
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tiredness or weariness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swollen legs or ankles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	_____
Back problems of any sort	<input type="checkbox"/>	<input type="checkbox"/>	_____

Have you ever been:

	No	Yes	If yes, please give details
Operated upon	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seriously injured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	_____
Made ill by your work	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you need to:

	No	Yes	If yes, please give details
Wear glasses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Take any regular medication	<input type="checkbox"/>	<input type="checkbox"/>	_____

	No	Yes	If yes, please give details
Have you ever been refused employment or dismissed from employment for health reasons	<input type="checkbox"/>	<input type="checkbox"/>	_____

To the best of my knowledge the information I have given in this questionnaire is correct. I realize that if I have knowingly given incorrect information I could be dismissed.

Name: _____

Signature: _____

Date: _____