

EDUCATION

Schools	from	to	Examination and results
College/University	from	to	Courses and results
Further education and formal training	from	to	Courses and results

Professional membership and qualifications (Enclose copies of Professional Certificates)

Please outline the skills and experience you have gained through paid employment and other work activities and interests which are relevant to your application for this job.

Declaration : The facts set forth in this application for employment are true and complete. Furthermore, I declare that any mis-statement by me herein will render this application and any subsequent employment contract invalid and liable to termination without notice on discovery of the untruth.

Date Signature

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

Name and address of Employer	From		To		Starting salary	Leaving salary	Name of supervisor
	Mo	Yr	Mo	Yr	£ per	£ per	
	Job title: Describe the work you did:						
	Reason for leaving:						
Telephone							
Type of business							

Name and address of Employer	From		To		Starting salary	Leaving salary	Name of supervisor
	Mo	Yr	Mo	Yr	£ per	£ per	
	Job title: Describe the work you did:						
	Reason for leaving:						
Telephone							
Type of business							

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	Job title: Describe the work you did:						
	Reason for leaving:						
Telephone							
Type of business							

Name and address of Employer	From		To		Starting salary	Leaving salary	Name of supervisor
	Mo	Yr	Mo	Yr	£ per	£ per	
	Job title: Describe the work you did:						
	Reason for leaving:						
Telephone							
Type of business							

I hereby give permission to contact the employers listed above to obtain a reference from them and confirm there is nothing in my past employment history which, should it have been disclosed, may affect any decision process. If such information is uncovered at a later date, this will render any employment contract invalid and liable to termination without notice on discovery of such information.

Signed

PERSONAL REFERENCES

Please give details of two people [not relatives or former employer(s)] we could approach for references

Name
Occupation
Address
Telephone

Name
Occupation
Address
Telephone

PRE-EMPLOYMENT HEALTH QUESTIONNAIRE

One of the conditions of our selection procedures is that we are able to assess your medical suitability for employment. The information you provide on this form will be treated as confidential.

Medical History		Yes	No
	<i>Do you or have you ever suffered from any of the following? (If you respond Yes to any of the following, please underline the appropriate condition and give details on the reverse of this form</i>		
1.	Tuberculosis, pleurisy, asthma, bronchitis or any lung, throat or ear complaint including deafness		
2.	Any disorder of the heart, circulatory system, high blood pressure		
3.	Persistent indigestion, gastric or duodenal ulcer, intestinal complaint or rupture		
4.	Epilepsy or fits		
5.	Any psychological or nervous complaint		
6.	Diabetes, gout or any kidney or bladder complaint		
7.	Any arthritis, slipped disc, rheumatism or any back trouble		
8.	Any dermatitis or other skin complaint or allergic condition		
9.	Any eye complaint including recurrent headaches, migraine, blurred vision or eye discomfort		
10.	Any other significant medical problems		
11.	Do you normally wear glasses or contact lenses		
12.	Have you ever failed a medical examination of any kind		
13.	Have you ever had a repetitive strain injury or an upper limb problem		
14.	Have you ever had any problems relating to alcohol or illegal/prescribed drugs		
15.	How many days have you been unable to attend work through sickness within the last 12 months		day s

Personal details and documents relevant to your employment by the Company which are held on your personnel file and within the computerised system, are only available to authorised personnel and for proper business purposes.

Data Protection Act Clause and Declaration : Pre-Employment Health Questionnaire

Under the Data Protection Act 1998, the general information you have supplied about yourself is known as your personal data. Information about your health, medical history and any treatment that you have received is known as sensitive personal data. Your explicit consent is required before we can process your personal data and your sensitive personal data. Please see the declaration below. By signing this declaration, you will be giving your consent to the Company to process your data.

DECLARATION

I confirm that I have read and understand the above information regarding my personal data and sensitive personal data. I hereby agree and consent to you processing my personal data and sensitive personal data. I declare that all the foregoing statements are true and complete to the best of my knowledge and belief and I am not aware of any other medical condition which might affect my employment.

I understand that any misrepresentation will invalidate my application and, if employed, could lead to my dismissal.

Signed