

APPLICATION FOR EMPLOYMENT

Please print clearly

For office use only	
Possible work Location	Possible Positions

For office use only	
Work Location _____	Pay _____
Position _____	Start Date _____

PERSONAL

Surname	FORENAMES
Address	Telephone numbers Private Business
postcode	Date of birth MARITAL STATUS
Are you legally eligible for employment in the UK?	

Do you have any physical condition which could limit your ability to perform the particular job for which you are applying?

If so please describe how you would be able to perform the job in spite of it.

Do you have a current driving licence? YES/NO. Is it clean? YES/NO. If NO, give details:

Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974? YES/NO.

EMPLOYMENT

Position applied for

Pay expected £ per

Would you work full time? YES/NO. Part time, state days/hours

If offered this position, will you continue to work in any other capacity?

Have you previously worked for us? YES/NO. If YES, when?

On what date would you be available for work?

EDUCATION

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

Professional membership and qualifications

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

EMPLOYMENT HISTORY

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

Name and Address of Company and Type of Business	From		To		Starting Salary	Leaving Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
					£ per	£ per		
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Starting Salary	Leaving Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
					£ per	£ per		
	Describe the work you did:							
Telephone								

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Telephone								

Name and Address of Company and Type of Business	From		To		Starting Salary	Leaving Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
					£ per	£ per		
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s). _____

PERSONAL REFERENCES

Please give details of two people (not relatives or former employers) we could approach for references

Name _____ Name _____

Occupation _____ Occupation _____

Address _____ Address _____

Telephone _____ Telephone _____

The facts set forth in this application for employment are, to the best of my knowledge, true and complete.

Date _____ Signature _____

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INTERVIEWERS

Interviewer _____ date _____

Comments

Interviewer _____ date _____

Comments

Interviewer _____ date _____

Comments

REFERENCE CHECK

* Position Number	Results of Reference Check	* Position Number	Results of Reference Check
I		IV	
II			
III			
*as per page 3			

Pre - Employment Medical Questionnaire

1 Personal Details

Post applied for	Department
Surname	Forename
Date of Birth	Telephone
Address	
Name of GP	
GP Address	

2 Occupational History

Has your employment ever been terminated on the grounds of ill health? yes no

Approximately how many days/week sickness absence did you have?

In the last twelve months In the twelve months prior to that

3 A Medical History

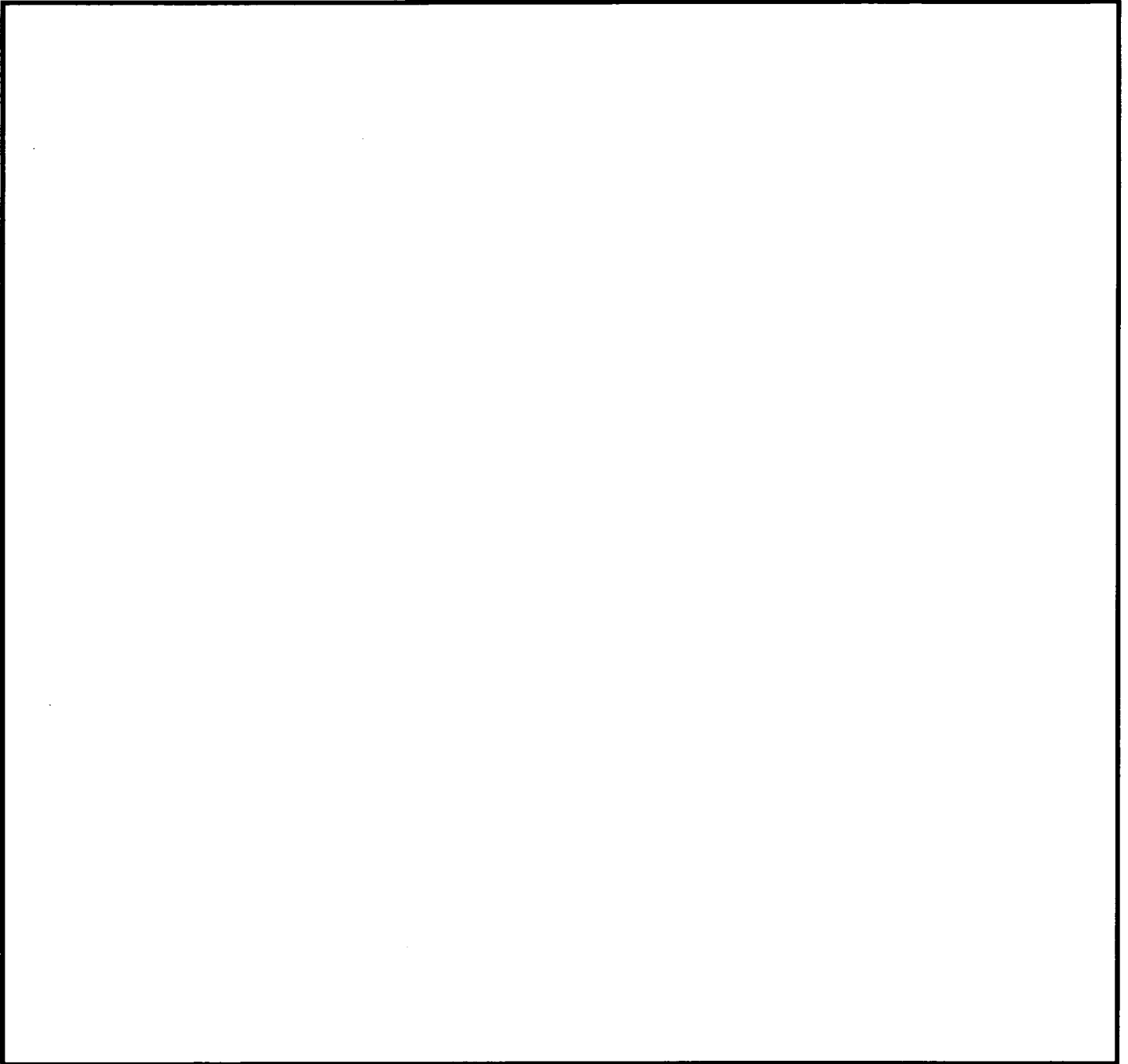
What is your height?	What is your weight?
How many units of alcohol do you consume weekly?	
Do you smoke?	
Are you currently taking prescribed medicine?	
Are you currently under the care of a doctor or other medical professional?	
When did you last consult your GP and why?	

3 B Are you currently suffering from or have suffered from any of the illnesses listed below:

- | | | | |
|--|---|---|---|
| Heart trouble
<input type="checkbox"/> yes <input type="checkbox"/> no | Lung Disease
<input type="checkbox"/> yes <input type="checkbox"/> no | Stomach/bowel trouble
<input type="checkbox"/> yes <input type="checkbox"/> no | Jaundice/hepatitis
<input type="checkbox"/> yes <input type="checkbox"/> no |
| Joint Problems
<input type="checkbox"/> yes <input type="checkbox"/> no | Diabetes
<input type="checkbox"/> yes <input type="checkbox"/> no | Allergies
<input type="checkbox"/> yes <input type="checkbox"/> no | Headaches/migraines
<input type="checkbox"/> yes <input type="checkbox"/> no |
| Severe Stress Reaction
<input type="checkbox"/> yes <input type="checkbox"/> no | Serious Accident
<input type="checkbox"/> yes <input type="checkbox"/> no | High Blood Pressure
<input type="checkbox"/> yes <input type="checkbox"/> no | Asthma
<input type="checkbox"/> yes <input type="checkbox"/> no |
| Hernia or rupture
<input type="checkbox"/> yes <input type="checkbox"/> no | Kidney/bladder disorder
<input type="checkbox"/> yes <input type="checkbox"/> no | Back/neck problems
<input type="checkbox"/> yes <input type="checkbox"/> no | Fits/blackouts/epilepsy
<input type="checkbox"/> yes <input type="checkbox"/> no |
| depression/anxiety
<input type="checkbox"/> yes <input type="checkbox"/> no | Hearing/sight problems
<input type="checkbox"/> yes <input type="checkbox"/> no | Skin Problems
<input type="checkbox"/> yes <input type="checkbox"/> no | Surgical Operations
<input type="checkbox"/> yes <input type="checkbox"/> no |

Continued overleaf

If you have answered yes to any questions in section 2 or 3 please give details and approximate dates where relevant.



I hereby declare that the information I have given is full and true to the best of my knowledge. I understand that if at a later date it is discovered that I have knowingly withheld medical information, disciplinary action may be taken against me which may include dismissal.

Signature _____

Date _____

DISABILITY : MONITORING FORM

In accordance with its equal opportunities policy, the Company will provide equal opportunities to all employees and job applicants and will not discriminate on the ground of disability.

In order to enable the Company to ensure compliance with our policy statement, a system of disability monitoring has been set up. We have only asked for your name so that monitoring can take place both at the short-listing for interview and at the appointment stages. Once an appointment has been made, the data on this form will be stored on computer in an anonymised format. The form will then be destroyed.

You may, of course, decide not to answer one or any of these questions, but if you do respond, all information provided will be treated in confidence and will be used solely for the purpose of providing statistics for disability monitoring. The monitoring form does not form part of your application for employment and will therefore be detached from it on receipt and stored separately. You can always mail this form separately if you wish. Thank you for your assistance in completing this form.

Name:	
Post title:	

The **Disability Discrimination Act 1995** defines disability as a “physical or mental impairment which has a substantial and long-term effect on the person’s ability to carry out normal day-to-day activities”.

Do you consider yourself to have a disability?	No	
	Yes - physical disability	
	Yes - mental disability	
	Used to have a disability but I have now recovered	
	Prefer not to say	
If you do have a disability, please give further details:		

For the purposes of compliance with the **Data Protection Act 1998**, I hereby confirm that by completing this form I give my consent to the Company processing the data supplied on it for the purpose of disability monitoring.

Signed:.....

Date:.....

DO YOU HAVE ANY DISABILITY

Use this form to tell us what we can do to help you complete your job application or attend an interview.

Document Options Ltd welcomes applications from disabled people and wishes to ensure that all candidates have a fair and equal opportunity to demonstrate their skills and abilities in the selection process. If there is anything you think we should take into consideration to ensure that the short-listing for interview process is fair in relation to people with disabilities, please give details below and return this form with your application:

.....
.....

In order to assist us further, please give details of any specific arrangements or adjustments you would require to attend an interview. For example:

- Wheelchair access
- Induction loop
- Written material in large print (please specify size of font required:.....)
- A reader or sign language interpreter
- Keyboard for written tests
- Personal support or assistance (please give details)
.....
- Accessible parking
- Any other assistance (please give details)
.....

If you would prefer to discuss your particular requirements in confidence, please contact Brian Geer.

Finally, if your application for employment is successful, there will be an opportunity in due course for you to discuss any adjustments to working arrangements or to the workplace itself that may be required to enable you to carry out your job duties.

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