



APPLICATION FORM STAFF

Please complete this form clearly, in your own handwriting.

Position required.

How did you learn of this vacancy (if advert, give newspaper)

Salary required

Notice required by present employer

PERSONAL DETAILS *Delete as appropriate

Surname	Mr./Mrs./Miss*	Address
First Names		Telephone No.
Maiden Name (if applicable)		
Marital Status	Date of Birth	Age
Number of children under 16yrs	Country of Birth	Nationality
Ages		
If you are a former employee give position	In cases of emergency, a contact will be necessary. Please give details of relevant/next of kin.	
Dates	Name	
	Address	
If you have any relatives employed by The Company give Name of relative	Relationship	
Relationship	Telephone No.	
Do you hold a current Driving Licence ? Yes/No	Are you a householder ? Yes/No	

WORK PERMIT If you are NOT a national of the UK or another EEC country, please complete this section

Do you have a Work Permit Yes/No	Name and address of employer with whom it was issued
If yes, date of issue	
Life of Permit	
Type of work permitted	

HOBBIES AND INTERESTS

Please give details

EDUCATION

	School or College	from	to	Qualifications obtained (Subjects and grades)
Secondary Education (from age 11)				
Higher Education (Full-time)				

TRAINING - Professional

College/University/Other establishment	from	to	Subjects covered/Qualifications obtained

TRAINING - Short courses within the last three years

Organisers	date	length of course	Course title and topics covered

PREVIOUS EMPLOYMENT (Give most recent employer first)

Name and address of employer	Dates		Job Title	Turnover and No. of employees	Earnings		Reason for leaving
	from	to			Commencing Salary	Final Salary	
1							
2							
3							

ADDITIONAL INFORMATION to "Previous Employment" Section

Give brief details of duties, responsibilities and indicate relationships to superiors, subordinates, of your current/most recent employer

Outline briefly, your major career developments to date and how you see your future

MEDICAL HISTORY

The information you give will be kept entirely confidential and is needed to ensure the safety of you and others. Any points of uncertainty can be discussed further during your initial interview.

Please indicate if any of the following apply or have applied to you in the past. Please give details below where appropriate.

	Yes	No
Circulatory problems such as varicose veins, phlebitis, thrombosis ?	<input type="checkbox"/>	<input type="checkbox"/>
Heart problems such as angina, high blood pressure, heart attack ?	<input type="checkbox"/>	<input type="checkbox"/>
Chest problems such as asthma ?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes ?	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or fainting attacks ?	<input type="checkbox"/>	<input type="checkbox"/>
Skin disorders ?	<input type="checkbox"/>	<input type="checkbox"/>
Recent operation or fracture ?	<input type="checkbox"/>	<input type="checkbox"/>
Any current medication ?	<input type="checkbox"/>	<input type="checkbox"/>
Back trouble, arthritis, rheumatism ?	<input type="checkbox"/>	<input type="checkbox"/>
Injury to bones, joints, tendons, including wrist tendons ?	<input type="checkbox"/>	<input type="checkbox"/>
A claim for industry with high noise levels ?	<input type="checkbox"/>	<input type="checkbox"/>
Any other significant health problems (eyes, hearing, skin) ?	<input type="checkbox"/>	<input type="checkbox"/>

Details:

WARNING

All offers of employment are made subject to satisfactory references.

I declare that the information given on this form is correct to the best of my knowledge and I agree to abide by the terms and conditions operating within the company.

Signed _____ Date _____

FOR OFFICE USE ONLY

Commencing date	Reference requested
Position	Reference received
Dept	Applicant Health Questionnaire
Salary	Handbook S.T.C.E.
Points	Rejected/Engaged by Date
Employee No.	

Personnel Department _____ Date _____