Unit 8 Shawlands Court
Newchapel Road
Lingfield
Surrey RH7 6BL

Application for Employment

Personal Details

Please complete in block letters.

Application for employment as:	

Surname:		Forenames:	
Title: Mr ❑ Mrs ❑ Miss ❑ Ms ❑ Other			
National Ins No:		Any Former Name:	
Home Address: Postcode:			
Home Phone No:		Mobile Phone No:	

Education and Training

From	To	Place	Qualifications/Grades

Details of any other courses, qualifications or training

From	To	Place	Qualifications/Grades

Please tell us why you have applied and give examples of things you have done that make you particularly suited to the job (continue on a separate sheet if necessary)

Work History

Present or Last Employer	
Business Name:	
Address:	
Job Title:	
Dates Employed	From: To:
Duties:	
Rate of Pay:	
Reason for Leaving:	

Please give details of your last two jobs before the one above:	
Business Name:	
Address:	
Job Title:	
Dates Employed	From: To:

Business Name:	
Address:	
Job Title:	
Dates Employed	From: To:

Please give details of any gaps in the employment dates above.

Other Information

Are you eligible to work in the UK and hold any necessary work permit?	Yes ❑ No ❑

Do you hold a full UK driving licence?	Yes ❑ No ❑

If so is it free from endorsements?	Yes ❑ No ❑

If no please provide details	

Have you ever been convicted of a criminal offence?	Yes ❑ No ❑
(declaration subject to the Rehabilitation of Offenders Act 1974)	

If you have answered yes please give full details below

If you have a disability please tell us about any adjustments we may need to make to assist you at interview

Referees

Please give details of two referees one of whom should be your current or most recent employer. The other, preferably a former employer or professional person must not be a relative or partner.

Referee 1	Referee 2
Name: Address: Phone No: Relationship:	Name: Address: Phone No: Relationship:

Pre-employment Medical Questionnaire

Have you ever had employment terminated on the grounds of ill health?	Yes ❑ No ❑

How many days sickness absence did you have in the last twelve months?	

What is your height:		What is your weight:	

What is your weekly alcohol consumption:	(units per week)	Do you smoke?	Yes ❑ No ❑

Are you currently under the care of a doctor or other medical professional?	Yes ❑ No ❑

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

Heart trouble ❑ yes ❑ no	Lung disease ❑ yes ❑ no	Stomach/bowel trouble ❑ yes ❑ no
Jaundice/hepatitis ❑ yes ❑ no	Joint Problems ❑ yes ❑ no	Headaches/migraines ❑ yes ❑ no
Diabetes ❑ yes ❑ no	Allergies ❑ yes ❑ no	Severe stress reaction ❑ yes ❑ no
Serious accident ❑ yes ❑ no	High blood pressure ❑ yes ❑ no	Asthma ❑ yes ❑ no
Hernia or rupture ❑ yes ❑ no	Kidney/bladder disorder ❑ yes ❑ no	Back/neck problems ❑ yes ❑ no
Fits/blackouts/epilepsy ❑ yes ❑ no	Depression/anxiety ❑ yes ❑ no	Hearing/sight problems ❑ yes ❑ no
Skin problems ❑ yes ❑ no	Surgical operations ❑ yes ❑ no	Mobility problems ❑ yes ❑ no

If you have answered "yes" to any of the above items please give details and approximate dates where relevant on a separate sheet. This is particularly important where you have a qualifying disability under the Disability Discrimination Act 1995, as it will enable us to identify what, if any reasonable adjustments can be made.

Ethnic Monitoring Categories

We operate a policy of equal opportunity for employment and advancement. To assist the monitoring of this policy, and for that purpose only, please provide details of your ethnic origin.

WHITE	MIXED	ASIAN OR ASIAN BRITISH	BLACK OR BLACK BRITISH	CHINESE/OTHER ETHNIC GROUP
❑ British	❑ White & Asian	❑ Bangladeshi	❑ Caribbean	❑ Chinese
❑ Irish	❑ White & Black African	❑ Indian	❑ African	❑ Any other background:
❑ Any other white background:	❑ White & Black Caribbean	❑ Pakistani	❑ Any other Black background:	. . . . .
. . . . .	❑ Any other mixed background:	❑ Any other Asian background:	. . . . .	
	. . . . .	. . . . .		

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

Signature . . . . . Date . . . . . .