



Station Yard, Langton Hill, Horncastle, Lincolnshire. LN9 5AQ
Tel: 01507 522444 Fax: 01507 525439

APPLICATION FOR EMPLOYMENT
CONFIDENTIAL

Name _____

Position applied for _____

For official use only

Applicant invited for interview _____

Date _____

Time _____

References _____

Start date _____

Rate of pay _____

Additional details _____

Evidence of eligibility to employ under the Asylum & Immigration Act 1996

Please complete your name and the position you are applying for on the front of this form. Please state on a separate sheet how you satisfy the essential and desirable attributes for the job and any additional information you think may be relevant.

PERSONAL DETAILS

Full Name _____

Address _____

Postcode _____

Tel. Number _____

EDUCATION

Please give brief details of your education and qualifications.

School/College	*From	*To	Qualifications

EMPLOYMENT TO DATE

Starting with your current or last employment, please show details of previous employment since leaving school. Please continue on separate sheet if necessary.

*From	*To	Company	Position	Reason for leaving

What is your current salary/wage? _____

What notice do you have to give your current employer? _____

Please give the name and address of two people, one of which must be your current/last employer. We will only contact your referees if we are going to offer you employment. Please indicate the status of the referee by ticking the appropriate box.

Name	Name
Address	Address
Employer <input type="checkbox"/>	Colleague <input type="checkbox"/> Other (please state) <input type="checkbox"/>

If you consider yourself to be disabled (within the meaning of the Disability Discrimination Act 1995) are there any adjustments you require in order to attend for interview?

This Company complies with the requirements of the Data Protection Act 1998 and any associated Codes of Practice. At this stage of the recruitment process, you need only provide information already requested. If you decide at this stage of the recruitment process, you do not wish to provide the following additional information, your application will not be disadvantaged in any way. However you will be asked to provide this additional information if you are short listed for interview. If you choose not to answer the following questions at this stage, please sign the declaration at the end of the application form.

***HEALTH AND FITNESS**

Please give details of any medical treatment you are receiving at present. Please include the names of any medication you are taking.

***Have you had any serious illness or operation in the last 10 years? YES/NO**

If yes, please give details and dates _____

***Have you ever made a claim for an Industrial Disease or Injury? Please give details.**

***Do you now, or have you ever suffered from any of the following? If the answer is yes, please tick the box and give dates and details below.**

- | | | | |
|---------------------------------|--------------------------|----------------------------|--------------------------|
| Dermatitis/Eczema | <input type="checkbox"/> | Heart Trouble | <input type="checkbox"/> |
| Skin Cancer | <input type="checkbox"/> | TB | <input type="checkbox"/> |
| Ulcers (e.g. gastric, duodenal) | <input type="checkbox"/> | Sclerosis | <input type="checkbox"/> |
| Deafness/Ear Infections | <input type="checkbox"/> | Rheumatism/Arthritis | <input type="checkbox"/> |
| Recurrent Back Pain | <input type="checkbox"/> | Alcohol dependency | <input type="checkbox"/> |
| Sinusitis | <input type="checkbox"/> | Fibrosis | <input type="checkbox"/> |
| Tenosynovitis | <input type="checkbox"/> | Fits (e.g. epileptic) | <input type="checkbox"/> |
| Chest Trouble | <input type="checkbox"/> | Fainting attacks/giddiness | <input type="checkbox"/> |
| Eye Disorders | <input type="checkbox"/> | Migraine | <input type="checkbox"/> |
| Bronchitis/Asthma | <input type="checkbox"/> | Nervous breakdown | <input type="checkbox"/> |
| Hay Fever | <input type="checkbox"/> | Mental disorders | <input type="checkbox"/> |
| Rheumatic Fever | <input type="checkbox"/> | Drug dependency | <input type="checkbox"/> |

Details and dates

***Have you worked in an industry with high noise levels or been exposed to the use of hand held vibratory tools? Please give details and dates.**

***OTHER INFORMATION**

<p>Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>If YES, please give details</p>
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If you are invited for interview, you will be asked to provide evidence that you are eligible to work in this country in compliance with the requirements of the Asylum and Immigration Act 1996.

If you are unsuccessful, your application will remain on file for approximately four months and will then be destroyed.

I hereby certify that all the information I have provided is truthful and accurate. I understand that any false statements may render me liable to dismissal.

Signed _____

Dated _____

*You do not need to provide information marked with an asterisk at this stage. If you choose to provide this information it will not be used in a discriminatory manner. However should you choose not to provide this information on this application, you may be required to provide this information if invited for interview.