



EMPLOYMENT HISTORY (Present or most recent employer first)

Name, Address & Tel. No: (Nature of Business)	Position and Main Responsibilities	From	To	Leaving Salary	Reason for Leaving

What date can you commence?

Please give details of any holiday commitments during the next 12 months?

Give the name of any relations or friends (past or present) who may have worked for us:

Details of any relevant experience / training in support of your application and why you wish to apply for this job? (Continue on a separate sheet if required)

Do you hold a valid Driving License? Yes No .

Do you require a work permit Yes No (Driving licence holders may be expected to drive the Employers vehicles)

Details of any Driving Convictions:

Details of other Pending Convictions:



Important: Because of the sensitive nature of the duties and in order to protect our clients you are required by law that all criminal record or convictions, cautions, reprimands, final warnings and convictions or other information that has a bearing on your suitability for the post to be disclosed.

Please note that the post for which the application has been made is exempt from section 4(2) of the Rehabilitation of Offenders Act 1975.

Only relevant convictions or other information will be taken into account so your disclosure of the above need not necessarily prevent you obtaining the position.

Give details, if any, of the above:

Do you have an Enhanced Criminal Record Certificate (Police check – CRB disclosure) Yes No
If yes, give date of the last one held

REFERENCES:

Please give the names, addresses and telephone numbers of 3 people who may be contacted to provide references, 2 of whom **MUST** be your present or recent employers. You should **not** give friends or relatives as referees.

<p>1. Present / Recent Employer:</p> <p>Name:</p> <p>Title/ capacity:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Post Code: Telephone No.....</p>	<p>3. Present / Recent Employer:</p> <p>Name:</p> <p>Title/ capacity:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Post Code: Telephone No.....</p>
<p>2. Present / Recent Employer:</p> <p>Name:</p> <p>Title/ capacity:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Post Code: Telephone No.....</p>	<p>I hereby declare that the information given on this form is correct and complete, and that any misleading statements may be sufficient for canceling any agreements made and employment will be terminated with immediate effect, with no recourse of notice or pay in lieu. I understand that all declarations include details of any criminal records or convictions, cautions, reprimands, final warnings and any other information that may have a bearing on my suitability for the post.</p> <p>Application's Signature:</p> <p>Date</p>

I declare that I am physically & mentally fit to carry out my duties for the position I am applying for.

Sign

Health Questionnaire

All information is held in confidence

1.	Yes	No		Yes	No
Have you ever suffered from:					
Back related problems	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Nervous Breakdown/mental disorder	<input type="checkbox"/>	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Heart or circulatory illness	<input type="checkbox"/>	<input type="checkbox"/>
Migraines	<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders or anaemia	<input type="checkbox"/>	<input type="checkbox"/>
Dysmenorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent attracts of diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any of the above please give details:

2.	Yes	No	9.	Yes	No
Have you ever had any major accidents or head injuries?	<input type="checkbox"/>	<input type="checkbox"/>	Have you been immunised against:		

If yes, please give details

Rubella (German Measles)

Tuberculosis

3.	Yes	No		Yes	No
Have you ever had any major operations or illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please give details

Hepatitis B

Polio

4.	Yes	No		Yes	No
Do you have or are a carrier of any communicable diseases?	<input type="checkbox"/>	<input type="checkbox"/>	10.		

If yes, please give details

Do you have any allergies? (eg. Penicillin)

5.	Please give details of you height		Weight	Blood Group.....
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6.	Yes	No		Yes	No
Are you currently receiving any medication or treatment?	<input type="checkbox"/>	<input type="checkbox"/>	11.		

If yes please give details.....

Are you a smoker

Are you pregnant

Have you ever been refused employment on health grounds?

7.	How many days off sick have you had in the last 12 months?.....	
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8.	Name, address and telephone number of next of kin	
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