



# Application Form

Name: ..... Address: .....

DOB: .....  
.....  
.....

Postcode: .....

Telephone No: .....

National Insurance No: .....

Nationality: .....

First Language: .....

Marital Status: .....

Next of Kin: Relationship: .....

Address: .....

Telephone No: .....

Qualification(s): ..... Date: .....

.....  
.....  
.....

General Education:

School/College	Date From	Date To	Qualification Obtained (if any)



In the space provided fill in the position you wish to apply for and, in a few short sentences, reasons why you would feel you are suited for this role based on your experiences, personality and work ethic.

Position: .....

Reasons for application:

.....  
.....  
.....

### EMPLOYMENT HISTORY

Employer's Name	Dates Worked (eg 1988-1990)	Job Title	Nature of Work

Below could you fill in details of two previous employers from the above list that we can write to for a reference, the person must NOT be related to you.

	Employer 1	Employer 2
Employer's Name		
Address		
Start Date		
Finish Date		
Salary		



MEDICAL HISTORY (PLEASE TICK WHERE RELEVANT)

Have you ever had, or have now?	Yes	No	Have you ever had, or have now?	Yes	No
Asthma or wheezing			Difficulty in hearing		
Back trouble or back pain			Epilepsy, fits or convulsions		
Shortness of breath			Depression/Mental illness		
Cancer			Heart trouble		
Chest pain or pressure			Pain in knee, ankle or foot		
Chronic cough			Head injury		
Dizziness or passing-out spells			Pain in shoulder, arm or hands		
Diabetes or excess sugar			Frequent/severe headaches		
High Blood Pressure			Kidney/Bladder trouble		
Blood Disorders			Jaundice		
Typhoid/Dysentery			Pneumonia/Bronchitis		
Hernia			Arthritis/Rheumatism		
Skin Trouble of any kind			Frequent sore throats/ear infections		
Hearing Defects			Disease of bones/joints		
Any other serious illnesses/operations (if yes give details below)			Hay fever or any other allergies		

	Yes	No	Details
Do you have any physical complaint or disability?			



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If you have answered yes to any of the medical questions asked please give details, including dates, duration and recurrences etc.

Do you suffer from any illness not included in the above list which might place you or the client at risk in fulfilling the requirements of this post? (If so state below)

Number of days sickness absence from work in the last two years?

Present Health – Are you

Taking any medicines, tablets, injections or special diets regularly? (If so state below)

Under the care of a hospital consultant, on a waiting list for hospital treatment or pregnant? (If so state below)

I hereby certify that I have read and understood the above questions and answered them to the best of my belief and knowledge. If any of my statements or details are proven to be false then I understand that I would be subject to instant dismissal.

I declare that all answers are true and complete to the best of my knowledge and belief and consent to further enquiries being made from GP or other medical attendants if necessary.

PRINT NAME: .....

DATE: .....

SIGNATURE:



## EQUAL OPPORTUNITIES MONITORING FORM

### Information to applicants:

Completion of this form is optional. The information requested is intended to meet the requirement of the codes of practice published by The Commission for Racial Equality in 1984 and The Equal Opportunities Commission 1985

All applicants for employment will be given equal opportunity irrespective of their sex, marital status or ethnic origin in all aspects of employment and training. The company is committed not only to the letter of the law but also to the promotion of equality of opportunity in all fields. This includes provision for the needs of persons with physical disadvantages and spent convictions (except in those posts which are statutorily exempt from the provisions of the Rehabilitation of Offenders Act 1974).

It is part of our communication and implementation practice that the provisions of this policy are brought to the attention of all applicants and that all appointment decisions are monitored by the Company Personnel Officer.

To help us carry out this monitoring process, we invite you to provide the following information by putting a circle around the relevant codes which apply to you.

### ETHNIC ORIGIN

#### Description

Africa	AA
Asian including East Africa Asian	AB
The Caribbean	AC
UK and Eire	AD
Other European Countries	AE
Other Countries not included in A to C	AF

### MARITAL STATUS

#### Description

Single	MA
Married	MB
Seperated	MC
Divorced	MD
Widowed	ME

In order for you to commence employment with our company, it is mandatory for you to hold a CRB (Criminal Records Bureau Check). The company will cover the expense providing you remain in our employment for 12 months. Failure to comply with the above condition will give the company the right to claim the cost of the CRB check back from the employee / applicant as well as any other additional costs incurred.



COUNTRY COURT  
— CARE —

## ***Application Form***

The company will supply a uniform at the cost of the employee / applicant. The cost of the uniform is \_\_\_\_\_ and the company will reimburse the cost of the uniform providing the applicant / employee stays in our employment for 12 months.