

# STAFF APPLICATION FORM



**PRIVATE AND CONFIDENTIAL**

REF. No:

Return this form to:

**POSITION APPLIED FOR**

Surname

Forenames

Title

Address

Postcode

Telephone Number:

NI Employment Number

Current driving licence? **Yes/No** Details of any endorsements:

Groups:

Expiry Date:

Are there any restrictions on you taking up employment in the UK? **Yes/No** If yes, provide details.

## EDUCATION HISTORY

Schools, Colleges and University.

Qualifications gained

## NAME AND ADDRESS OF CURRENT EMPLOYER

JOB TITLE

DUTIES

DATES EMPLOYED, FROM

TO

RATE OF PAY

REASON FOR LEAVING

Notice required from current post:

**OTHER EMPLOYMENT** Please note any other employment you would continue with if you were successful in obtaining this position.

**EMPLOYMENT HISTORY** Please complete in full and use a separate sheet if necessary.

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NAME AND ADDRESS OF EMPLOYER

JOB TITLE

DUTIES

DATES EMPLOYED, FROM

TO

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## REFERENCES

Please note here the names and addresses of two persons, from whom we may obtain both character and work experience references.

<b>1</b>	<b>2</b>
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## CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders (Northern Ireland) Order 1978. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory disclosure of criminal records.

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## HEALTH DETAILS

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? **YES/NO**

Please specify any special arrangements for work associated with any impairment.

Please specify any special arrangements you will need to attend an interview.

Please list any diseases, disorders, allergies, muscular, musculoskeletal injuries which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for each absences.

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If your answer is yes to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work, employment will be subject to satisfactory medical reports.

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<b>Have you ever had:</b>	<b>YES/NO</b>	<b>Additional information to 'yes' response.</b>
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Tuberculosis, asthma, bronchitis or chest problems?	Yes/No	
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Chest pain, heart condition or raised blood pressure?	Yes/No	
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Blackouts, fits or attacks of giddiness?	Yes/No	
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Depression, mental illness or nervous breakdown?	Yes/No	
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Rheumatism or arthritis?	Yes/No	
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Back trouble?	Yes/No	
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Typhoid, paratyphoid or other gland trouble?	Yes/No	
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Have you ever had:	YES/NO	Additional information to 'yes' response.
Digestive or bowel disease?	Yes/No	
Diabetes, thyroid or other gland trouble?	Yes/No	
Bladder or kidney trouble?	Yes/No	
Dermatitis or skin trouble?	Yes/No	
Varicose veins?	Yes/No	
Any other accident, operation or illness?	Yes/No	
Have you any reason to believe you may be infected with any communicable disease?	Yes/No	
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	Yes/No	
Do you intend to work night duties on a regular basis?	Yes/No	
Any illness or medical condition that prevent you from attending work on your normal duties or activities for more than one week during the past year?	Yes/No	
Any physical impairments, including defect of sight or hearing? If yes, please specify any special needs in relation to your disability.	Yes/No	
Do you smoke?	Yes/No	
How many units of alcohol do you drink per week? one unit = half pint beer = 1 glass of wine = 1 single whisky		<input type="text"/>

**DECLARATION** Please read this carefully before signing this application.

**1** I Confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

**2** Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

**3** I agree that should I be successful in this application, I will, if required, apply for disclosure of criminal records. I understand that should I fail do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

**SIGNED**

**DATE**

