



Application for Employment
You must fill in this form to apply for employment

The post you are applying for

| | | | |
|-------------------------|----------------------|------|--------|
| Personal details | First names | | |
| Address and postcode | Surname | | |
| | Phone numbers | Home | Mobile |
| NI Number | | | |

| | |
|--|---|
| Can you demonstrate that you are entitled to live and work in the UK e.g. a UK passport, a birth certificate, a NI number? Yes <input type="checkbox"/> No <input type="checkbox"/> | Are you required to hold a work permit for this employment? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|---|

| | |
|---|--|
| Your current employer | |
| Name | Salary |
| Address and postcode | Other benefits |
| | Responsible to |
| Type of business | What is your reason for leaving this post? |
| Job title | |
| The date you started your current job The date your employment ended (if this applies) How much notice do you need to give? | |
| Please give a brief description of your duties | |

Membership of professional institutes

| Name of the institute | Grade | The date you gained this level of membership |
|-----------------------|-------|--|
| | | |

Education, training and qualifications

| Please give the name of the school, college or university that you went to | Please list the qualifications you achieved, including the grades (O Levels, A Levels, GCSEs, NVQs, degrees, apprenticeships) | Please give the start and end dates |
|--|---|-------------------------------------|
| | | |

Relevant training courses

| Please give the name of the organising body | Please give details of the course you took | Please give the start and end dates |
|---|--|-------------------------------------|
| | | |

Previous employers (start with your most recent)

| Employer | Job title | Salary | From | To | Reason for leaving |
|----------|-----------|--------|------|----|--------------------|
| | | | | | |

Experience

Please give details of experience and any other information to support your application

Large empty text area for providing details of experience and other information to support the application.

Use and attach extra sheets if you need them

CONFIDENTIAL : HEALTH QUESTIONNAIRE

Please complete the questionnaire below. The information is requested with your interest in mind. As a result of the information you have given, you may be referred to a doctor/nurse appointed by the Company so that a medical examination can be carried out.

| (A) HAVE YOU EVER | YES | NO | PLEASE GIVE DETAILS |
|--|-----|----|---------------------|
| 1. Had an operation? | | | |
| 2. Been seriously injured? | | | |
| 3. Received in-patient treatment for a physical or mental condition? | | | |
| 4. Been refused or dismissed from employment for health reasons? | | | |
| 5. Been refused a driver's licence because of ill health? | | | |

| (B) SPECIFIC MEDICAL HISTORY Have you suffered from: | YES | NO | | YES | NO |
|---|-----|----|--|-----|----|
| 1. Central Nervous System Problems | | | 2. Respiratory System Problems | | |
| a. Migraine | | | a. Bronchitis | | |
| b. Fainting attacks or dizzy spells | | | b. Pleurisy or pneumonia | | |
| c. Epileptic fits or convulsions | | | c. TB | | |
| d. Nervous or mental problems | | | d. Breathlessness | | |
| e. Sleep disorders | | | e. Asthma | | |
| f. Hearing problems | | | f. Hay fever | | |
| g. Headaches (frequent) | | | | | |
| 3. Cardiovascular System Problems | | | 4. Alimentary Tract Problems | | |
| a. Chest pains | | | a. Recurrent indigestion | | |
| b. Heart trouble | | | b. Recurrent diarrhoea | | |
| c. Abnormal blood pressure | | | c. Gastric or duodenal ulcer | | |
| d. Swelling of ankles | | | d. Jaundice or liver problems | | |
| e. Varicose veins | | | e. Ruptures | | |
| f. Deep vein thrombosis | | | | | |
| g. Numbness, tingling or loss of manual dexterity | | | | | |
| h. Other condition symptomatic of Hand Arm Vibration Syndrome | | | | | |
| 5. Skin Problems | | | 6. Musculo-Skeletal Problems | | |
| a. Eczema | | | a. Back pain or trouble | | |
| b. Dermatitis | | | b. Painful swollen joints | | |
| c. Psoriasis | | | c. Arthritis or rheumatism | | |
| d. Other skin irritations or disorders | | | d. Broken bones | | |
| e. Serious burns or skin grafts | | | e. Other injuries | | |
| 7. Ear, Nose and Throat Problems | | | 8. Glandular Disorders Problems | | |
| a. Loss or damage to hearing | | | a. Sugar diabetes | | |
| b. Recurrent nose bleeding | | | b. Thyroid disorders | | |
| c. Discharging ears | | | c. Lymphatic glands | | |
| d. Hay fever | | | d. Breast disorder | | |
| e. Recurrent sore throat | | | | | |
| 9. Miscellaneous Problems | | | Do you take medicine, tablets, or use cream regularly? | | |
| a. Rheumatic fever | | | Do you need glasses to read? | | |
| b. Anaemia | | | Have you worked in a dusty trade? | | |
| c. Prostate problem | | | Have you ever had a head injury? | | |
| d. Eye trouble | | | Do you suffer from any other ailments? | | |

To the best of my knowledge and belief the information given above is correct. Failure to declare information may lead to Disciplinary Action.

Name: Signature:

Date: Job Position:

Date of Birth: HR Manager Authorised:.....

Equal opportunities and employment

Our Approach

We are an equal opportunity employer and oppose discrimination whether on grounds of sex, marital status, age, ethnic origin or disability.

So we may monitor this policy, please answer the following by ticking the appropriate boxes below.

Please note that the purpose of this document is to prevent discrimination. Nobody should be discriminated against by filling in or not filling in this form.

Date

Name Title: Mr, Miss, Ms, Mrs

Sex

Male Female

Age..... Date of birth

Ethnic Origin

I would describe my ethnic origin as:

A. White

British: English Scottish Welsh Other Please write in.....
Irish Any other white background Please write in

B. Mixed

White and Black Caribbean White and Black African White and Asian
Any other Mixed background Please write in

C. Asian, Asian British, Asian English, Asian Scottish or Asian Welsh

Indian Pakistani Bangladeshi
Any other Asian background Please write in

D. Black, Black British, Black English, Black Scottish, or Black Welsh

Caribbean African Any other black background Please write in

E. Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or Other ethnic group

Chinese Any other background Please write in

Disability

Do you consider yourself to be disabled? Yes No

Please describe briefly your disability

Are there any workplace or other adaptations that would help you?

Do you have any special learning or training needs?

Where did you see the post advertised?

Do you hold a current driving licence?

Yes

No

What type of driving licence do you have (for example, HGV, LGV, and so on)?

Have you been convicted of any driving offences or are you waiting to be convicted?

Yes

No

If yes, give details

Please give details of your interests and hobbies.

References

Please give the names and addresses of two referees. Include your present or last employer (or head teacher if you have just left school). We cannot accept references from relatives.

Work

Personal

Work

Personal

Name

Name

Address

Address

What position do they hold?

What position do they hold?

Phone number:

Phone number:

We will only approach your referees if we formally offer employment.

Are you related to or do you know any Roger Bullivant Limited employees?

Please give dates **when you are not** available for an interview.

Please tell us about any convictions that you still have to declare, or proceedings against you that have not begun yet. (Do not disclose any offence now spent under the Rehabilitation of Offenders Act 1974).

I confirm that the details shown above are true and correct and I have not tried to influence any employee for this appointment.

Signature Date.....

Please return this form to:



ROGER BULLIVANT

Human Resources Department
Walton Road, Drakelow, Burton-on-Trent,
Staffordshire DE15 9UA.
Tel: 01283 511115. Fax: 01283 512233.
E-mail: marketing@roger-bullivant.co.uk
Web site: www.roger-bullivant.co.uk

Data Protection Act: We will keep it strictly confidential and will only reveal it for payroll, personnel administration and statistical purposes.