

# APPLICATION FOR EMPLOYMENT

Please include a copy of all parts of driving licence and Driver CPC card

<b>Private and confidential</b>	<b>Grant Palmer Limited</b> Unit 2C West House, Commerce Way Flitwick, MK45 5BP	
Return this form to:		Ref. No
Position applied for		
Name:	Title                      Forename(s)	Surname
Address:		
		Postcode
N.I. number		
Telephone number	Landline	Mobile

<b>Current driving licence?</b>	Yes [ ] No [ ]	Groups:	Expiry date
	Details of endorsements:		

<b>Are there any restrictions on you taking up employment in the UK?</b>
Yes [ ] No [ ] (If Yes, please provide details)

<b>Education</b>	Schools/Colleges/University	Qualifications Gained

**Employment history:** (please complete in full and use a separate sheet if necessary)

<u>From</u>	<u>To</u>	<u>Name and address</u>
		<u>Job title</u> <span style="float: right;"><u>Rate of pay</u></span>
		<u>Duties</u>
		<u>Reason for leaving</u>

<u>From</u>	<u>To</u>	<u>Name and address</u>
		<u>Job title</u> <span style="float: right;"><u>Rate of pay</u></span>
		<u>Duties</u>
		<u>Reason for leaving</u>

<u>From</u>	<u>To</u>	<u>Name and address</u>
		<u>Job title</u> <span style="float: right;"><u>Rate of pay</u></span>
		<u>Duties</u>
		<u>Reason for leaving</u>

<u>From</u>	<u>To</u>	<u>Name and address</u>
		<u>Job title</u> <span style="float: right;"><u>Rate of pay</u></span>
		<u>Duties</u>
		<u>Reason for leaving</u>
		<u>Notice required</u>

**Current membership of professional bodies** Please note any professional bodies you are a member of or are registered with.

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**Other employment** Please note here any other employment that you would continue with if you were to be successful in obtaining this position.

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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.

1. \_\_\_\_\_ 2. \_\_\_\_\_

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Known in the capacity of: (i.e. Manager/Education) \_\_\_\_\_ Known in the capacity of: \_\_\_\_\_

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**Leisure** Please note here your leisure interests, sports and hobbies, other pastimes etc.

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**Criminal record** Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory Disclosure & Barring Certificate from the Disclosure & Barring Service/Disclosure Scotland.

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**General comments** Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification).

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Continued...

**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 to the Disclosure & Barring Service/Disclosure Scotland for a Disclosure & Barring Certificate. I understand that should I fail to 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:**

# HEALTH QUESTIONNAIRE

Form HQ

*Private and confidential*

Ref. No

Date:

Position offered:

Subject to satisfactory health checks)

*If the answer is yes to any of the questions on this form, 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.*

Have you ever had:	Delete as applicable	Additional Information to "Yes" response
Tuberculosis, asthma, bronchitis or chest problems?	Yes/No	
Chest pain, heart condition or raised blood pressure?	Yes/No	
Blackouts, fits or attacks of giddiness?	Yes/No	
Depression, mental illness or nervous breakdown?	Yes/No	
Rheumatism or arthritis?	Yes/No	
Back trouble?	Yes/No	
Typhoid, paratyphoid or other infectious disease?	Yes/No	
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	
Vision or Hearing problems?	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 prevented you from attending work on your normal duties or activities for more than one week during the past year?	Yes/No	
Any physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? If yes, please specify any special adjustments required in relation to work.	Yes/No	
Do you smoke?	Yes/No	
How many units of alcohol do you drink per week? (1 unit = 1/2 pint beer = 1 glass wine = 1 single whisky	[      ]	

*Private and confidential*

Position applied for: \_\_\_\_\_ Ref. No \_\_\_\_\_

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Our recruitment selection criteria and procedures (including the areas or media sources which are used in the recruitment process) are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified.

To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:-

I would describe my ethnic group and sex as:- (please tick one box for your ethnic group and one box for your sex).

**A) White**

English  Scottish  Welsh  Irish

Any other White background, please specify \_\_\_\_\_

**B) Mixed**

White and Black Caribbean  White and Black African  White and Asian

Any other Mixed background, please specify \_\_\_\_\_

**C) Asian, Asian British, Asian English, Asian Scottish or Asian Welsh**

Indian  Pakistani  Bangladeshi

Any other Asian background, please specify \_\_\_\_\_

**D) Black, Black British, Black English, Black Scottish or Black Welsh**

Caribbean  African

Any other Black background, please specify \_\_\_\_\_

**E) Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other Ethnic Group**

Chinese Any other background, please specify \_\_\_\_\_

**F) Sex**

Male  Female

Name: \_\_\_\_\_ Signed \_\_\_\_\_

Date: \_\_\_\_\_