



JOB APPLICATION FORM

Would you please give full information under each heading to provide a complete history. This document will be treated as strictly confidential and enquiries will not be made without obtaining your consent.

POSITION APPLIED FOR:

Please write your name and address in BLOCK LETTERS

PERSONAL DETAILS:

Surname: Forenames:

Mr/Mrs/Miss.Ms: Tel No. Home:

Address: Tel No. Mobile:

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GENERAL INFORMATION:

Nationality:

If you are not a British Citizen or from the EEC do you need a permit to work in Britain? YES/NO

If yes, you will need to produce evidence.

If no, do you have the right to stay in Britain? YES/NO

Do you hold a full current driving licence? YES/NO

Have you any endorsements on your licence? YES/NO

If yes, please state nature and date:

Do you have a criminal record or case pending? YES/NO

If yes, please give details below:

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Do you have any friends or family currently working at Global? YES/NO

SECONDARY EDUCATION:

Name and Address of School/s	Dates		Certificates Obtained
	From	To	

FURTHER AND HIGHER EDUCATION:

Name and Address of College or University	Dates		Certificates Obtained
	From	To	

EMPLOYMENT:

Please list your present or most recent employment first. If appropriate please give details of holiday/weekend jobs and work experience. (Continue on a blank sheet if necessary).

Employers Name, Address and Type of Business	Position Held and Brief Description of Duties	Dates Employed From To		Annual Salary	Reasons for Leaving or Wanting to Leave

Please give reasons for any gaps in employment:

PERSONAL SUMMARY:

Please use the space below to give reasons for your interest in the position you have applied for. (Continue on a blank sheet if necessary).

INTERESTS:

Please indicate any sports, hobbies or pastimes in which you are actively interested, including positions of responsibility.

REFERENCES:

Please give details of at least two persons to whom reference may be made about your present and previous employment, or School or College Head if you have not been in employment.

Name (Block letters please)	Job Title	Full Address	Telephone Number

Notice required by present employer (if applicable):

Date available to commence work:

MEDICAL QUESTIONNAIRE

We request that you complete this form to the best of your knowledge and belief. The information will be kept entirely confidential and is needed to ensure the safety of you and others. Any points of uncertainty can be discussed further during your initial interview.

Have you at any time suffered from any of the following: (please tick accordingly)

1.	High blood pressure or low blood pressure	Yes	No
2.	Heart attack or angina	Yes	No
3.	Varicose veins, thrombosis or stroke	Yes	No
4.	Asthma, bronchitis, tuberculosis or chest complaint	Yes	No
5.	Diabetes, Epilepsy, fainting or blackouts	Yes	No
6.	Skin disorder e.g. eczema, dermatitis or psoriasis	Yes	No
7.	Fractures	Yes	No
8.	Back problems or sciatica	Yes	No
9.	Arthritis or Rheumatism	Yes	No
10.	Anxiety, stress, depression or other mental illness	Yes	No
11.	Tiredness, fatigue or sleep disorder	Yes	No
12.	Cancer or Tumour	Yes	No
13.	Gastric or Duodenal Ulcer	Yes	No
14.	Persistent headaches or migraine	Yes	No
15.	Multiple Sclerosis	Yes	No
16.	Visual impairment	Yes	No
17.	Deafness/noise induced hearing loss	Yes	No
18.	Inhibited sense of smell or taste	Yes	No
19.	Allergies	Yes	No
20.	Hand Arm Vibration/Repetitive Strain Injury (RSI)	Yes	No

For each 'Yes' answer, please give dates, treatment, whether recovered and any other comments:

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If you have suffered or do suffer from any other medical condition not previously mentioned, please supply details:

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Have you had an operation in the last three years or are you awaiting any operation or surgical procedure YES/NO

If 'Yes', please specify dates and details:

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Are you currently taking any form of medication e.g. for blood pressure, hay fever, asthma? YES/NO

If 'Yes', please specify:

Drug	Purpose	Frequency & Dose

Have you ever made a claim for compensation in respect of any work related injury/illness YES/NO

If 'Yes', please specify

Date	Purpose of Claim	Outcome

In the past two years how many spells of absence have you had through illness from work/full time education?

Spells: In total how many days absence does this represent?

Do you drink Alcohol? Yes/No If yes, how many units per week?

Do you Smoke Yes/No If yes, how many cigarettes per day?

Name, Address and Telephone Number of Doctor:

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REQUIREMENTS OF THE ASYLUM AND IMMIGRATION ACT 1996

So that the Company complies with the requirements of the Asylum and Immigration Act 1996, you will be required to produce two items from a statutory list of documents in order to confirm your eligibility to work in the UK. Before any offer of employment is made you will be required to produce an original document that confirms your identity. This will be copied and placed on your personal file. Failure to produce such a document could result any offer of employment being withdrawn.

The documents that you may use are listed below:-

- 1 National Insurance Card or official document that contains your National Insurance Number e.g. P45 or P60.
- 2 Your passport describing you as British Citizen or as having the right of abode in the UK.
- 3 A passport or other document issued by the Home Office that has an endorsement stating that the holder has a current right of residence in the United Kingdom.
- 4 A certificate of Registration of Naturalisation as a British Citizen.
- 5 A birth certificate issued in the UK or Northern Ireland
- 6 A passport or other travel document endorsed to show that the holder can stay indefinitely in the United Kingdom or has no time limit on their stay.
- 7 A passport or National Identity Card showing that the holder is a national of a European Economic Area Agreement country or Switzerland. These countries are:

Austria	Greece	Netherlands
Belgium	Hungary	Norway
Cyprus	Iceland	Poland
Czech Republic	Ireland	Portugal
Denmark	Italy	Slovakia
Estonia	Latvia	Slovenia
Finland	Liechtenstein	Spain
France	Lithuania	Sweden
Germany	Luxembourg	Switzerland
	Malta	United Kingdom

8. EEA nationals do not need a work permit to work in the UK. However citizens from the following countries are required to register with the Home Office under the Worker Registration Scheme.

Czech Republic	Hungary	Poland
Estonia	Latvia	Slovakia
	Lithuania	Slovenia

9. Romanian and Bulgarian nationals must get authorisation from the Home Office before starting work in the UK.

Please check that you have answered all questions correctly then read and sign the declaration below.

DECLARATION

I declare that the information in this application is correct to the best of my knowledge and belief and I have not withheld any information.

I agree that the information provided in this application form may be processed by the employer in relation to my application for this post in the decision making process. I further expressly agree that, should it be necessary to validate any of the information provided herein, the employer may release this information for verification purposes. If successful in my application it is agreed that any information provided will be retained by the employer in a secure confidential file and the contents only used for necessary business purposes subject to my express consent for disclosure where necessary.

I also agree that the Company reserves the right to require me to undergo a medical examination at their discretion.

Should my circumstances change it is my duty to inform the Company in writing or ask to amend my medical questionnaire.

I UNDERSTAND THAT ANY DELIBERATE OMISSION OR MISREPRESENTATION MAY RESULT IN THE WITHDRAWAL OR TERMINATION OF EMPLOYMENT, OR THE WITHDRAWAL OF ANY OFFER OF EMPLOYMENT MADE TO ME.

SIGNED: **DATE:**

Please return this form to the Manager of the branch you are applying for a position with.

For Administration Purposes Only:

Interviewed by: Interviewed on:

Position: Applicant successful YES/NO

Starting date: Starting Salary:

Working Hours: