

HEALTH Please give details of any medical treatment you are currently receiving	State main causes of past ill health which have resulted in time off work	
Are you Registered Disabled?	If YES please give Reg No & expiry date	
Smoker / Non Smoker		
PRACTICAL SKILLS	Summarise job skills and any specialist training received	
GENERAL	Please give details	
What are your hobbies?		
Do you belong to a Trade Union?		
Do you have any part-time jobs?		
Do you have any other commitments which may limit your working hours? e.g. Military or Local government		
Have you been convicted of a criminal offence? e.g. Rehabilitation of Offenders Act		
REFERENCES	Names & Addresses of 2 references	Can they be contacted now?
A. (experience)	B. (character)	A. B.
AVAILABILITY	Please give details	
When would you be available for an interview?		
If offered this job when could you start?		
Do you have any holiday commitments?		
How did you hear about this job?		
Who do you know employed by this company?		
NOTES Use this section if you require additional space		
DECLARATION	Please read this carefully, sign and date	
I confirm that the above information is correct and understand that misleading statements may be sufficient grounds for cancelling any agreements made. I also understand that questions left unanswered may be discussed at interviews arising from this application.		
Applicants signature		Date

Please note you may be requested to complete a further form in connection with this application