

# EMPLOYMENT APPLICATION FORM

Vacancy.....

## PERSONAL DETAILS

Full Name: .....

Address:- .....

.....

.....

..... Postcode.....

Home Telephone Number .....

Daytime Telephone Number.....

E-mail address.....

## WORK EXPERIENCE AND EDUCATION

Please give details of your current/most recent job first and include any periods of unemployment.

Name & Address Of Employer	Job Title & Summary Of Duties	Dates From / To	Reason For Leaving

Please tell us if we may now contact your present employer for a reference?

Yes/No

Do you hold a full current driving licence?

Yes/No

Do you have the use of your own reliable vehicle?

Yes/No

(Page 2 of 5)

## REASON FOR APPLICATION

Please show evidence of prior achievements, experience and training.  
Continue on a separate sheet of paper if needed.

Please tell us why you applied for this position and why you would like to work for Edwin C. Farrall (Transport) Ltd. What skills/qualities can you bring to the company?

CRIMINAL CONVICTIONS

Please tell us if you have been convicted of any offence by any court?

Yes/No

Please tell us if you have ever been given a formal police caution?

Yes/No

If "yes" to either/both of the above, please provide details below. If the convictions are classed as "spent" under the Rehabilitation of Offenders Act 1974, you need not disclose them.

.....  
.....  
.....

DATA PROTECTION ACT

The information provided on this application form may be used for the purpose of Equal Opportunities Monitoring, held in my personal records if successful, and used for any other purpose connected with my application for employment.

Receipt of a completed and signed application form, will constitute agreement to the use of the information provided.

DECLARATION

I confirm that the information provided is accurate and truthful to the best of my knowledge. I understand that any falsification on this application form could affect my employment with Edwin C. Farrall (Transport) Ltd.

Signed..... Date .....

CONFIDENTIAL MEDICAL QUESTIONNAIRE (Page 5 of 5)

Please complete the question below. The information is required with your interests in mind. As a result of the information you have given you may be referred to a doctor appointed by the company so that a medical examination can be carried out.

Have you ever:-	No	Yes	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.Received a disability pension? 6.Been registered disabled? 7.Been made ill by your work? 8.Been refused a drivers licence because of ill health?			
Do you suffer from or have you ever had:			
Diabetes	Yes/No	Faintness or dizziness	Yes/No
High blood pressure	Yes/No	Hay fever	Yes/No
Asthma	Yes/No	Jaundice	Yes/No
Cough (frequent)	Yes/No	Lung Trouble	Yes/No
Rheumatic fever	Yes/No	Swelling of legs/ankles	Yes/No
Arthritis	Yes/No	Period or prostate problems	Yes/No
Epilepsy/fits	Yes/No	Varicose veins	Yes/No
Shortness of breath	Yes/No	Rupture	Yes/No
Stomach trouble	Yes/No	Back trouble	Yes/No
Skin rashes/eczema	Yes/No	Ear trouble	Yes/No
Anaemia	Yes/No	Eye trouble	Yes/No
Headaches (frequent)	Yes/No	Nerve trouble	Yes/No
Heart trouble	Yes/No	Chest trouble	Yes/No
1. Do you take medicine regularly?			Yes/No
2. Do you need glasses to read?			Yes/No
3. Have you worked in a dusty environment?			Yes/No
4. Have you ever had a head injury?			Yes/No
5. Do you suffer from any other ailments?			Yes/No
To the best of my knowledge and belief the information above is correct. I understand that if I am appointed and the information I have provided is incorrect I will be liable to dismissal. Signature..... Name..... Date.....			