EMPLOYMENT APPLICATION FORM

Position Applied For		Available From			
Forenames		Surname			
Maiden Name		Date of Birth		Sex M/F	
Full Address					
			Postcode		
National Ins No		Email			
Telephone		Mobile			

Education – Schools / Colleges Attended, from age 11

From (Year)	To (Year)	School / College	Exams Taken	Grades

Relevant Certification / Qualifications Achieved (Continue on back page if more room required)

From (Year)	To (Year)	Institution	Course Completed	Result

Previous Employment (Start with most recent employment) (Continue on back page if more room required)

From (mm/yyyy)	To (mm/yyyy)	Company / Address	Job Title / Brief Job Description	Reason for Leaving

Health Questionnaire

In the past 12 months, how many days have you been absent from work due to sickness? _____

What was the nature of the sickness? _____

Have you had the following vaccinations: (Normally given whilst at school)

BCG Yes☐ No☐ **Rubella** Yes☐ No☐ **Polio** Yes☐ No☐ **Tetanus Booster** Yes☐ No☐
(In the last 10 years)

Are you currently taking any medicine? Yes☐ No☐ If yes, please give details _____

_____

Have you had any of the following?

Measles	Yes☐ No☐	Hearing Defects	Yes☐ No☐
German Measles	Yes☐ No☐	Sight Defects	Yes☐ No☐
Mumps	Yes☐ No☐	Diabetes	Yes☐ No☐
Chicken Pox	Yes☐ No☐	Kidney Disease	Yes☐ No☐
Whooping Cough	Yes☐ No☐	Hernia	Yes☐ No☐
Glandular Fever	Yes☐ No☐	Jaundice	Yes☐ No☐
Tuberculosis	Yes☐ No☐	Eczema or Skin Problems	Yes☐ No☐
Migraines	Yes☐ No☐	Asthma	Yes☐ No☐
Epilepsy	Yes☐ No☐	Rheumatism / Arthritis	Yes☐ No☐
Anaemia	Yes☐ No☐	Depression	Yes☐ No☐
High / Low Blood Pressure	Yes☐ No☐	Carrier of Infectious Disease	Yes☐ No☐
Heart Problems	Yes☐ No☐	Hay Fever / Allergies	Yes☐ No☐
Varicose Veins	Yes☐ No☐	Hospital Operations	Yes☐ No☐
Back Problems	Yes☐ No☐	Other	Yes☐ No☐

If yes to any of the above questions, please give details: _____

_____

_____

_____

Are you registered Disabled? Yes ☐ No ☐

Have you ever been arrested, cautioned or convicted? *	Yes☐ No☐	Do you need a work permit to work in the UK?	Yes☐ No☐
Will you be working another job whilst working for Aronel?	Yes☐ No☐	Are you available to cover extra hours?	Yes☐ No☐
Are you aware the position can include weekend duties?	Yes☐ No☐	Are you aware the position can include night duties?	Yes☐ No☐
Do you have dependants?	Yes☐ No☐	Do you have holiday booked?	Yes☐ No☐
Are you a smoker?	Yes☐ No☐	Do you have Transport?	Yes☐ No☐

* **Please give details if you have answered Yes**. (A full CRB disclosure is undertaken. This is exempt from the Rehabilitation of Offenders Act. Arrests, cautions and convictions will be disclosed, including incidents as a teenager) _____

_____

Next of kin, in case of emergency Name_____

Address _____

Telephone _____ Mobile _____ Relationship _____

References: at least one reference must be a current or previous employer

Name _____

Job Title _____

Company _____

Address _____

_____

_____Tel _____

Name _____

Job Title _____

Company _____

Address _____

_____

_____Tel _____

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I am not aware of any disability which will or may, affect my working capacity. If further details are required on any condition aforementioned, I give my permission for my own Doctor/Consultant to be contacted by the person responsible for Occupational Health. I have also read a sample copy of Contract of Employment.

Signature of Applicant: _____ Date: _____