



## 4. Employment History

Year from - to	Main Duties Performed:
Job Title:	
Company Name:	
Start / Finish Salary:	
Reason for Leaving:	

Year from - to	Main Duties Performed:
Job Title:	
Company Name:	
Start / Finish Salary:	
Reason for Leaving:	

Year from - to	Main Duties Performed:
Job Title:	
Company Name:	
Start / Finish Salary:	
Reason for Leaving:	

Year from - to	Main Duties Performed:
Job Title:	
Company Name:	
Start / Finish Salary:	
Reason for Leaving:	

Year from - to	Main Duties Performed:
Job Title:	
Company Name:	
Start / Finish Salary:	
Reason for Leaving:	

## 5. Reference

Please name a person we could contact to provide an employment and or character reference:

Full Name:

Address:

Telephone Number:

E-mail:

## 6. Reference

Please name a **second** person we could contact to provide an employment and or character reference:

Full Name:

Address:

Telephone Number:

E-mail:

## 7. DRIVING LICENCE

Do you hold a current valid driving licence?

Can you drive HGV?

How many points do you have on your licence if none put 0?  If HGV what groups?

## 8. CRIMINAL RECORD

Please declare any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 197 4. If none you must write NONE & SIGN.

## 9. LEISURE

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

## 10. OTHER EMPLOYMENT

Please declare any other employment you would continue with if you were to be successful in obtaining this position.

## 11. HEALTH DETAILS

Are you disabled YES/NO. **Select** \_\_\_\_\_ If YES, please give details and specify any special needs in relation to your disability.

Please list any diseases, disorders, allergies, muscular or muscular skeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past 12 months and the reasons for such absences.

## 12. DECLARATION

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. I agree that the organisation reserves the right to require me to undergo a medical examination. (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).

SIGNED:

DATE: