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## GLANVILLE CLEANSING LTD

### APPLICATION FOR EMPLOYMENT

**Position Applied For:-** .....

How did you learn of this vacancy? .....

#### Personal Details

Surname:----- Forenames:-----

Previous Surnames: ----- Title: Mr / Mrs / Ms / Miss / Dr *(please delete)*

Home Address:-----

-----

Postcode:----- Date of Birth: -----

Home Telephone No:----- Mobile Telephone No: -----

National Insurance No:

Do you need a permit to work in the UK ?                      YES  NO

Under the Asylum and Immigration Act 1996 we must check to ensure that all applicants are legally working in this country; therefore if you are invited for interview, we will require you to provide documentation to prove your eligibility to work in the UK, such as P45, passport, document with National Insurance Number or other official documentation showing eligibility. This will apply to **all applicants**.

Have you ever undertaken this type of work before? YES  NO

If yes, please give details -----

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#### Secondary Education

Schools Attended (from age 11)	Date From	Date To	Examinations Taken (include results)

**Further / Higher Education, Professional Qualification, Apprenticeships, Relevant Training courses**

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Place of Further Education (if applicable)	Date From	Date To	Qualifications

<b>Previous Employment (please continue on to a separate sheet if necessary)</b>				
Name of Employer	Date From	Date To	Brief Details of Duties/Skills	Reason for Leaving

**General**

Why have you applied for this position?

**Experience (in past employment, voluntary work or personal life)**





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## EMPLOYEE MEDICAL QUESTIONNAIRE

Please answer all of the following questions. As a result of the answers, you give you may be referred to a doctor for medical treatment.

**Name** .....

**Address** .....

- |   |                 |
|---|-----------------|
| 1. Is your general health good ?  | <b>YES / NO</b> |
| 2. Are you at present under any medical treatment ?                         | <b>YES / NO</b> |
| 3. Is your eyesight in both eyes satisfactory for all normal purposes ?     | <b>YES / NO</b> |
| 4. Is your hearing satisfactory for all normal purposes?                    | <b>YES / NO</b> |
| 5. Have you ever been a carrier of :-                                       |                 |
| A food borne disease, e.g. Salmonella, Escherichia Coli.                    | <b>YES / NO</b> |
| Typhoid or Paratyphoid  | <b>YES / NO</b> |
| Tuberculosis  | <b>YES / NO</b> |
| Parasitic infections  | <b>YES / NO</b> |
| 6. Have you ever suffered from any of the following :-                      |                 |
| Frequent diarrhoea / vomiting lasting 24 hours or longer                    | <b>YES / NO</b> |
| Infected or discharging ears, eyes, gums / mouth                            | <b>YES / NO</b> |
| Frequent boils or septic fingers  | <b>YES / NO</b> |
| Skin complaints, e.g. eczema, rash, allergies                               | <b>YES / NO</b> |
| 7. Do you suffer from migraine or frequent headaches ?                      | <b>YES / NO</b> |
| 8. Do you suffer from asthma, TB, bronchitis or pneumonia ?                 | <b>YES / NO</b> |
| 9. Do you / have you suffered from nervous breakdown / Nervous debility ?   | <b>YES / NO</b> |
| 10. Have you ever had :-  |                 |
| Fits  | <b>YES / NO</b> |
| Fainting attacks  | <b>YES / NO</b> |
| Dizzy spells  | <b>YES / NO</b> |
| Blackouts   | <b>YES / NO</b> |
| 11. Do you suffer from epilepsy ?   | <b>YES / NO</b> |
| 12. Do you suffer from any back or joint trouble, rheumatism or arthritis ? | <b>YES / NO</b> |

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13. Have you been abroad within the past 3 months ? **YES / NO**

If "YES" did you suffer any forms of illness whilst there e.g vomiting or diarrhoea ? **YES / NO**

14. Do you suffer from any other serious illness or disease ? **YES / NO**

If "YES" please give details :-

*I have answered all the questions to the best of my knowledge and belief, and agree to be examined by a doctor if so requested.*

*I understand that if I am found to have knowingly given wrong or false information my application and / or employment may be at risk.*

Signature of Applicant .....

Date .....

I have reviewed the medical form with the applicant and am satisfied that all questions have been understood and answered correctly.

Signed of behalf of Glanville Cleansing.....

Date.....

**OFFICE USE ONLY**

Classification based on health questionnaire:-

- 1      Suitable
- 2      Unsuitable
- 3      Refer to Doctor

Restrictions :- .....

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Signature :-----

**Glanville Cleansing LTD**  
Five Oaks, Crapstone, Yelverton, Devon, PL20 7PW  
Registered in England & Wales No: 3955582  
Directors: D. Glanville & Helen Glanville