

Document Ref No	GLAN1	Issue No	1			Issue Date	03/02/2011
-----------------	-------	----------	---	--	--	------------	------------

GLANVILLE ENVIRONMENTAL

APPLICATION FOR EMPLOYMENT

Position Applied For:-

How did you learn of this vacancy?

Personal Details

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

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

Home Address:-----

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

Home Tel. No:----- Mobile Tel. No: -----

e-mail address: -----

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 -----

Secondary Education

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

Document Ref No	GLAN1	Issue No	1			Issue Date	03/02/2011
-----------------	-------	----------	---	--	--	------------	------------

Further / Higher Education, Professional Qualification, Apprenticeships, Relevant Training courses			
Place of Further Education (if applicable)	Date From	Date To	Qualifications

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

General

Why have you applied for this position?

Document Ref No	GLAN1	Issue No	1			Issue Date	03/02/2011
-----------------	-------	----------	---	--	--	------------	------------

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

Do you have any previous experience in this field? YES NO

If yes, please give details:-----

Have you had experience of working in a team? YES NO

If yes, please describe:-----

Summarise below the duties and responsibilities of your current or most recent position and highlight any experience (in or outside of work) relevant to the post for which you are applying:-

What are your interests / hobbies?

Document Ref No	GLAN1	Issue No	1			Issue Date	03/02/2011
-----------------	-------	----------	---	--	--	------------	------------

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

Date of application

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

