

# APPLICATION FORM FOR EMPLOYMENT



Badger Office Supplies Ltd  
 Tel: 01772 299030  
 Unit C Buckshaw Link  
 Ordnance Road  
 Buckshaw Village  
 Chorley  
 PR7 7EL

Fax: 01772 299031

Please complete this application form in black ink and then return it to the HR Manager.

Post applied for: .....

<b>Personal information</b>		
Surname:		
Forenames:		
Title (Mr, Mrs, Miss, Ms, etc.):		
Previous names (if any):		
Current address:		
Daytime telephone number:		
Do you have the right to take up employment in the UK? If no, please provide further details.	YES/NO	
If you do not have the right to take up employment in the UK, would you wish us to assist you in applying for the right to work?	YES/NO	
Dates you are <b>not</b> available for interview:		
<b>Education and qualifications</b> From GCSE or equivalent to A levels		
<b>Establishment</b>	<b>Qualifications gained</b>	

**Higher education or study or any other professional qualifications****Establishment****Qualifications gained****Employment history**

Please give details of your last three jobs, beginning with your present or most recent. Any relevant posts held before then may also be mentioned.

<b>From</b>	<b>To</b>	<b>Name and address of employer</b>	<b>Job title, description of duties and responsibilities, reason for leaving and salary on leaving</b>

**Other information**

Do you hold a full driving licence? If yes, do you have any current endorsements and what are they for?

Do you have any other training, qualifications, skills or personal qualities relevant to the post?

Please give details of, and provide an explanation for, any time when you were not either working or in full-time education.

Have you made a previous application to the Company? If so, when was this and what was the outcome?

Please use this space to say why you are interested in the post for which you have applied, why you believe you are the best person for the job and provide any other information that may assist your application.

How many weeks' or months' notice do you have to give to your current employer?

If you are disabled, please give details of any special arrangements or adjustments you would require to attend interview.

Do you know, or are you related to, any other employees of the Company? If your answer is "yes", please provide the name or names of the employee(s) and either the capacity in which you know them or your relationship to them.

What are your salary expectations

**Referees**

Please give details of two referees, one of whom should be your current or most recent employer or, if this is an application for your first job, your school teacher or higher or further education lecturer. The other should not be a relative or contemporary.

**First referee**

**Second referee**

**Rehabilitation of Offenders Act 1974**

In order to protect the public, the post you have applied for is exempt from certain provisions of the Rehabilitation of Offenders Act 1974. You are therefore required to disclose all and any past or pending cautions or convictions, whether spent or otherwise, unless it is either a "protected caution" or a "protected conviction" under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. All information provided will be kept in the strictest confidence and only used for the purpose of assessing your suitability for the post you have applied for.

Please specify below details of all and any past or pending cautions or convictions, whether spent or otherwise, except for protected cautions or convictions. If you have no past or pending cautions or convictions, please specify "None".

***Declaration***

I declare that the information I have given on this form is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed.

I hereby give my consent to the Company processing the data supplied on this application form for the purpose of recruitment and selection. I accept that if my application is successful, this application form will form part of my Personnel file and, in that case, I consent to the data on it being processed for all purposes in connection with my employment.

Signed: .....

Date: .....

**Please complete the Medical Questionnaire attached.**

# MEDICAL QUESTIONNAIRE

## 1. Personal details:

Post Applied for: .....Department: .....

Surname:.....Forename(s):.....

Telephone.....

Address:.....

Name and address of GP:.....

## 2. Occupational history:

Has your employment ever been terminated on the grounds of ill-health?

YES       NO

Approximately how many days'/weeks' sickness absence did you have in the last twelve months?:

.....

## 3. Medical history:

What is your height?:..... ft.....in    or .....m

What is your weight?:.....Kg/St

What is your average weekly consumption of alcohol (in units)?: .....units

Do you smoke?:

YES       NO

Are you currently taking any prescribed medication?:

YES       NO

Are you currently under the care of a doctor, consultant or other medical professional?:

YES       NO

Have you ever suffered from a painful wrist or elbow?

YES       NO

If you answer YES, please answer the questions below:

1.      When did you suffer the pain, and please provide details and reason for the pain?

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2.      Was any treatment given to you? (please provide details)

.....

Are you currently suffering from, or have you ever suffered from, any of the illnesses listed below?:

YES       NO      if YES please indicate which by ticking below.

Heart trouble		Severe stress reaction		Depression/anxiety	
Lung disease		Serious accident/injury		Hearing/sight problems	
Stomach/bowel trouble		High blood pressure		Skin problems	
Jaundice/hepatitis		Asthma		Surgical operations	
Joint problems/arthritis		Hernia or rupture		Mobility problems	
Headaches/migraines		Kidney/bladder disorder		Cancer	
Diabetes		Back/neck problems		Auto-immune disease	
Serious allergies		Fits/blackouts/epilepsy		Neurological disorder	

If you have answered "yes" to any of the questions in **section 2 or 3**, please give further details and approximate dates where relevant. This is particularly important where you have a qualifying disability under the Equality Act 2010, as it will enable us to identify what, if any "reasonable adjustments" can be made.

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Do you have any other ongoing physical or mental impairment not already disclosed above which may affect your employment with the Company?.....

Do you normally enjoy good health?.....

Is there anything else in your medical history or circumstances which might affect your employment?.....

I hereby declare that the information given is full and true to the best of my knowledge. I understand that if, at a later date, it is discovered that I have knowingly withheld medical information, disciplinary action may be taken against me, which may include dismissal. If I have not yet started employment, my job offer may be withdrawn.

Signature: .....

Date:.....