

Personal Details

PRIVATE AND CONFIDENTIAL

Return this form to: Recruitment Department

Ref. No: _____

POSITION APPLIED FOR _____

Surname	Forename(s)	Title	D.O.B
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Address:

Postcode:

Telephone Number:

Area you are wishing to work in:

Email:

Current driving licence? Yes/No	Details of endorsements
How long have you held a full licence for?:	
Groups: Expiry Date:	

Are there any restrictions on you taking up work in the UK? Yes No (If yes, please provide details)

EDUCATION HISTORY

Schools/colleges/university	Qualifications gained

EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary)

NAME & ADDRESS OF EMPLOYER	JOB TITLE	DUTIES	RATE OF PAY	REASON FOR LEAVING

Notice required in current post:

OTHER EMPLOYMENT

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

REFERENCES

Please note here the names and addresses of two persons from whom we may obtain both character and work experience references.

1.	2.
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CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances contractual positions is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

HEALTH DETAILS

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? Yes No

Please specify any special arrangements for work associated with any impairment.

Please specify any special arrangements you will need to attend an interview.

Please list any diseases, disorders, allergies, muscular or musculoskeletal 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.

DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will allow Automotive Repair Systems Ltd the right to terminate any employment/sub-contractor 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). I agree that this information will be retained in my personnel file during my agreed contract and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of a contract may be withdrawn or my contract terminated.

Signed:

Date:

HEALTH QUESTIONNAIRE

PRIVATE & CONFIDENTIAL

Ref No.:

Date:

Name:

If the answer is yes to any of the questions on this form, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for a contract will be subject to satisfactory medical reports.

Have you ever had:	* delete as applicable	Additional Information to "Yes" response
Tuberculosis, asthma, bronchitis or chest problems?	*Yes/No	
Chest pain, heart condition or raised blood pressure?	*Yes/No	
Blackouts, fits or attacks of giddiness?	*Yes/No	
Depression, mental illness or nervous breakdown?	*Yes/No	
Rheumatism or arthritis?	*Yes/No	
Back trouble?	*Yes/No	
Typhoid, paratyphoid or other gland trouble?	*Yes/No	
Digestive or bowel disease?	*Yes/No	
Diabetes, thyroid or other gland trouble?	*Yes/No	
Bladder or kidney trouble?	*Yes/No	
Dermatitis or skin trouble?	*Yes/No	
Varicose veins?	*Yes/No	
Any other accident, operation or illness?	*Yes/No	
Have you any reason to believe you may be infected with any communicable disease?	*Yes/No	
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	*Yes/No	
Do you intend to work night duties on a regular basis?	*Yes/No	
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	*Yes/No	
Any physical impairments, including defect of sight or hearing? If yes, please specify any special needs in relation to your disability.	*Yes/No	
Do you smoke?		
How many units of alcohol do you drink per week?	_____ (one unit = ½ pint beer = 1 glass wine = 1 single whisky)	