

## APPLICATION FOR EMPLOYMENT

### A JOB DETAILS

POSITION APPLIED FOR:
DATE:

Mr/Miss/Ms/Mrs:	Surname:
Address:	Forename:
	Home Tel:
Post Code:	Mobile:
Nationality:	Email:
Availability to work overtime:	Y/N

Please note, to enable us to comply with our obligations under the Asylum and Immigration Act, you will be asked to provide written proof of your right to work in the United Kingdom, before any job offer is made to you.

### B EDUCATION DETAILS

From:	Dates To:	Names of Schools, Colleges, Higher Education Institution	Award and Title of Award (Degree/Dip/MSc)	Results (Expected/Awarded)

Other Training or Qualifications Obtained:

Leisure interests, hobbies, sports:

**C EMPLOYMENT DETAILS**

Details are required for last ten years. All dates must be continuous and a note below must explain any breaks in employment.

Employers name and address	Date		Position Held	Reason for Leaving	Salary/Wage
	From:	To:			
Present:					

Previous:					
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Explanation regarding any breaks in employment:

**D REFERENCES** Please give details of two referees, one being your current/last employer.

1. Name:	2. Name:
Address:	Address:
Tel No:	Tel No:
Occupation:	Occupation:

**E WHY YOU ARE INTERESTED IN THIS POSITION**

[Empty response box for 'WHY YOU ARE INTERESTED IN THIS POSITION']

**F REHABILITATION OF OFFENDERS ACT 1974**

Please give details below of any unspent criminal convictions. This information is required to enable the company to assess whether the conviction(s) presents grounds for not taking your application further.

If you are applying for a position which deals directly with security information, you are required to disclose any conviction or disciplinary action relating to theft/fraud.

The information you provide will be treated in the strictest confidence. Having a conviction will not necessarily bar you from employment. This will depend on the circumstances and background of the offence(s) which will be taken into account when considering how suitable you are for the type of work involved, should your application be successful.

Do you have any unspent convictions?  Yes  No  
Please describe below including dates;

Do you have any spent convictions relating to theft/fraud?  Yes  No  
Please describe below including dates;

Do you have any objection to enquiries made by the Company for CRB and credit checks?  Yes  No

**G DECLARATION**

If an offer of employment is made then the following rules will apply:-  
The first three months are termed 'Probationary Service' during which time your progress will be monitored by the management and the employment may be terminated by appropriate notice in accordance with the provisions of the Contracts of Employment Act 1972 (and amendments). The Company holds the right to extend your Probationary Period if deemed necessary.  
Salary is paid monthly in arrears into your bank account or building society.  
The Company operates an Integrated Management System to the requirements of ISO 9001, ISO 14001 and ISO 27001 which are a Condition of Employment.  
The Company has a 'No Smoking' policy which means that smoking is prohibited on the premises.  
As part of the Company's security policy mobile camera phones are not allowed on the premises.

I certify that the above information given by me on this form is accurate and that my experience is genuinely represented and qualifications claimed have been attained. I am aware that any engagement entered into is subject to the information being correct, the receipt of satisfactory references, and passing a CRB disclosure. I understand that falsification of any information contained therein will result in immediate termination of my employment and I will have no rights of recourse.

Signed..... Dated.....

Tick  if emailed

Smith & Ouzman Ltd  
Brampton Road  
Eastbourne  
East Sussex  
BN22 9AH

Please complete and return the following forms to:  
HR Department

## EQUAL OPPORTUNITIES MONITORING FORM

In accordance with its equal opportunities statement, the Company will provide equal opportunities to all employees and job applicants and will not discriminate either directly or indirectly on the grounds of race, colour, ethnic origin, nationality, national origin, sex, marital status, disability, sexual orientation, religion or age.

**THE DETAILS SUPPLIED ARE CONFIDENTIAL AND WILL ONLY BE SEEN BY THE H.R. DEPARTMENT. THEY WILL NOT BE MADE AVAILABLE TO THOSE INVOLVED IN THE SELECTION PROCESS.**

**Nationality, please state:** \_\_\_\_\_

**Date of Birth:** DD/MM/YY **Age:** \_\_\_\_\_

**Ethnic Origin:** To which one of these groups do you consider you belong (tick ONE only)

Asian/Asian British – Bangladeshi	<input type="checkbox"/>	Asian/Asian British – Indian	<input type="checkbox"/>
Asian/Asian British – Pakistani	<input type="checkbox"/>	Asian/Asian British – Other Asian background	<input type="checkbox"/>
Black/Black British – African	<input type="checkbox"/>	Black/Black British – Caribbean	<input type="checkbox"/>
Black/Black British – other black background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed – White & Asian	<input type="checkbox"/>	Mixed – White & Black African	<input type="checkbox"/>
Mixed – White & Black Caribbean	<input type="checkbox"/>	Mixed – any other mixed background	<input type="checkbox"/>
White – British	<input type="checkbox"/>	White – Irish	<input type="checkbox"/>
White – other white background	<input type="checkbox"/>	Any Other	<input type="checkbox"/>
Not known / not provided	<input type="checkbox"/>		

**Gender:** (Please tick the appropriate box)

Male  Female

**Are you:** (Please tick the appropriate box)

Single  Married  Widowed   
Separated  Divorced  Other

**Thank you, your co-operation is  
much appreciated**

## PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

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### A PERSONAL DETAILS

NAME:
POSITION APPLIED FOR:
DATE:

### B OCCUPATIONAL HISTORY

Has your employment ever been terminated on the grounds of ill health?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Approximately how many days/weeks sickness absence did you have in the last 12 months?	Have you had any serious accident/operation/illness within the last 10 years? If so, please give details:

### C MEDICAL HISTORY

Are you currently suffering from or have suffered from any of the illnesses listed below?		
Heart trouble <input type="checkbox"/> Yes <input type="checkbox"/> No	Lung disease <input type="checkbox"/> Yes <input type="checkbox"/> No	Stomach/bowel trouble <input type="checkbox"/> Yes <input type="checkbox"/> No
Jaundice/hepatitis <input type="checkbox"/> Yes <input type="checkbox"/> No	Joint problems <input type="checkbox"/> Yes <input type="checkbox"/> No	Headaches/migraines <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Severe stress reaction <input type="checkbox"/> Yes <input type="checkbox"/> No
Serious accident <input type="checkbox"/> Yes <input type="checkbox"/> No	High blood pressure <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No
Hernia or rupture <input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney/bladder disorder <input type="checkbox"/> Yes <input type="checkbox"/> No	Back/neck problems <input type="checkbox"/> Yes <input type="checkbox"/> No
Fits/blackouts/epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No	Depression/anxiety <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing/sight problems <input type="checkbox"/> Yes <input type="checkbox"/> No
Skin problems <input type="checkbox"/> Yes <input type="checkbox"/> No	Surgical operations <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility problems <input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered “yes” to any questions in Sections B or C please give details and approximate dates where relevant. This is particularly important where you have a qualifying disability under the Disability Discrimination Act 1995, as it will enable us to identify what, if any “reasonable adjustments” can be made.

**D DECLARATION**

I hereby declare that the information I have 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.

Signature: ..... Tick  if emailed

Date: .....