



EMPLOYMENT APPLICATION FORM

A	Applicants Details (Please Print in all sections)		
	Title: Mr/Mrs/Ms	Sex:	D.O.B:
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Surname <input type="text"/>		
	Forename (s) <input type="text"/>		
	Current Address <input type="text"/>		
	<input type="text"/>	<input type="text"/>	Postcode <input type="text"/>
B	Vacancy applying for:		
C	Additional Personal Details		
	Town/City <input type="text"/>		
	County/District <input type="text"/>		
	Born in UK	Yes <input type="checkbox"/>	NO <input type="checkbox"/> If no please state Country <input type="text"/>
	Home Telephone No. <input type="text"/>		
	Mobile Number	<input type="text"/>	E Mail address <input type="text"/>
	Present Employment	Employed <input type="checkbox"/>	Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/>
D	Driving Licence Details (please complete in full)		
	Licence Number	PCV Categories Held	Auto / Manual
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Categories Held <input type="text"/>		
	Provisional Licence Categories (if any) <input type="text"/>		
	Endorsements (please list below any endorsements currently on your licence)		
	Date	Offence	Endorsement
	<input type="text"/>	<input type="text"/>	<input type="text"/>
E	Health (Required for insurance purposes and for PCV licence) please complete attached medical form		
	Please list any serious accidents / illness / operations you have had within the last 5 years ?		
	Date	Accident / illness	Comments
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Has there been or is there likely to be any medical reason why you would be refused a licence?		
	<input type="text"/>		

F

Previous Employment (please give present employer first)

Dates	Name	Address	Position.	Reason for leaving & salary

G

Education (please use additional paper if required)

Name of school / college	Date(from/to)	Qualifications and exams

H

Personal Declaration (Employment will be subject to a police check)

Due to the nature of the work you will be subject to a CRB police check. It is therefore important that you complete the following section correctly and sign the declaration at the bottom.

Are there any cases pending against you or have you ever been convicted or cautioned in relation to any crime?

Yes No

If the answer is yes please give brief details

I understand that my employment will be subject to a police check and failure to submit to such a check will render my application with Johnsons Henley (LTD) invalid

I hereby release from liability the employer and its representatives for seeking such information and all other persons or organisations for furnishing such information. I give the employer the right to investigate all references and secure additional information about me if job related.

I understand any false information or mis-misrepresentation by myself on this form will be sufficient to cause cancellation of this application or termination of my employment with Johnsons Henley (LTD)

Signed..... Date.....

Please provide at least three referees on attached sheet

Referees *must include your last employer & one other employer (relatives are not acceptable)*

Reference 1

Name	Address	Telephone No	Relationship to you
Surname			
Forname			

Comments: (office use only do not complete)

Reference 2

Name	Address	Telephone No	Relationship to you
Surname			
Forname			

Comments: (office use only do not complete)

Reference 3 - personal

Name	Address	Telephone No	Relationship to you
Surname			
Forname			

Comments: (office use only do not complete)

Date references checked:

Reference 1
Reference 2
Reference 3

PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

1. Personal details:

Post applied for:	<input type="text"/>	Department:	<input type="text"/>
Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Date of birth:	<input type="text"/>	Telephone:	<input type="text"/>
Address:	<input type="text"/>		
Name and address of GP:	<input type="text"/>		

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? What is your weight?

How many units of alcohol do you consume weekly?

Do you smoke? Yes No

Are you currently taking prescribed medicine? Yes No

Are you currently under the care of a doctor or other medical professional? Yes No

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

- Heart trouble Yes No
- Stomach/bowel trouble Yes No
- Lung disease Yes No
- Jaundice/hepatitis Yes No
- Joint Problems Yes No
- Headaches/migraines Yes No
- Diabetes Yes No
- Allergies Yes No
- Severe stress reaction Yes No
- Serious accident Yes No
- High blood Asthma Yes No
- Hernia or rupture Yes No
- Kidney/bladder disorder Yes No
- Back/neck problems Yes No
- Fits/blackouts/epilepsy Yes No
- Depression/anxiety Yes No
- Hearing/sight problems Yes No
- Skin problems Yes No
- Surgical operations Yes No
- Mobility problems Yes No

If you have answered yes to any questions in section 2 or 3, 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.

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.

Signed:..... Date:.....