

APPLICATION FOR EMPLOYMENT

Application for Appointment as _____

The completed form must be returned so as to arrive not later than: _____

Please complete this form clearly in **BLOCK CAPITALS** in black ink.

Employee Details

Last Name	
First Name	
Middle Names	
Gender (Male/Female)	
Date of Birth	
National Insurance Number	
Address 1	
Address 2	
Address 3	
Postcode	
Landline Telephone Number	
Mobile Telephone Number	
Email Address	
Are you a Citizen of an E.U. Country?	
Proof of Right to Work in UK?	

Education Record

From/To	Type of School	Examinations and Subjects Passed (please include indicate grades obtained)

Further Education

From/To	Name of College/University	Examinations and Subjects Passed (please include indicate grades obtained)

Other Course of Training

From/To	Place of Training	Subject and Qualifications

For LGV Drivers Only

What class of LGV Licence do you hold?	When does your LGV Licence expire?

Previous Employment

Please give details of all posts you have held since you completed your full-time education. Start with your present or most recent post and work back. Give sufficient details to cover a broad picture of your complete work history and continue on a separate sheet of necessary.

From/To	Employers Name and Address	Position & Main Duties	Salary and Reason for Leaving

Computer Skills

Please indicate your level of competence in using computers. Indicate the names of any software or programming language with which you are familiar.

What length of notice are you required to give your present employer?	
Do you require any special arrangements to be made for you to attend the interview?	
Please include any other information which may be relevant to this application (eg Voluntary work, publications, courses attended, membership of professional bodies etc.	

Personal References

Please give details of two people (not relatives) who may be approached for references after obtaining your permission. One should preferably be our present or most recent employer.

Name	
Occupation	
Address	
Telephone	
Email	

Name	
Occupation	
Address	
Telephone	
Email	

Pre-Employment Medical Questionnaire

Camden Group aims to ensure that all employees are placed in a job which is compatible with their health and physical abilities. The completion of this questionnaire will allow an assessment to be made of your health and well-being in relation to your proposed employment.

Name of General Practitioner (GP)	
Address of General Practitioner (GP)	

Work Related Health History

	YES	NO	IF YES, GIVE DETAILS, DATES AND REASONS
Have you previously worked at Camden Group or in a similar environment?	YES	NO	
Do you have any impairment which may affect your ability to work safely?	YES	NO	
Have you ever left or been denied a job on health grounds?	YES	NO	
Have you ever been denied a driving licence on health grounds?	YES	NO	
Have you ever suffered from any work related health condition?	YES	NO	
Have you consulted a Doctor within the last two years about an illness or disability?	YES	NO	
Did this lead to an absence from work.			How many days?

Health History

DO YOU HAVE OR HAVE YOU HAD IN THE PAST	YES	NO	IF YES, GIVE DETAILS AND DATES AND REASON FOR LEAVING
Do you have angina, raised blood pressure or other heart disease?	YES	NO	
Do you have any eyesight problems not corrected by glasses/contact lens for example, restricted vision, glaucoma etc	YES	NO	
Do you have any hearing problems not corrected with a hearing aid such as restricted hearing, tinnitus, ear infections?	YES	NO	
Are you taking or are you being given any medicines, inhalers, injections or eye/ear drops at the present time?	YES	NO	
Do you have any difficulty in standing, bending, lifting or other movements?	YES	NO	
Have you had any kind of back problem?	YES	NO	
Have you had any neck or shoulder problems?	YES	NO	
Have you had any problems with your joints including pain, swelling and stiffness? For example, arthritis, rheumatism, upper limb disorder, tennis elbow etc	YES	NO	
Do you have asthma?	YES	NO	
Have you had any bronchitis, pleurisy, tuberculosis, coughing up blood, shortness of	YES	NO	

breath or other chest problems within the last five to ten years?			
Have you had any fits, blackouts or epilepsy?	YES	NO	
Are you a diabetic?	YES	NO	
Have you ever suffered from depression, stress, anxiety or other mental health problems such as panic attacks, sleep deprivation which have caused you to seek medical advice?	YES	NO	
Do you have had in the past had migraine or persistent headaches?	YES	NO	
Have you ever had a drug or alcohol problem including drug or alcohol usage?	YES	NO	
Do you have any allergies including allergies to drugs, animals and pollen?	YES	NO	
Have you ever had any skin problem? For example eczema, dermatitis, psoriasis, recent infection or skin cancer?	YES	NO	
Are you having any hospital treatment or investigations at the moment?	YES	NO	
Are you waiting for any hospital treatment or investigation?	YES	NO	
Do you have any other medical conditions?	YES	NO	
Have you ever had any illness which may have been caused or made worse by your work?	YES	NO	

Equal Opportunity Monitoring

To determine how far this policy is being achieved it is necessary to monitor employment practices and to obtain details of the community background of applicants by way of this questionnaire. The answers to the questions below will be treated as strictly confidential and will provide statistical information to Personnel staff who will be responsible for seeing that selection processes are carried out correctly. This sheet will be detached prior to interview and will not be used for any selection process. It will be used only for the purposes of equal opportunity monitoring.

As the provision of this information is essential in order to enable us to demonstrate that our employment practices are fair and equitable your co-operation would be of great value. Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Catholic or Protestant. We are therefore asking you to indicate your community background by ticking the appropriate box below.

- I am a member of the Protestant Community
- I am a member of the Catholic Community
- I am a member of neither the Protestant or Catholic Community

Are you disabled? Yes No

If Yes – what is the nature of your disability _____

Sex Male Female

Age _____ Date of Birth _____

Racial Group

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Black Other | <input type="checkbox"/> Black African |

If you do not complete this questionnaire, we are encouraged to use the 'residuary' methods which means that we can make a determination of the basis of personal information of file.

Declaration of Unspent Convictions

All information I provide is treated in the strictest confidence and reviewed solely by the Monitoring Officer.

Do you have any unspent convictions? (Please circle) YES NO

Please give details of any unspent convictions below:

Date of Conviction	Details of Conviction	When does conviction become spent?

DECLARATION

I certify that the answers in the above questions are correct to the best of my knowledge.

I understand that if I have withheld information, this may lead to disciplinary action at a later date, which may include dismissal.

Signed

Date: