

**W H DAVIS LTD - APPLICATION FOR EMPLOYMENT**

Langwith Road, Langwith Junction, Mansfield, Notts. NG20 9SA.

Telephone (01623) 741600

Fax (01623) 744474

**PERSONAL**

<u>Surname</u>		<u>Forenames</u>	
<u>Address</u>		<u>Telephone</u> Home	<u>Nationality</u>
		Work	<u>National Insurance Number</u>
			<u>Marital Status</u>
<u>Accommodation</u> Owner-Occupier / Rented / Other	<u>Driving Licence</u> Full / Provisional / None                      Number		<u>Details of Dependants</u>
<u>Car Owner?</u> Yes / No	<u>Details of Endorsements/Convictions</u>		
<u>Interests / Pastimes / Hobbies / Sports</u>			

**EDUCATION AND TRAINING**

<b>Academic Qualifications</b>			
Date	School / College	Examination	Result and Grade
<b>Other Qualifications</b>			
Date	Details		
<b>Membership of Professional Bodies</b>			
<b>Other Relevant Experience / Informal Training</b>			

## EMPLOYMENT HISTORY

<u>Employer</u>	<u>Position</u>	<u>Dates</u> From                      To
<u>Address</u>	<u>Duties / Responsibilities</u>	<u>Starting Pay</u> <u>Present/ Leaving Pay</u>
<u>Business</u>		<u>Reason for Leaving</u>
<u>Employer</u>	<u>Position</u>	<u>Dates</u> From                      To
<u>Address</u>	<u>Duties / Responsibilities</u>	<u>Starting Pay</u> <u>Present/ Leaving Pay</u>
<u>Business</u>		<u>Reason for Leaving</u>
<u>Employer</u>	<u>Position</u>	<u>Dates</u> From                      To
<u>Address</u>	<u>Duties / Responsibilities</u>	<u>Starting Pay</u> <u>Present/ Leaving Pay</u>
<u>Business</u>		<u>Reason for Leaving</u>
<u>Employer</u>	<u>Position</u>	<u>Dates</u> From                      To
<u>Address</u>	<u>Duties / Responsibilities</u>	<u>Starting Pay</u> <u>Present/ Leaving Pay</u>
<u>Business</u>		<u>Reason for Leaving</u>

## VACANCY

<u>Position applied for</u>	<u>Pay expected</u>	<u>Earliest starting date</u>
<u>If you have worked for us before please give details</u>	<u>If you have any relatives working for us please give details</u>	
<u>Please give details of any skills, experience or qualifications which you feel would especially suit the job you are applying for</u>		

Please state if you have ever suffered from any of the following by ticking the appropriate box and giving full details of the complaint in the space provided including dates of occurrence.

	No	Yes	Details
Fits, faints, epilepsy			
Recurring headaches or migraines			
Heart trouble, high blood pressure, palpitations			
Asthma, hayfever, bronchitis			
Skin rashes or eczema			
Abscesses			
Diabetes			
Back trouble, lumbago, scaitica			
Arthritis, rheumatism			
Gastric or duodenal ulcer or any other disorder of the stomach, liver or bowel			
Varicose veins, swelling of legs or ankles			
Injury to bones, joints or tendons, including wrist tendons			
Nervous breakdown, disease of the nervous system, depression			

Please answer the following questions by ticking in the appropriate boxes and giving full details in the space provided

	No	Yes	Details
Have you had any operation or are you waiting to have one?			
Is your eyesight good for all normal purposes?			
Do you wear spectacles or contact lenses? If so, what do you need them for?			
Is your hearing good for all normal purposes?			
Are you taking any drug regularly or receiving medical treatment?			
Do you suffer from any allergic disorder?			
Have you had food poisoning in the last 12 months?			
Have you been confirmed as a carrier of salmonella or any other food poisoning bacteria?			
Do you smoke? If so, how many per day?			
Have you ever worked in a dusty trade?			
Has your work ever involved repeated movement of the wrists or hands?			
Has your work involved the use of percussive or vibrating equipment?			
Have you been absent from work or full time education due to illness in the last 12 months? If so, how many days?			
Are you in good health and free from any disability?			
Are you registered as disabled? If so, what is your card number?			
Have you ever left employment because of ill health?			
Do you suffer from any other medical condition?			

As a result of the information you have given we may seek your permission to contact your doctor or you may be referred to a doctor appointed by the Company for a medical examination.

**I declare that the statements in this application form are true and that I have not knowingly withheld any information. I understand that if I am appointed and if the information I have given is incorrect or misleading, I will be liable to dismissal.**

Signed	Date
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