



**Further Education/Training Courses Attended:**

Year	Institution	Course Undertaken

**Employment History:** Please give details of all jobs you have held since leaving school

Dates-To/From	Name & Address of Employer	Job Details	Reason for Leaving

**Declaration of Health:** Please tick the appropriate box below. If you tick 'YES' to any of the questions please give details below

1. Do you or have you in the past suffered from any of the following conditions?	YES	NO
(a) Dermatitis or other skin disease		
(b) High blood pressure, heart disease		
(c) Epilepsy, fainting or blackouts		
(d) Giddiness or Headaches		
(e) Diabetes		
(f) Arthritis		
(g) Neck/back pain or discomfort		
(h) Physical or speech defects		
(i) Hearing or sight defects or conditions		
(j) Do you suffer from any illness or health problems which may affect your work?		

Details:

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**Declaration of Health:**

2. During the last two years of employment how many days have you lost due to illness?

Details:

3. Next of Kin (Name):

Address:

Telephone No:

**Referees:**

Please give the names and addresses of two people who have agreed to act as referees and have known you for at least two years. At least one referee should be a former employer if possible.

1. Name:

2. Name:

Address:

Address:

Telephone No:

Telephone No:

**Additional Information:**

Please write below any other information which you consider relevant.

**Declaration:**

I hereby declare the information given in this application is to the best of my knowledge, true and correct. I also agree that any misrepresentation by me will lead to the withdrawal of any offer of employment or my employment being terminated without obligation or liability to the Company other than services rendered.

Signature:

Date: