

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

Employment required

| | | |
|---|--|--|
| Full name: Title: | Forename(s): | Surname: |
| Position applied for: | | Salary/wage expected: £ |
| Where did you hear about this vacancy? | | |
| When would you be available to start? | | |
| If offered this position will you continue to work in any other capacity elsewhere? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you previously worked for us? | <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, when? |

Personal details

| | |
|--|---|
| Home address: | Telephone: |
| | E-mail: |
| | Date of birth: |
| | Marital Status: Married/Single/Divorced/Widowed/Partnered |
| | Children's ages (if any): |
| Post code: | House owner: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Please state membership of any professional bodies or Trade Union: | |

Health details

Are you suffering from or have you ever suffered from:
Please give dates and specify if treated by GP or hospital.

| | YES/NO | DATE | GP/HOSPITAL |
|--|--------|------|-------------|
| Fits, epilepsy, fainting attacks, blackouts or giddiness? | | | |
| Nervous breakdown, mental illness, depression or other nervous disorders? | | | |
| Allergy to drugs, chemicals or foods? | | | |
| Asthma, eczema or hayfever? | | | |
| Chest problems, e.g. bronchitis, pneumonia or TB? | | | |
| Stomach or bowel problems or recurrent indigestion, diarrhoea or irritable bowel syndrome? | | | |
| Migraine or frequent headaches? | | | |
| Bladder or kidney trouble? | | | |
| Rheumatism, rheumatic fever or arthritis? | | | |
| Diabetes, psoriasis or other skin complaints? | | | |
| Ear infections, deafness or do you wear a hearing aid? | | | |
| Eye disease/infections or do you wear spectacles/lenses? | | | |
| Back ache, back injury or slipped disc? | | | |
| Hernia (rupture)? | | | |
| Blood disorders? | | | |
| Heart trouble/angina, chest pains? | | | |
| High blood pressure? | | | |
| Jaundice or any form of hepatitis? | | | |
| Difficulty bending/lifting or standing for a long time? | | | |
| Tendon problems e.g. tenosynovitis? | | | |
| Have you had any serious illness, infection, operation or injury not mentioned above? | | | |
| Have you lived or worked abroad? | | | |
| Are you taking any tablets/medication at present? | | | |
| Are you willing to attend a Company medical? | | | |

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|---|
| Is your ability to perform the particular job for which you are applying limited in any way? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If so, explain why and how we can overcome the problem: |
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| Do you have a relevant current driving licence? <input type="checkbox"/> YES <input type="checkbox"/> NO Give details of any current endorsements: |
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Note: If you are invited to attend an interview and your driving licence is relevant to your application, please bring it with you.

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| Give details of any unspent criminal convictions that you may have (as in accordance with the Rehabilitation of Offenders Act 1974) |
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Employment

List below present and past employment, beginning with your most recent.

| Name & Address of Employer | From: Month Year | To: Month Year | Starting Salary/wage | Leaving Salary/wage | Name of Manager |
|----------------------------|----------------------------|-------------------|-------------------------|------------------------|-----------------|
| | | | £ | £ | |
| | | | per | per | |
| | Job Title: | | | | |
| | Describe the work you did: | | | | |
| | | | | | |
| | | | | | |
| Telephone: | | | | | |
| Type of Business: | Reason for Leaving: | | | | |
| | | | | | |

| Name & Address of Employer | From: Month Year | To: Month Year | Starting Salary/wage | Leaving Salary/wage | Name of Manager |
|----------------------------|----------------------------|-------------------|-------------------------|------------------------|-----------------|
| | | | £ | £ | |
| | | | per | per | |
| | Job Title: | | | | |
| | Describe the work you did: | | | | |
| | | | | | |
| | | | | | |
| Telephone: | | | | | |
| Type of Business: | Reason for Leaving: | | | | |
| | | | | | |

References

Please provide names, addresses and occupations of two referees (not relatives), preferably previous employers, whom we may approach with regard to your application at an appropriate and later date after obtaining your permission.

| | |
|------------|-------------|
| Name: | Name: |
| Occupation | Occupation: |
| Address: | Address: |
| | |
| Telephone: | Telephone: |

I declare that to the best of my knowledge and belief the information given in this application is correct. I understand that, if appointed, the information given will form part of my contract with the Company:

Signature: _____ **Date:** _____

For Office Use Only

| | |
|--------------------------------|-------|
| Application form evaluated by: | Date: |
| Comments: | |
| | |
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|-----------------------|-----------|-------|--------|--|---------|
| Action: | | | | | |
| 1 st Stage | INTERVIEW | Date: | REJECT | | or HOLD |
| 2 nd Stage | INTERVIEW | Date: | REJECT | | or HOLD |
| 3 rd Stage | JOB OFFER | Date: | REJECT | | or HOLD |

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|-----------------------|
| Offer details: |
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