



PRIVATE & CONFIDENTIAL

Please answer all questions using block capitals. Circle where necessary.

PERSONAL DETAILS

Surname		
Forename(s)	Gender	Male/Female
Title		
Date of Birth	Status	Married/Single/Widowed/Divorced/Separated
Address		
	Home Telephone N°	
	Mobile Telephone N°	
Postcode		
Nationality	National Ins N°	

Car Owner	Yes/No	
Current Driving Licence	Yes/No	
Endorsements	Yes/No	If yes, please give details
Are you a smoker?	Yes/No	
Do you have any disabilities?	Yes/No	If yes, please give details (continue on a separate sheet if necessary)
Do you take regular medication?	Yes/No	If yes, please give details
Have you any Criminal convictions?	Yes/No	If yes, please give details

DETAILS OF EMPLOYMENT

Please list, giving current/last employer first

Company Name & Address	Period of Employment From To	Position Held, Duties & Responsibilities	Reason for Leaving	Salary

Period of notice required

Interests – please give brief details of pastimes, sports, hobbies etc

Suitability for position applied for – please continue on a separate sheet if necessary

How did you hear of this vacancy?

Declaration

I declare that the information on this form is, to the best of my knowledge, true and complete and that I have no objection to my statements being verified. I understand that any false statements render me liable to dismissal if engaged

Signature

Date

DETAILS OF EDUCATION

School(s) (from age 11) From	To	Examinations & Results (please state grades)
College/University		Courses & Results
Further Education & Formal Training		Courses & Results
Professional Membership & Qualifications		

References

Please give details of two people who we may contact for references. These should be selected from the following list in the order given:

- Current or last employer
- Previous employer
- School/college
- Personal referee (not including relatives)

Air Management Solutions Ltd reserves the right to contact any of your previous employers

Details	First Referee	Second Referee
Name		
Company Name		
Address		
Tel N°		
Position/Occupation		
Capacity in which known		
Length of time known		

May we approach this person prior to interview?

Pre-Employment Medical Questionnaire

Please complete all questions in ink, using block capitals. Circle where necessary.

PERSONAL DETAILS

Position Applied For	Date of Application
Surname	Forename(s)
Date of Birth	Age
Home Address	Name & Address of Family Doctor/G.P.
Home Tel N°	Mobile N°

OCCUPATIONAL HISTORY

Has your past employment ever been terminated on the grounds of ill health?	Yes/No
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Approximately how many days/weeks sickness or absences have you had ... (below)

In the last 6 months:		12 months prior to that:	
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MEDICAL HISTORY

Height		Weight	
Do you smoke	Yes/No	Currently on medication?	Yes/No

When did you last visit your family

Date:

doctor?

How many units of alcohol do you consume each week? ½ pint =1 unit

Are you currently under the care of a doctor or other medical professional?

Yes/No

Are you currently suffering or have you ever suffered from any of the illnesses listed below?			
Heart Trouble	Yes/No	Lung Disease	Yes/No
Joint Problems	Yes/No	Diabetes	Yes/No
Severe Stress	Yes/No	Serious Accident	Yes/No
Hernia or Rupture	Yes/No	Kidney/Bladder Disorder	Yes/No
Depression/Anxiety	Yes/No	Hearing/Sight Problems	Yes/No
Stomach/Bowel Trouble	Yes/No	Jaundice/Hepatitis	Yes/No
Allergies	Yes/No	Headaches/Migraines	Yes/No
High Blood Pressure	Yes/No	Asthma	Yes/No
Back/Neck Complaints	Yes/No	Fits/Epilepsy/Blackouts	Yes/No
Skin Complaints	Yes/No	Surgical Operations	Yes/No

Any other condition/disability/problem, not listed above, you feel we should know?

If you have answered 'Yes' to any of the questions above, please give details as to why; including dates, amount of time off work, treatment, any reoccurrence of the condition.

Continue on separate sheet if more space needed

Declaration

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. I understand that my medical documents may be called for, should the need arise, and if any of the information above is contradicted, it may also lead to dismissal.

Signature.....

Date.....

