

Position Applied For:
Date of Application:

CV Supplied:

APPLICATION FOR EMPLOYMENT

STRICTLY PRIVATE AND CONFIDENTIAL

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

No

Yes

	Per	sona	l Detai	ils		
Title:						
Full Name:						
Address:						
Post Code:						
Tel No:						
Mobile No:						
Email Address:						
Date of Birth:						
Status:	Mar	ried	Single	Divorced	Separated	Widowed
Nationality:						
National Insurance No:						
Are you a Car Owner?		YES	NO			
Current Driving Licence?		YES	NO			
Any Endorsements?		YES	NO			
If Yes, please provide Deta	ils:					
Do you have any Criminal		YES	NO			
Convictions?						
If Yes, please provide Deta	ils:					



Education

0 1/5 44)		
School (From age 11):	From - Until	Exam Results (inc Grades):
College University:		Courses inc Results
,		
Further Education		Courses inc Results
Drafassianal Qualifications		
Professional Qualifications:		

References

Please give details of two people who we may contact for a reference. These should be your current, last or previous employer, school or college or personal referee (excludes relatives).

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

Details:	First Re	feree:	Second Re	feree:
Name:				
Company Name:				
Address:				
Telephone Number:				
Position/ Occupation:				
Capacity in which known:				
Length of time known:				
May we approach this	YES	NO	YES	NO
person prior to interview:				



Employment History

Please give current / last employer first

Company Name:		
Company Address:		
Position Held & Duties:		
Period of Employment:	From:	To:
Reason for Leaving:		
Salary:	£	
Company Name:		
Company Address:		
Position Held & Duties:		
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Reason for Leaving:		
Salary:	£	
Company Name:		
Company Address:		
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Company Name:			
Company Address:			
Position Held & Duties:			
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Period of Employment:	From:	To:	
Reason for Leaving:			
Salary:	£		
Company Name:			
Company Address:			
Company Address.			
Position Held & Duties:			
Period of Employment:	From:	То:	
Reason for Leaving:			
Salary:	£		
	•		
Pariod of Notice Poquired:			
Period of Notice Required:			
I I	nterests & Hobb	ies	
Please give brief details of p	astimes, sports,	nobbies etc:	



Suitability

Please explain why you feel you are suitable for the position applied for:
How did you hear about 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:



Pre-Employment Medical Questionnaire

Strictly Private and Confidential

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

Medical Details

Name of Family Doctor	/ GP:			
Surgery Name:				
Address:				
Telephone Number:				
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	Mea	cai into	ormation	
Height:		Weig	 ght:	
Do you Smoke?	YES NO		s - How many per day?	
Do you wear Glasses?			s – Last Eye Test Date?	
Do you have any	YES NO	If Yes	s – Last Hearing Test Date?	
hearing problems?				
			T	
How many units of Alco	•			
consume each week (1/	2 pint = 2	L unit)		
When was the last time	vou visit			
your GP / Doctor?	you visit	Eu		
Are you currently under	the care		If yes – please give details:	
GP/Doctor or other med		: Oi a	ii yes – piease give details.	
professional?	ılcai			
professionar:				



Do you have any medical disabilities?	If yes – please give details:
Do you currently take regular medication?	If yes – please give details:

Finally, 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	Jaundice / Hepatitis	YES	NO
Stomach / Bowel Trouble	YES	NO	Headaches / Migraines	YES	NO
Allergies	YES	NO	Asthma	YES	NO
High Blood Pressure	YES	NO	Lung Disease	YES	NO
Back / Neck Complaints	YES	NO	Fits / Epilepsy / Blackouts	YES	NO
Skin Complaints	YES	NO	Surgical Operations	YES	NO

If you have answered YES to any of the above, please provide details:					



Occupational History

Have your past employment ever been terminated on the grounds of ill health?	YES	NO
Approximately how many days / weeks sickness or absence have you had;		
In the last 6 months >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		
In the 12 months prior to that >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		

Declaration:

I hereby declare that the medical 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:		
	**********		*******	