



Please carefully read this form and answer all the applicable questions honestly and truthfully. When completed, please read the declaration and consent under the Data Protection Act at the end of the form, and sign and date it.

Post Applied for		Depot	
Full Name			
Home Address			
E mail address		National Insurance Number	
Mobile Telephone		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Sex	Date of Birth	Smoker Y/N	

No. of points

Are you subject to any pending motor offences?

No

☐

Yes

☐

If yes, please give details:

Date of offence

Details

Have you ever been refused a licence or entitlement?

No

☐

Yes

☐

Have you ever had your licence revoked or taken away?

No

☐

Yes

☐

Have you ever been refused motor insurance?

No

☐

Yes

☐

If yes to any of the above questions, please give details:

Please give details of any road accidents, blameworthy or otherwise, in which you have been involved in the last five years. Please include dates and damage repair costs if known.

Give details of any criminal convictions in the past five years, together with ANY which have resulted in a prison sentence. If none, you must write NONE here. (exclude those spent under the Rehabilitation of Offenders Act 1974)

Bus drivers, escorts and certain other employee categories are required to receive Criminal Records Bureau Clearance to undertake their roles. Are you willing to undergo CRB checking?

No

☐

Yes

☐

Please answer the questions below. Write YES or NO and give details if required.

Are you legally eligible to live and work in the UK in accordance with the Asylum and Immigration Act 1996?

No ☐ **Yes** ☐

Can you provide a specified document such as passport, P60, or UK birth certificate?

No ☐ **Yes** ☐

Are you generally in good health? If NO, give details.

No ☐ **Yes** ☐

During the last 24 months have you taken sick leave? If YES, please state number of occasions and number of days.

No ☐ **Yes** ☐

Are you receiving medical treatment for any condition? If YES, give details.

No ☐ **Yes** ☐

Have you in the past 10 years had a period of illness resulting in a long-term (more than 4 weeks) absence from work?

No ☐ **Yes** ☐

Are you registered disabled or do you suffer otherwise from any disability? If YES, give details and adjustments that would help you in employment.

No ☐ **Yes** ☐

(The Disability Discrimination Act 1995 defines disability as 'a physical or mental impairment which has a sustained or long term adverse effect in a persons ability to carry out normal day-to-day activities')

Do you have outside commitments that could limit you working hours, such as being a JP, councilor in local government or member of the TA? If YES, please give details.

No ☐ **Yes** ☐

Work Availability

If currently employed, how much notice will you have to give your current employer?

Do you have existing holiday commitments? If **YES**, please give details.

No

Yes

Education and Skills

Please give details of schools, colleges and universities attended since age 14.

Name of Establishment

Date Attended

Qualifications Obtained

Please give details of other skills and qualifications you have obtained.

Employment

Are you currently employed? If **NO**, please give reason. No

Yes

Have you ever been dismissed by an employer? If **YES**, please give details of what happened.

No

Yes

Please give details of your past employment. Start with your current or last employer first.

Name

Address

Position

Rate of Pay

Dates

Do you have any part-time or evening jobs that you intend to continue? If **YES**, give details.

No

Yes

Interests and Hobbies

Please give details of any interests and/or hobbies.

Personal Qualities

Please include below what qualities you can offer Stephenson's and outline the reasons why you are interested in the position.

References

Please give the name and addresses of two people that we may contact for references. One must be a past employer.

Name

Address

Telephone

How do you know the referee?

Name

Address

Telephone

How do you know thereferee?

DECLARATION (Please read this carefully before signing this application)

- 1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.**
- 2. I agree that the Stephensons reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contracting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.**
- 3. I agree that should I be successful in this application, I will, if required, be asked to undergo CRB clearance. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.**
- 4. I agree to drug/alcohol testing in line with procedures and acknowledge that failure of ether of these tests will result in dismissal.**

Signed..... Date.....

IMPORTANT:

For this application to be valid you must also complete the attached Pre-Employment Medical Questionnaire. If you do not, your application cannot be considered.

**Stephensons of Essex is an Equal Opportunities employer.
All information given will be treated in strict confidence.**



PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

Data Protection Notice:

All information disclosed will be treated in the strictest confidence and will be used only for the purposes detailed in the Data Protection Notice 1998

Information is requested prior to you commencing employment with the company, in order to ensure you are able to carry out the requirements of the job, ensure your personal safety and to meet our statutory obligations imposed by the relevant Health and Safety regulations.

We also request this information to establish if we may need to make any reasonable adjustments to assist you in performing the work in accordance with the requirements under the Disability Discrimination Act 1995.

Your doctor will not be contacted without your prior written consent.

FULL NAME:

DATE OF BIRTH:

Medical History

Have you ever suffered from any of the following ailments in the past?

Please give full details where appropriate in the space provided on page 8.

	No	Yes
Heart problems, such as angina, hypertension heart attack or stroke.	<input type="checkbox"/>	<input type="checkbox"/>
Circulatory problems such as varicose veins, phlebitis thrombosis.	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory problems, such as asthma or severe bronchitis.	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes.	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or fainting or panic attacks.	<input type="checkbox"/>	<input type="checkbox"/>
Skin disorders.	<input type="checkbox"/>	<input type="checkbox"/>
Back trouble, arthritis, or rheumatism.	<input type="checkbox"/>	<input type="checkbox"/>
Injuries to bones, joints, or tendons, including wrist tendons or bone fractures. Have you undergone any surgery or operation within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on any medication?	<input type="checkbox"/>	<input type="checkbox"/>
Have you suffered from any significant heart problem, including eyes, hearing or skin etc.?	<input type="checkbox"/>	<input type="checkbox"/>

	No	Yes
Have you ever worked in an industry with high noise levels, being directly exposed to asbestos or other hazardous materials, or had to use handheld vibratory tools?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever made a claim for an industrial disease or injury?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU HAVE ANSWERED **YES** TO ANY OF THESE QUESTIONS PLEASE GIVE DETAILS BELOW, OR ELSE WRITE **NONE**

Signed: Date:

Office use only.

Form Received by: Date.....