

# Confidential Application for Employment



Position applied for: \_\_\_\_\_  
Available start date: \_\_\_\_\_

Prepared to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Shift work \_\_\_\_\_

**Personal Details**

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_  
Telephone Day: \_\_\_\_\_ Evenings: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email Address: \_\_\_\_\_ National Insurance Number: \_\_\_\_\_

Do you own a car? YES / NO      Do you have a driving licence? Provisional \_\_\_\_\_ Full \_\_\_\_\_ HGV \_\_\_\_\_ No \_\_\_\_\_  
What date does your licence expire? \_\_\_\_\_ Do you have any current endorsements? No \_\_\_\_\_  
Yes (details) \_\_\_\_\_  
Do you have a Driver card? \_\_\_\_\_ What date does your card expire? \_\_\_\_\_  
Do you have a Driver Qualification Card (Driver CPC Card) \_\_\_\_\_ What date does your card expire? \_\_\_\_\_  
Are you in good health? YES / NO      Do you have any disabilities which may affect your application? YES / NO  
Describe disabilities and any reasonable adjustments to our recruitment process or to the job itself that would assist you \_\_\_\_\_  
Do you have any other vocational qualifications? (ADR, CPC, DGSA, CITB, FORKLIFT) \_\_\_\_\_  
Do you speak or read a foreign language? YES / NO Give details \_\_\_\_\_

Interests/Hobbies/Sports/Pastimes \_\_\_\_\_  
Offices held in social/sports cubs etc \_\_\_\_\_  
Public Duties (JP, Councillor etc) undertaken \_\_\_\_\_  
Member of Territorial Army? \_\_\_\_\_  
Any Community/volunteer experience? \_\_\_\_\_

Have you ever been convicted of a criminal offence? (declaration subject to the Rehabilitation of Offenders Act):  
\_\_\_\_\_

Are you a member of a professional organisation? \_\_\_\_\_

If offered this position, will you continue to work in any other capacity?  
\_\_\_\_\_

Do you need a work permit to work in the UK? YES / NO

**Previous employment** (please include details of your most recent employment first, and then work backwards)

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Start date \_\_\_\_\_ Leaving date \_\_\_\_\_

Starting Pay £ \_\_\_\_\_ Per \_\_\_\_\_ Leaving Pay £ \_\_\_\_\_ Per \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Start date \_\_\_\_\_ Leaving date \_\_\_\_\_

Starting Pay £ \_\_\_\_\_ Per \_\_\_\_\_ Leaving Pay £ \_\_\_\_\_ Per \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employee referees**

Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Contact telephone numbers \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Contact telephone numbers \_\_\_\_\_

**If you wish to do so, please give details of who should be contacted in case of an emergency**

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Contact telephone numbers \_\_\_\_\_

It is the company's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any protected characteristic.

I authorise the company to obtain references to support this application once an offer has been made and accepted and release the company and referees from any liability caused by giving and receiving information.

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**DRS Logistics LTD, 3 Hodgkinson Road, Felixstowe, IP11 3QT**



DRS Logistics Limited  
 Hodgkinson Road  
 Felixstowe  
 Suffolk  
 IP11 3QT

## MEDICAL QUESTIONNAIRE - *Confidential*

**Full Name:** .....

Please provide the following medical information in order for us to assess whether you are able to carry out the requirements of the job, to ensure your personal safety and for us to comply with any statutory requirements. This information will be treated in the strictest confidence and will only be used in compliance with the Data Protection Act 1998.

<b>Do you now, or have you ever suffered from any of the following? Please tick Yes or No in respect of each condition.</b>					
Dermatitis/Eczema	Yes	No	Heart Problems	Yes	No
Skin Cancer	Yes	No	TB	Yes	No
Gastric Ulcers	Yes	No	Sclerosis	Yes	No
Deafness/Ear Infections	Yes	No	Rheumatism/Arthritis	Yes	No
Recurrent Back Pain	Yes	No	Alcohol dependency	Yes	No
Sinusitis	Yes	No	Fibrosis	Yes	No
Tenosynovitis	Yes	No	Fits (e.g. epileptic)	Yes	No
Chest Trouble	Yes	No	Fainting attacks/giddiness	Yes	No
Eye Disorders	Yes	No	Migraine	Yes	No
Bronchitis/Asthma	Yes	No	Nervous breakdown	Yes	No
Hay Fever	Yes	No	Mental disorders	Yes	No
Rheumatic Fever	Yes	No	Drug dependency	Yes	No
Diabetes	Yes	No			
<b>If the answer is yes to any of these conditions, please give dates and details in the space provided below:</b>					

<p>How many times in the last 5 years have you had more than two consecutive weeks off sick from work. Please give approximate dates and details of the illnesses</p>	
<p>How many days have you had off sick in the last two years?</p>	
<p>Please give details of any medical treatment you are receiving at the moment.</p> <p>Please give the names of any medication you are taking.</p>	
<p>Have you had any serious illness or operation in the last 5 years? Please give details.</p>	
<p>Have you worked in an industry with high noise levels or been exposed to the use of hand held vibratory tools? Please give details and dates.</p>	
<p>Have you ever made a claim for an Industrial Disease or Injury? Please give details.</p>	
<p>Do you consider yourself to be disabled? If so, are there any special adjustments we will need to make to assist you in your duties?</p>	

<p>I certify that I have answered the questions in this questionnaire honestly and fully and that I am not otherwise aware of any physical or mental disability, which will or may affect my working capacity. I am aware that any false or incomplete statement may affect my appointment or future employment.</p>	
<p>Signed:</p>	<p>Date:</p>