



TOOL & PLANT HIRE
Employment Application Form

Personal Details			
Surname		First Names	
Mr / Mrs / Miss		Home Telephone Number	
Address		Work Telephone Number	
		May we contact you at work	<input type="checkbox"/> yes <input type="checkbox"/> no
		Date of Birth	
Post code			

How did you hear about the vacancy

--

Education Details

Last school attended	
Name	
Address	
Date from	Date to

College, Further Education	
Name	
address	
Date from	Date to

Qualifications	Courses

Employment History

Present employer first.

Name of employer	Telephone number
Address	
Date from	Date to

Name of employer	Telephone number
Address	
Date from	Date to

Name of employer	Telephone number
Address	
Date from	Date to

Criminal Convictions

Have you ever been convicted of a criminal offence

 yes no

If yes give details

--

General

Are you prepared to work overtime if necessary

 yes no

Length of notice you need to give

	weeks
--	-------

Medical Questionnaire (Strictly Confidential)

GP's Name
GP's Address
GP's Telephone number

Past and Present Medical History

Do you have or have you suffered from any of the following (please tick box's)

	yes	no	If yes please give details with dates
Have you Fainting attacks			
Fits			
Recurring headaches			
Mental illness			
Nervous breakdown			
Ear trouble or deafness			
Eye trouble or defective vision			
Recurring chest disease eg bronchitis			
Asthma/hay fever/allergies			
Heart problems			
High blood pressure			
Varicose veins/hernias			
Back problems			
Muscle or joint problems			
Broke bones			
Skin problems			
Diabetes or thyroid problems			
Liver problems			
Urinary/kidney problems			
Recurring bowel problems			
Stomach problems			
Blackouts			
Have you had an operation			
Serious illness			
A disease or injury caused by work			
Are you currently under going treatment			
Are you registered as disabled			
Do you smoke			
Do you drink			

The number of days you have been off work sick in the past year.

Been refused life insurance at the normal rate

 yes

	day
	no

Driver Questionnaire

Do you have a current full driving licence

 yes no

The date you passed your driving test

Driving Licence Number

Is your licence free from endorsements

 yes no

If no please give details, including the number of points for each offence

<input type="text"/>
<input type="text"/>

Have you been disqualified from driving in the last 5 years

 yes no

Have you been refused motor insurance in the last 5 years

 yes no

Medical Questionnaire (Strictly Confidential)

GP's Name

GP's Address

GP's Telephone number

Personal References

Please give details of two people we could approach for references

Name	Occupation
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Telephone number	

Name	Occupation
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Telephone number	

I hereby declare that the information contained in this form is true and complete.

Signed	Print name
Date	