

Access I.T. Ltd

The Old Grain Store, Brenley Farm, Brenley Lane, Boughton, Faversham ME13 9LY
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APPLICATION FOR EMPLOYMENT

This form is completed by you and we are bound by the Data Protection Conditions
(Please complete all pages in BLOCK CAPITALS)

PERSONAL DETAILS

Position applied for:

Surname:

Forenames:

Title: Mr Mrs Miss Ms

Other (specify)

Next of kin:

Tel No:

Address:

Do you hold a current diving licence?

Yes No

Is this a clean licence? If not, state why:

Yes No

Groups:

Available to start work (Date):

Address:

Postcode:

Telephone number (day):

Telephone number (eve):

Email:

Nationality:

National Insurance Number: _ _ _ _ _

Source of application (paper etc):

Marital Status:

Are you undertaking any position of responsibility
outside of work? (e.g. School Governor, Council
Duties, Hospital Board etc)

Salary Required:

EDUCATION (after primary school): Please continue on a separate sheet if necessary

School/College/University	From Month/Yr	To Month/Yr	Subject/Qualification	Examination	Grade
Training or Apprenticeship	From Month/Yr	To Month/Yr	Subject/Qualification	Trade	Grade

Do you speak or write any other languages other than English?

If so please specify:

Have you completed any other professional or technical qualifications since completing full time education?

If so please specify:

WORK HISTORY

Are you currently employed? Yes No

If NO how long have you been unemployed (weeks)?

If YES state notice required by your present employer:

Give details of your last THREE employers, entering you last or present employer first:

Employer's Name & Address	Position Held	From Month/Yr	To Month/Yr	Gross pay on leaving per hour or per month	Reason for leaving

Service with HM Forces

Description	From Month/Yr	To Month/Yr	Trade

Have you applied to this company for employment in the past? Yes No

If YES, give month and year

Do you already have any holiday arranged for this year?

If YES, please give dates Yes No

Do you know anyone currently working for the company? Yes No

If YES, give name & relationship

REFERENCES

Please give the details of two persons to act as references on your behalf.

One must be connected with your last employer and one with a previous employer

Note : We will *not* contact a current employer without your permission

If you do not have a work history then please give name of a contact at your last place of education

Referee's Name	Position Held	Company	Telephone Number

CONFIDENTIAL & SENSITIVE INFORMATION

This page contains sensitive data and will only be disclosed to the HR Officer and Company Directors

MEDICAL DETAILS

What is your weight? (approx) What is your height? (approx)

Are you registered disabled? Yes No

Give details of any physical disability

If you answer 'yes' to any of the following medical questions, please give further details in the space provided

Details

Have you ever suffered from an industrial disease or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at present under medical supervision/or receiving treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you attending or waiting to attend hospital for treatment or surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have hay fever or any allergies to any drugs, chemicals or other materials or substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever received advice or treatment regarding alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever suffered from or had treatment for any of the following?		
Back trouble, slipped disc, arthritis, rheumatism, or other joint or muscular problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fits, epilepsy, fainting, blackouts or giddiness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recurrent headaches or migraine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Finger, hand, wrist shoulder or neck problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart attack, angina, high blood pressure/other heart disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asthma, bronchitis, emphysema or other chest disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eye disease/defect not wholly corrected by glasses including colour-blindness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes or other hormonal disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stomach/bowel problems or indigestion including hernias?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Psychiatric or psychological illness or breakdown anxiety, depression or diseases of the nervous system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bladder or kidney trouble?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dermatitis, eczema, psoriasis or other skin problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any long term illness, infection, operation or injury not given above (other than childhood illness)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

REASONS FOR LEAVING PERMANENT EMPLOYMENT

Have you ever been dismissed or asked to resign? Yes No

If YES please give details

CRIMINAL CONVICTIONS (IF ANY)

Have you ever been convicted of a criminal offence which is not yet 'spent' under the Rehabilitation of Offenders Act

FURTHER INFORMATION WHICH MAY HELP YOUR APPLICATION

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DECLARATION BY APPLICANT

I certify that the information I have given is to the best of my knowledge and belief, true and complete and I understand that:

- a) any false or misleading statement may be sufficient cause for rejection or, if appointed, dismissal;
- b) I may be required to attend a medical examination paid for by the Company; and,
- c) the information that I have provided in this application form and any other personal data (including sensitive personal data) that I may provide during my employment with Access I.T. Ltd may be transferred to, held (in manual or electronic form) and used for all purposes in connection with personnel and/or other administrative matters including without limitation (other than Data Protection Legislation) management planning and forecasting and I expressly consent to such processing.

Signature

Date

Thank you for completing this application form. Please send it to Jane Chakravorty at the address found on page 1 of this form.