

Application for Employment

For Office Use Only

Start Date	<input type="text"/>
Salary	<input type="text"/>
Full/Part Time	<input type="text"/>

CONFIDENTIAL

Please complete each section in capitals using black ink and return this form to:
Personnel Department, Dockgate 4 Limited, 1 South Western House, Southampton SO14 3AS

The information you give will be treated as strictly Confidential and all or part may be contained in a computerized system in which case the requirements of the Data Protection Act will be complied with fully.

GENERAL INFORMATION

Position Applied for:	<input type="text"/>	How did you hear about the vacancy?	<input type="text"/>
Date Available:	<input type="text"/>	Date of Birth:	<input type="text"/>
		Place of Birth:	<input type="text"/>
Full Time/Part Time	<input type="text"/>	Nationality:	<input type="text"/>

PERSONAL DETAILS

Mr/Mrs/Miss/Ms: FIRST NAME:	SURNAME:
Address:	Previous Name: (if applicable)
	Telephone: Home - Work -
	National Insurance No:

Professional Organisation Membership/s:

Current Driving Licence: Yes / No	Car Owner: Yes / No
Have you every been convicted of a criminal offence, which is not spent as defined in the Rehabilitation of Offenders Act 1974?	Yes / No

OTHER INFORMATION

Industry Specific Qualifications:

Languages spoken and fluency:

Machine Operation Qualification:

EDUCATION / QUALIFICATIONS

School / College	From	To	Examination / Qualification	Grade	Year

EMPLOYMENT HISTORY

Start with the most recent employment.
Show periods of unemployment

EMPLOYER	From	To	Job Title / Duties	Salary	Reason for Leaving

TRAINING COURSES

BIIAB on Licence: Yes / No

SUBJECT / COURSE	QUALIFICATION	DATE

NON-BRITISH & NON-NATIONALS

Date of Entry into the UK:		How long are you intending to stay in the UK?	
Do you have a work permit?	Yes	No	If yes, state type and number:

EMERGENCY INFORMATION

In case of emergency whom should we contact?		
Relationship:	Address:	
Tel No Home:	Work:	Mobile:

REFERENCES

Do not contact

Please indicate if you do **NOT** wish us to contact your current employer:

Name & Title	Address	Contact Details	School / College / Employer

ETHNIC ORIGIN

White European	White Other	Black Caribbean	Black African
Black Other	Indian	Pakistani	Bangladeshi
Chinese	Other	Not Known	

DECLARATION

I certify that all the information given here is true and I accept that any miss-statement or suppression of material may mean the cancellation of any appointment. Any application is subject to the receipt of satisfactory references.

DATE: **SIGNATURE OF APPLICANT:**

South Western House Southampton SO14 3AS

HEALTH DETAILS

Name and address of GP:

	Yes	No
Have you within the last 3 years had any illness or accident which caused you to be off work for more than 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
If yes what was the illness or accident?		
Have you within the last 3 years attended an outpatient clinic or had a course of treatment (tablets, injections or physiotherapy lasting 1 month or more)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you receiving such treatment now?	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Have you a permanent disability?	<input type="checkbox"/>	<input type="checkbox"/>
Are you registered disabled and hold a green card?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is the number?	<input type="checkbox"/>	<input type="checkbox"/>
What is the expiry date?		

Have you ever suffered from or are suffering now any of the following?

	Yes	No
Fits, Epilepsy or blackouts?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Depressive illness or nervous trouble?	<input type="checkbox"/>	<input type="checkbox"/>
Typhoid, paratyphoid, cholera, dysentery, hepatitis, tuberculosis, parasitic infection, recurring diarrhoea?	<input type="checkbox"/>	<input type="checkbox"/>
Skin diseases, recurring boils or dermatitis?	<input type="checkbox"/>	<input type="checkbox"/>
Allergy (to drugs or to handling any substances)	<input type="checkbox"/>	<input type="checkbox"/>
Ear ache or ear infection?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been refused employment on medical grounds?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give details		
Would you be prepared to provide such specimens as may be required by the company doctor, to ensure you are not a carrier of any organism which may be passed on in food?	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION

What qualities could **you** bring to Dockgate 4:

Say why you enjoy working in the Hospitality industry:

DECLARATION

The answers supplied to the above health questions are true to the best of my knowledge.

Furthermore, I undertake to report immediately to my Manger if I or a member of my family, is suffering from vomiting, diarrhoea, skin rash or discharge from ears, eyes, nose or any other site.

1. After returning to, but before re-starting work, after any of the above illnesses.
2. After returning from holiday abroad, having suffered from vomiting and diarrhoea for more than two days.

SIGNED:

DATE:

DATA PROTECTION

Our company is bound by legislation relating to the Data Protection Act, and you are required to sign the disclaimer below:

I agree to be bound over by the terms of the Data Protection Act and agree not to disclose any personal or private information that I may have access to whilst in the employ of Dockgate 4 Limited.

All such information will remain the property of Dockgate 4 Limited and will remain privileged to my position with the company.

SIGNED:

DATE: