

EMPLOYMENT APPLICATION FORM

Labone Castleside has an equal opportunities policy and we welcome applications from people of all background regardless of sex, race, marital status, colour, nationality and religion, ethnic or national origins. Under the Equal Opportunities Policy this information will not be used in determining your suitability for the position applied for. If you are disabled, please let the Human Resources Department know if you need assistance to complete this form and, if selected for interview, any specific requirements which are necessary for you to attend.

Position Applied For

Full Name (BLOCK LETTERS) Mr/Mrs/Miss/Ms/Other

Address (BLOCK LETTERS)	Home Telephone No.
	Mobile Telephone No.
	Daytime Telephone No.
	E-mail Address.
	National Insurance No.
Nationality.	

Do you smoke?	Do you hold a current driving licence? Please advise of any current endorsements.
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Have you ever been convicted of a criminal offence?

(There is no obligation to declare conviction which are 'spent' under the terms of the Rehabilitation of Offenders Act 1974).

Please tick the relevant boxes below to enable us to monitor our equal opportunities policy. Monitoring is recommended by the code of practice for the elimination of racial discrimination and for the discrimination on the grounds of sex and marital status. This information is used for no other purposes and will be treated as confidential.

Sex	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Ethnic Groups:	
Bangladeshi	<input type="checkbox"/>
Black African	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
White	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>

EMPLOYMENT HISTORY

Present or last employer.	
Date Employment Commenced:	Date Employment Ended:
Reason/s for leaving:	
Position held and type of work.	
Salary/Benefits:	
Current notice period if still employed: (If the notice period is measured by months please clarify if this is calendar months or weeks)	
Previous Employer.	
Date Employment Commenced:	Date Employment Ended:
Reason/s for leaving:	
Position held and type of work.	
Salary/Benefits:	
Have you worked for Labone Castleside before?	
Employment dates:	
Do you have any friends or relatives that work for Labone Castleside? Please state name and relationship.	
Do you offer flexibility in terms of location and ability to travel? YES/NO	
Please detail your availability for interview.	
Salary Expectation: £	

Please supply us with names and address of two references that we may contact, one of which must be your current or previous employer. We confirm that referees will not be approached without your permission.

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Tel No.:	Tel No.:
Position:	Position:

MEDICAL HISTORY

<p>Are you in good health? If no please provide further detail/s</p>	<p>YES / NO</p>
<p>If you answer yes to any of the following questions, please provide further details.</p> <p>Do you have any disabilities, which may affect your application? YES/NO</p> <p>Do you suffer from any medical condition, which might affect your performance in the job? (When answering this question please take into account the following conditions):</p> <p>Have you ever suffered from, or do you suffer from:</p> <p>Any heart trouble (e.g. angina, high blood pressure)? YES / NO</p> <p>Any chest trouble (e.g. chronic bronchitis, asthma, tuberculosis)? YES / NO</p> <p>Any stomach trouble (e.g. ulcer, colitis)? YES / NO</p> <p>Any back trouble, rheumatism or arthritis? YES / NO</p> <p>Any skin trouble (e.g. dermatitis, eczema, psoriasis)? YES / NO</p> <p>Any 'blackouts', fainting attacks, fits or epilepsy? YES / NO</p> <p>Any nerve trouble (e.g. anxiety, depression, debility etc.)? YES / NO</p> <p>Any other chronic disease or injury? YES / NO</p> <p>Discharging ears? YES / NO</p> <p>Any impairment of hearing? YES / NO</p> <p>Any other impediments? YES / NO</p> <p>Are you currently receiving any medical treatment? YES/NO</p> <p>Is there any other medical information that you consider relevant to your application?</p>	
<p>If you have answered yes to any of the above, please consider whether you need to identify any adjustments to our recruitment arrangements that might help you in your application.</p>	
<p>Have you had any period of absence due to sickness lasting more that two weeks during the past two years? If yes, please give brief details, including dates in space provided.</p>	

(Please note that the above information is requested to ensure compliance with our obligations under the Disability Discrimination Act 1995)

EDUCATION, QUALIFICATIONS & SKILLS

Please give details of education and qualifications. (Include name of school or college attended and dates)

Computer & Keyboard Skills: Please describe your working knowledge of computers. Specify applications packages, operating systems and/or programming languages by name and indicate whether your use of named software is "Basic" (B) or "Advanced" (A)

Name of package, system or programming language	B	A	Details of any training courses attended

Languages: Please indicate your knowledge of languages other than English. State whether "Basic" (B) or "Advanced" (A).

Language	Spoken/Written	B	A

Other skills, (e.g. First Aid or Forklift Certificate).

Are you a member of any Professional Institutions? If yes, please give details.

INTERESTS - Please give brief details of any hobbies, sporting activities or club memberships.

When would you be available to start work?

Declaration:

I declare that the information supplied on this document is accurate to the best of my knowledge and belief and may form the basis of an employment contract with Labone Castleside Limited. I understand that my application will be disqualified, or if already appointed my employment will be terminated, if I have knowingly given false information.

Signature..... Date.....