

FIBRECARE APPLICATION FORM

* **DELETE AS NECESSARY**

Position Applied For:	Location EASTBOURNE	Date
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PERSONAL DETAILS

Surname		First Name	
Date Of Birth	Age Last Birthday	Sex Male/ Female	
Marital Status: Single, Married, Widowed, Separated, Divorced	N.I. Number	Maiden Name	
Present Address	Home Telephone number Work Telephone Number Please state if it is convenient to contact you at work <u>Yes / No</u>		
Post Code			

HEALTH

<p>Do you, or have you ever suffered serious illness: <u>YES / NO</u></p> <p>Do you have any ongoing illness that may affect your attendance at work <u>Yes / No</u> (if yes please give further details)</p> <p>Are you willing to undergo medical examination by the company appointed Doctor? <u>Yes / No</u></p>

PREVIOUS EMPLOYMENT: (please list what you have done over the past 3 years with the reasons for leaving):

Date from-to	Employers name	Position held	Reason for leaving	salary

EDUCATION DETAILS: (Please list any qualifications or further education achieved):

Dates form- to	School/college attended	Qualification achieved

REFERENCES.

Please supply 3 profession references (i.e. past employers, college, etc)		
name	organisation	Tel No.

Have you ever been convicted of any criminal offence: (if yes please list): Yes / No

Do you have a full clean Driving licence Yes / No if No please list convictions

How long have you held a full driving licence for ? _____

EXPERIENCE

Do you have any previous experience in this type of work? **Yes / No** (please list)

Please write anything that you feel will support your application:

If you were to be accepted for this position when would you be available to start?

Do you have any commitments that may effect your attendance **Yes / No** (if yes please state)

DECLARATION

I have answered these questions giving accurate answers and understand that if any answers are found to be untrue your employment could be terminated immediately.

Signed _____ Date _____.