

HEALTH QUESTIONNAIRE - Section 2

1. Name and address of GP: DR. HYDE
16 NONSUCH AVENUE - ANYTOWN - PR1 3EY.
- May we request medical information from him/her if necessary? Yes No
2. Have you had a Chest X-Ray in the last 2 years? Yes No
3. Have you ever attended an Outpatients Department for longer than 6 weeks? Yes No
- If Yes, please give details: _____
4. (a) Please place a cross against any undermentioned illnesses from which you have suffered:
- | | | | | | | | |
|--------------|--------------------------|-----------|-------------------------------------|------------------|--------------------------|------------------------|--------------------------|
| Asthma | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Heart Trouble | <input type="checkbox"/> | Rheumatic Complaints | <input type="checkbox"/> |
| Back Trouble | <input type="checkbox"/> | Fits | <input type="checkbox"/> | Hernia | <input type="checkbox"/> | Serious Skin Disorders | <input type="checkbox"/> |
| Bronchitis | <input type="checkbox"/> | Fainting | <input type="checkbox"/> | Migraine | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Hay Fever | <input checked="" type="checkbox"/> | Nervous Disorder | <input type="checkbox"/> | | |
- (b) Are you currently receiving any medical treatment? Yes No
- (c) Do you suffer from colour blindness? Yes No
5. Please give details of any other serious illness, injury, operation, physical defect or disability:
THREE FRACTURED RIBS - BROKEN LEFT ARM.
6. How many days (approximately) have you been absent owing to illness in the last two years? FOUR
7. Are you registered under the Disabled Persons (Employment) Acts 1944 and 1958? Yes No
- If Yes, please complete the following:
Certificate No. _____ Expiry Date: _____
8. Have you been advised by a medically qualified person not to undertake night work? Yes No

UNEMPLOYMENT CONSENT FORM - Section 3

Each period of unemployment must be detailed on this form with name and full address of benefit office.

- Applicant's Full Name: CHARLES ANDREW BLOGGS National Insurance No. ZY 1 2 3 4 5 6 D
- Full address of Benefit Office: 1 UTOPIA ROAD - ANYTOWN - PR1 1TU
Period of unemployment from: 09-07-84 to: 01-01-85
- Full address of Benefit Office: _____
Period of unemployment from: _____ to: _____
- Full address of Benefit Office: _____
Period of unemployment from: _____ to: _____
- Any further periods of unemployment should be completed and authorised on a separate sheet.
- I (name of applicant) CHARLES ANDREW BLOGGS authorise SSR Personnel to apply for details of the unemployment period(s) stated above.
- Signed: C.A. Bloggs Date: 24-07-03

PERSONAL REFERENCES - Section 4

Give the names and addresses of two personal referees known to you in excess of 10 years and in what capacity. These should not be relatives or previous employers. School leavers/graduates should name their headmaster/tutor as applicable:

- | | |
|--|---|
| 1. Name: <u>LORRY SPORTS</u> | 2. Name: <u>SIDNEY BARR</u> |
| Address: <u>1 KINETIC STREET</u> | Address: <u>2 OCEAN AVENUE</u> |
| <u>ANYTOWN</u> | <u>ANYTOWN</u> |
| Postcode: <u>PR3 4YU</u> Profession: <u>WATCHMAKER</u> | Postcode: <u>PR6 5BE</u> Profession: <u>DIVER</u> |

I certify that, to the best of my knowledge, the information that I have given is true and complete. I have never been convicted of any civil or criminal offence or dismissed from employment for any misconduct. I understand that any false statement or omission may render me liable to dismissal without notice or prosecution. I accept that I may be required to undergo a medical examination where requested by the Company and I consent to the results of such examination being given to the Company. I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835, in confirmation of previous employment or unemployment. I authorise storage and retrieval of information supplied on this form and any attachments to assist in the pursuance of my application for employment or for the Company to provide statistical analysis.

I have enclosed _____ sheet(s) with my application

Applicant's signature: C.A. Bloggs Date: 24-07-03

EXAMPLE



Please complete in black ink
 If accompanied by your CV
 please record 'see CV'
 if information can be
 cross referenced.

SSR Personnel Services
 FREEPOST
 London E17 6BR
 Telephone: 020 8626 3100
 Facsimile: 020 8626 3101
 info@ssrgroup.com
 www.ssr-personnel.com

OFFICE USE ONLY

Applicant Ref. No. _____ Location: _____

APPLICANT PROFILE - Section 5

Date of Birth: 21-11-63 Age: 39 Sex: MALE Place of Birth: ANYTOWN
 Country of Origin: ENGLAND Marital Status: MARRIED Former Name: _____
 Partner's Name: VERONICA Partner's Occupation: NURSE Partner's Employer: NHS.
 Children: 2 Age(s): 9 & 11 Accommodation: Owner occupier Rented _____ Parent's Home _____
 Height: 6 FT. Weight: 13 STONE Smoker: Yes No

EDUCATION - Section 6

Name and address of Schools attended	From	To	Exams Passed	Grades
<u>J-P TECHNICAL SCHOOL</u> <u>16 PRESIDENT WAY</u> <u>ANYTOWN PR1 2KR</u>	<u>9/9/74</u>	<u>18/7/80</u>	<u>MATHEMATICS - ENGLISH -</u> <u>PHYSICS - HISTORY.</u>	<u>'A'</u> <u>'A'</u>
	<u>1/1</u>	<u>1/1</u>	<u>ENGINEERING DRAWINGS.</u>	<u>'O'</u>
Name and address of Polytechnics, Colleges, Universities attended	From	To	Type of Course	Highest Qualification Obtained
<u>MONSIEUR UNIVERSITY.</u> <u>1 KEELE ROAD.</u> <u>ANYTOWN VP2 1DK.</u>	<u>14/7/81</u>	<u>6/7/84</u>	<u>ENGINEERING + ELECTRONIC</u> <u>ENGINEERING.</u>	<u>BSC (HONS).</u>
	<u>1/1</u>	<u>1/1</u>		

Membership of Professional Bodies, Training Achievements, etc. INSTITUTE OF ELECTRICAL & ELECTRONICS
ENGINEERS (IEEE).

Do you hold a current Driving Licence? Yes No Do you have your own transport? _____
 Classification: _____ Date of Issue: _____ Yes No Company car: Yes No

Do you have any current or pending motoring offences? If so please state: NO

Do you speak any foreign languages? Yes No If yes, please state which and level of competence: CONVERSATIONAL
SPANISH

Spare time interests: COMPUTING - SAILING - TRAVEL

Have you ever received a police caution, been fined, sentenced to imprisonment or placed on probation for a criminal act (subject to the
 Rehabilitation of Offenders Act): Yes No

Has any order been made against you by a civil or military court or public authority? No Yes Give details: _____

SELF ASSESSMENT - Section 7

Any comments you may wish to highlight as to your abilities or achievements: _____

EXAMPLE

EMPLOYMENT RECORD - Section 8

If this includes a period of self-employment, please give two referees i.e. bank/customer/supplier etc.

Name and full address of current or last Employer:

ACME LTD.
1 BATTERY ROAD.
ANYTOWN

Description of your duties/responsibilities:

RESPONSIBLE FOR THE PROFESSIONAL
INSTALLATION OF SECURITY EQUIPMENT -
LIAISON WITH CLIENT - CONTRACTOR AND
IN-HOUSE INSTALLATION TEAMS.

Postcode: PR1-2ET

Telephone: 01234-565666 Fax: 01234-771177

TO ENSURE THAT ALL INSTALLATIONS
ARE COMPLETED WITHIN BUDGET
AND ON TIME - ENSURE SMOOTH
HAND-OVER TO CLIENT(S) AND CUSTOMER
INSTRUCTION/TRAINING ON EQUIPMENT
INSTALLATION.

Position held: INSTALLATION MANAGER Reporting to: MANAGING DIRECTOR

From: 01/01/90 To: 18/07/03.

Basic salary: £35K - OTE/bonus: 3K P.A.

Description of Company: MEDIUM SIZE SECURITY
INSTALLATION COMPANY.

Can we take up references? Yes No

Whom do we contact? MR. J. BOX M.D.

MAINTAIN THE MORALE, DISCIPLINE
AND WELFARE OF STAFF.

State reason for leaving/wishing to leave: CAREER ADVANCEMENT - CHALLENGING ROLE.

Section 9

Employment details

Employment dates

Company Name: BETA LTD.	Position held: ENGINEERING SUPERVISOR	From: 01/01/88
Address: 6 ARTILLERY WAY. ANYTOWN	Reporting to: ENGINEERING MANAGER	To: 25/12/89.
Postcode: PR1-2FE	Basic salary: £	OTE/bonus: —
Telephone: 01234-221198 Fax: 01234-112233	Reasons for leaving: "REDUANT"	

Company Name:	Position held:	From: / /
Address:	Reporting to:	To: / /
Postcode:	Basic salary:	OTE/bonus:
Telephone: Fax:	Reasons for leaving:	

Company Name:	Position held:	From: / /
Address:	Reporting to:	To: / /
Postcode:	Basic salary:	OTE/bonus:
Telephone: Fax:	Reasons for leaving:	

Company Name:	Position held:	From: / /
Address:	Reporting to:	To: / /
Postcode:	Basic salary:	OTE/bonus:
Telephone: Fax:	Reasons for leaving:	

Company Name:	Position held:	From: / /
Address:	Reporting to:	To: / /
Postcode:	Basic salary:	OTE/bonus:
Telephone: Fax:	Reasons for leaving:	

Company Name:	Position held:	From: / /
Address:	Reporting to:	To: / /
Postcode:	Basic salary:	OTE/bonus:
Telephone: Fax:	Reasons for leaving:	

EXAMPLE