**EMPLOYMENT APPLICATION FORM**

**Employers’ details: Haynes International Motor Museum Ltd**

 **Sparkford**

 **Somerset**

 **BA22 7LH**

|  |  |
| --- | --- |
| Position Applied for:………………………………………… | How did you hear about this vacancy?………………………………………… |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Forename: |  |
| Mr./Mrs./Miss/Ms. |  |  |  |
| Address |  | Home Tel. No: |  |
|  |  | Mobile No: |  |
|  |  |  |  |
|  |  |  |  |
| Postcode: |  | Email address: |  |

|  |  |
| --- | --- |
| Do You hold a Full Driving License? |  |

**EMPLOYMENT HISTORY –** Please complete for current position and also attach a C.V. for all previous employment & qualification

|  |  |
| --- | --- |
| Employer’s Name: | Address |
| Job Title: |  |
| Responsibilities & Achievements |  |
| Date Started | Date Finished |
| Final Salary: | Reason for leaving: |

# OTHER INTERESTS\HOBBIES – Please tell us a little about yourself, your hobbies, club memberships and other roles of responsibility.

|  |  |
| --- | --- |
|  |  |
|  |  |

**Please tell us briefly why you are applying for this position and what you could bring to our Company?**

|  |
| --- |
|  |

**REFERENCES** – Please list below the names, addresses and telephone numbers of three people we may contact for a reference, one of which must be your present/last employer.

We will only contact your existing employer if you are to be offered a position.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position | Telephone | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)?**

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account.

Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website*.*

Please state briefly the nature of the offence below (this question must be answered)

|  |
| --- |
|  |

**DECLARATION:**

I declare that to the best of my knowledge the information given on this application form for employment and the accompanying Health Questionnaire, is true and correct.

I understand that any false or misleading information given may result in instant dismissal should I subsequently be appointed.

Signed……………………………………………………. Date: ……………………………………

Name………………………………………………………

**OCCUPATIONAL HEATLH QUESTIONNAIRE**

Please answer the following questions and sign the declaration below.

|  |  |  |
| --- | --- | --- |
| **Have you ever suffered from:** | **Yes** | **No** |
| Stomach trouble e.g., ulcers, recurrent indigestion |  |  |
| Chest troubles e.g. pneumonia, Bronchitis |  |  |
| Heart Trouble including high\low blood pressure |  |  |
| Back trouble, inc back aches, slipped disks |  |  |
| Kidney or bladder trouble |  |  |
| Diabetes |  |  |
| Recurrent infection of nose, mouth, ears or eyes |  |  |
| Skin condition e.g., Dermatitis |  |  |
| Recurrent headaches or migraine |  |  |
| Varicose veins |  |  |
| Giddiness, blackouts, fits or fainting attacks |  |  |
| Nervous illness necessitating treatment |  |  |
| Rheumatic fever |  |  |
| Asthma |  |  |
| Hernia |  |  |
| Typhoid or Paratyphoid |  |  |
| Have you suffered any other serious illness - if so please give brief details: |  |  |
| Are you on any long term medication – if so please give details |  |  |
| Do you smoke? |  |  |

I declare that to the best of my knowledge the information given on this questionnaire is true and correct.

Signed …………………………………………..Dated ……………………………………………