



CONFIDENTIAL

Return to:-
FGS Furnishings Ltd
Wharfside Mews
Sleaford
NG34 7TR

For:-
Acknowledged.....
Interview
Date and Time
Result Notified.....

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE IN BLACK INK OR TYPESCRIPT

Application for	at	Post No.
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PERSONAL DETAILS

Surname	First Names	
Address	Date of Birth	Age
	Married/Single/Other	
	Telephone No.	

MEDICAL

Do you suffer from any medical condition relevant to the job?	YES/NO
	(If yes, please give details)
Are you a registered disabled person?	YES/NO
(If yes, please state number)	

HOBBIES AND INTERESTS

Please give a brief indication of your out of work interests:-

PRESENT JOB

Present Employer	Date of Employment	Job Title	Grade/Gross Salary
Main Duties:- Reason For Leaving? Period of Notice Required?			

PREVIOUS EMPLOYMENT

Previous Employer	Dates of Employment	Job Title	Grade/Gross Salary	Main Duties
Reason for	Leaving.....		
Reason for	Leaving.....		
Reason for	Leaving.....		

EDUCATION

Education From Age 11	Dates		Subjects Studied And Qualifications
	From	To	

ANY OTHER INFORMATION RELEVANT TO YOUR APPLICATION
(Details of your experiences and your reasons for applying for this post).

Please continue on back page if necessary

CRIMINAL OFFENCES

Have you ever been convicted of a criminal offence?	YES/NO
Are you at present the subject of a criminal charge?	YES/NO
If 'YES' please give details on a separate sheet.	YES/NO

DRIVING

Do you hold a full clean current licence for a car?	YES/NO
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Are you in receipt of an occupational or sick pension?	YES/NO
(If 'YES', please give brief details of pension received).	

Annual Amount £.....

REFEREES

Names and addresses of TWO referees (one of whom should be your present employer). Relatives should not be given as referees. References will only be taken up for candidates selected for interview.

Do you object to your current employer being contacted at this present time?
YES/NO

Name

Name

Address

Address

Position Held

Position Held

I confirm that, to the best of my knowledge, the information given on this form is correct.

Signature of Applicant..... Date.....

(If you do not hear within three weeks of the closing date, please presume your application to be unsuccessful)

Continuation Sheet.



EQUAL OPPORTUNITY POLICY

FGS Furnishing is an Equal Opportunity employer. The company operates a policy, the aim of which is to ensure that unfair discrimination does not take place in recruitment. In order to help us monitor the effectiveness of this policy (and not for other reasons) you are asked to provide the information requested.

This information is confidential and does not form any part of your application. This slip will be detached from your application form when it is received and the information will not be taken into account when making the appointment.



Post Title.....

Surname.....**Title**.....

Forename(s).....

Date of Birth.....**National Insurance No**.....

All previous Surnames/Maiden Names.....

1. Are you male YES/NO
 female YES/NO

2. Nationality.....

3. To which of these groups do you consider you belong? (tick one only)

- | | |
|-------------------------------------|----------------------|
| White..... | Pakistani..... |
| Black – Caribbean..... | Black – African..... |
| Black – Other (please specify)..... | |
| Indian..... | Bangladeshi..... |
| Chinese..... | Other..... |

Thank you for your co-operation.



OFFICE USE ONLY

Tick if shortlisted **Closing Date (month/year)**.....

Tick if appointed..... Post Reference.....

Full time..... Part time.....

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DECLARATION OF HEALTH FORM

NOTES FOR GUIDANCE

1) This form is to be completed, as directed, by all candidates interviewed for a post with FGS Furnishings, then sealed in the envelope provided and handed in at time of interview.

2) Any appointment made will be offered subject to the satisfactory completion and assessment of this form. This may involve the district medical officer and/or a medical examination/ x-ray, if considered necessary.

3) * = Delete where applicable.

PART A:- THIS PART IS TO BE COMPLETED BY ALL CANDIDATES

a) Post Applied For

b) CANDIDATES DETAILS

Surname: Mr/Mrs/Miss/Ms*

Forenames:

Address

Postcode.....

Telephone:

c) DETAILS OF CANDIDATES OWN DOCTOR

Name

Address

Postcode.....

Telephone:

- i. Have you any reason to suppose that you suffer from any form of mental or physical ill health or mental or physical handicap? YES/NO*
- ii. Are you at present under medical treatment? YES/NO*
- iii. Have you, during the past three years, had absences from work through illness of 10 or more days in any one year? YES/NO*
- iv. Are you registered disabled? YES/NO*
If yes, please state your number.....

PART B:- THIS PART TO BE COMPLETED BY AND KITCHEN WORKERS. CANDIDATES WHO ARE PROSPECTIVE FOOD

- i. Have you ever suffered from tuberculosis, typhoid fever, paratyphoid fever, dysentery or chronic skin disease? YES/NO*
- ii. Have you, during the past four weeks suffered from diarrhoea or skin disease including boils and an infection of any kind? YES/NO*

DECLARATION:- THIS DECLARATION IS TO BE SIGNED BY ALL CANDIDATES

I declare that the replies given by me are true to the best of my knowledge and belief and I give the knowing that I may be liable to subsequent dismissal from employment if I have wilfully given any reply which I know to be false or do not believe to be true.

Signed Date.....

FOR OFFICE USE ONLY

<u>Chest x-ray required</u>	
Medical questionnaire issued	
Chest x-ray result	
Result of medical screening	
Medical examination result	

Name of person who this form should be returned:-

