



APPLICATION FOR EMPLOYMENT

STRICTLY PRIVATE AND CONFIDENTIAL

Please answer all questions using block capitals. Circle where necessary.

Position Applied For:		
Date of Application:		
CV Supplied:	Yes	No

Personal Details

Title:		
Full Name:		
Address:		
Post Code:		
Tel No:		
Mobile No:		
Email Address:		
Date of Birth:		
Status:	Married Single Divorced Separated Widowed	
Nationality:		
National Insurance No:		
Are you a Car Owner?	YES NO	
Current Driving Licence?	YES NO	
Any Endorsements?	YES NO	
If Yes, please provide Details:		
Do you have any Criminal Convictions?	YES NO	
If Yes, please provide Details:		



Education

School (From age 11):	From - Until	Exam Results (inc Grades):
College University:		Courses inc Results
Further Education		Courses inc Results
Professional Qualifications:		

References

Please give details of two people who we may contact for a reference. These should be your current, last or previous employer, school or college or personal referee (excludes relatives).

Air Management Solutions Ltd reserve the right to contact any of your previous employers

Details:	First Referee:	Second Referee:
Name:		
Company Name:		
Address:		
Telephone Number:		
Position/ Occupation:		
Capacity in which known:		
Length of time known:		
May we approach this person prior to interview:	YES NO	YES NO



Employment History

Please give current / last employer first

Company Name:		
Company Address:		
Position Held & Duties:		
Period of Employment:	From:	To:
Reason for Leaving:		
Salary:	£	

Company Name:		
Company Address:		
Position Held & Duties:		
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Company Name:	
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Company Address:	
Position Held & Duties:	
Period of Employment:	From: _____ To: _____
Reason for Leaving:	
Salary:	£ _____

Period of Notice Required:	
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Interests & Hobbies

Please give brief details of pastimes, sports, hobbies etc:



Suitability

Please explain why you feel you are suitable for the position applied for:

How did you hear about this vacancy?

Declaration:

I declare that the information on this form is, to the best of my knowledge, true and complete and that i have no objection to my statements being verified. I understand that any false statements render me liable to dismissal if engaged.

Signature:

Date:



Pre-Employment Medical Questionnaire

Strictly Private and Confidential

Please complete all questions in ink, using block capitals. Circle where necessary.

Medical Details

Name of Family Doctor / GP:	
Surgery Name:	
Address:	
Telephone Number:	

Medical Information

Height:		Weight:	
Do you Smoke?	YES NO	If Yes - How many per day?	
Do you wear Glasses?	YES NO	If Yes – Last Eye Test Date?	
Do you have any hearing problems?	YES NO	If Yes – Last Hearing Test Date?	

How many units of Alcohol do you consume each week (1/2 pint = 1 unit)	
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When was the last time you visited your GP / Doctor?	
Are you currently under the care of a GP/Doctor or other medical professional?	If yes – please give details:



Do you have any medical disabilities?	If yes – please give details:
Do you currently take regular medication?	If yes – please give details:

Finally, are you currently suffering, or have you ever suffered from any of the illnesses listed below;

Heart Trouble:	YES NO	Lung Disease	YES NO
Joint Problems:	YES NO	Diabetes	YES NO
Severe Stress:	YES NO	Serious Accident	YES NO
Hernia or Rupture:	YES NO	Kidney / Bladder Disorder	YES NO
Depression / Anxiety:	YES NO	Jaundice / Hepatitis	YES NO
Stomach / Bowel Trouble	YES NO	Headaches / Migraines	YES NO
Allergies	YES NO	Asthma	YES NO
High Blood Pressure	YES NO	Lung Disease	YES NO
Back / Neck Complaints	YES NO	Fits / Epilepsy / Blackouts	YES NO
Skin Complaints	YES NO	Surgical Operations	YES NO

If you have answered YES to any of the above, please provide details:
