

Are you a registered disabled person?

Yes / No If Yes please state registration number: _____

Number of days sickness absence during the last twelve months: _____

MEDICAL HISTORY

Data Protection Notice: All information disclosed will be treated in the strictest confidence, and will be used only for the purposes detailed in the Data Protection Act 1998.

Certain information is requested prior to you commencing employment with our company, in order to ensure you are able to carry out the requirements of the job, ensure your personal safety and to meet our statutory obligations imposed by the relevant Health and Safety regulations. The information is also required to establish if we may need to make any reasonable adjustments to assist you in performing the work, in accordance with the requirements of the Disability Discrimination Act 1995.

Height: _____ Weight: _____

Have you ever suffered from any of the following; please provide details where appropriate?

- Circulatory problems such as varicose veins, phlebitis or thrombosis
- Heart problems, angina, hypertension, heart attack or stroke
- Respiratory problems such as asthma, severe bronchitis, tuberculosis
- Diabetes
- Skin disorders
- Epilepsy or fainting attacks
- High blood pressure
- Recent operations or bone fractures
- Back trouble, arthritis or rheumatism
- Injuries to bones, joint tendons, including wrist tendons
- Alcoholism / Drug addiction

Are you currently on any medication?

Have you suffered from any other significant health problems including eyes, hearing, skin etc.?

Have you ever made a claim for an Industrial Disease or Injury?

Have you worked in an industry with high noise levels or been exposed to the use of hand held vibratory tools?

COMPANY NAME & ADDRESS: _____

NATURE OF BUSINESS: _____

POSITION HELD & DUTIES: _____

DATES EMPLOYED FROM: _____ TO: _____

REASON FOR LEAVING: _____

PAY SCALE/ RATE: _____ NOTICE PERIOD: _____

HAVE YOU BEEN INVOLVED IN LEGAL PROCEEDINGS OF ANY KIND OR
CONVICTED OF A CRIMINAL OFFENCE?

YES / NO IF YES PLEASE SPECIFY: _____

PLEASE PROVIDE DETAILS OF NEXT OF KIN OR PERSON TO NOTIFY IN
THE CASE OF AN EMERGENCY:

NAME & ADDRESS _____

TELEPHONE NUMBER: _____ MOBILE: _____

RELATIONSHIP: _____

EDUCATION

DATES	SCHOOL/COLLEGE ETC.	SUBJECT	GRADE
FROM / TO			

OTHER COURSES/TRAINING COMPLETED OR CURRENTLY STUDYING:

HAVE YOU ANY FRIENDS/ RELATIVES WORKING AT THE CENTRE?
YES / NO IF YES PLEASE SPECIFY: _____

DO YOU HAVE ANY RESTRICTIONS ON THE HOURS THAT YOU CAN
WORK?
YES / NO IF YES PLEASE SPECIFY: _____

DO YOU HAVE YOUR OWN TRANSPORT?
YES / NO

EMPLOYMENT HISTORY (starting with present or last employer):

COMPANY NAME & ADDRESS: _____

NATURE OF BUSINESS: _____

POSITION HELD & DUTIES: _____

DATES EMPLOYED FROM: _____ TO: _____

REASON FOR LEAVING: _____

PAY SCALE/ RATE: _____ NOTICE PERIOD: _____

COMPANY NAME & ADDRESS: _____

NATURE OF BUSINESS: _____

POSITION HELD & DUTIES: _____

DATES EMPLOYED FROM: _____ TO: _____

REASON FOR LEAVING: _____

PAY SCALE/ RATE: _____ NOTICE PERIOD: _____

TGS BOWLING

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APPLICATION FOR EMPLOYMENT

Please complete the following in BLACK INK only. The information provided will be treated with the strictest confidence. References will only be taken with your consent.

POSITION APPLIED FOR: _____

SOURCE OF INTRODUCTION: _____

PERSONAL DETAILS

NAME: _____ FIRST NAMES: _____

MAIDEN NAME: _____ MARITAL STATUS: _____

SEX: _____ AGE: _____

CURRENT ADDRESS: _____

AMOUNT OF TIME LIVING AT THIS ADDRESS: _____ YEARS &
_____ MONTHS

TELEPHONE NUMBER: _____ MOBILE: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

RELIGION: _____ NATIONALITY: _____

NUMBER & AGES OF CHILDREN: _____
