



R. MANNERS & SONS LTD EMPLOYMENT APPLICATION FORM

Position Applied for:		Source of Application:	
Surname:	Forename:	Mr Mrs Miss Ms	Age: DOB:
Address:	Transport: Yes / No	Marital Status:	
Postcode:	Full License: Yes / No	Nationality:	
Contact Tel No: (inc code)	Emergency contact: Tel :	Work Permit: Yes / No	Smoker: Yes / No
Do you have any unspent criminal convictions ? Yes / No (if yes please give details)			

EMPLOYMENT HISTORY

Name & Address of Employer:	Start Date:	Reason for leaving:
	Leave Date:	
Tel No:	Salary:	
Job Titles and Duties:		

GENERAL INFORMATION

Have you previously worked for R. Manners? Yes / No (If yes please give details)	Do you have any ongoing medical conditions or special needs?
Do any of your relatives work at R. Manners? Yes / No (If yes please identify)	How many working days have you missed through sickness in the past 12 months?
Are you prepared to work overtime? Yes / No	Are you prepared to work shifts, inc nights? Yes / No

Please provide any details of qualifications or training undertaken or information that you feel will support your application?

REFERENCES

Name & address of reference (1)	Name & address of reference (2)
Telephone No:	Telephone No:

Declaration

I hereby declare that all the information contained in the application form is correct to the best of my knowledge and I understand that any willful misstatement will render me liable to dismissal from the company.

SIGNED DATE

PERSONNEL USE ONLY



R. MANNERS & SONS LTD MEDICAL QUESTIONNAIRE

NAME: _____

Please complete the questionnaire below. The information is required with your interests in mind. As a result of the information you have given, you may be referred to a doctor appointed by the company so that a medical examination can be carried out.

Have you ever or do you suffer from:	Yes / No	Have you ever or do you suffer from:	Yes / No
Typhoid or Paratyphoid?		Aids virus / HIV?	
Recurrent infections (or discharge) of mouth, throat, ears or eyes?		Chest / Lung disease or Asthma?	
Poor eyesight eve with glasses?		Jaundice?	
Skin conditions i.e eczema dermatitis?		Shortness of Breath?	
Digestive or bowel problems / upsets?		Back problems?	
Kidney or bladder problems?		Diabetes?	
Heart problems or disease?		Swelling of the legs / ankles?	
Epilepsy, Fits, Blackouts or Fainting?		Rheumatic fever?	
High blood pressure?		Anaemia?	
Varicose veins?		Mental illness?	
Rupture?		Any other serious illness? (if yes please give details)	
Arthritis?			
Frequent headaches?		Are you presently having medical treatment?	
Hay fever?		Are you registered disabled?	

Do you know of any reason why you are not fit for work or why you should not work in a food preparation area?

Declaration:
I Hereby declare that all the information contained in this medical questionnaire is correct to the best of my knowledge and I understand that any willful misstatement or omission will render me liable to dismissal from the company. In addition, should my personal medical circumstances change I will notify the Company accordingly.

SIGNED DATE

PERSONNEL USE ONLY