



## CONFIDENTIAL APPLICATION FOR EMPLOYMENT

### \*HEALTH HISTORY

DO YOU HAVE CURRENTLY OR HAVE YOU HAD ANY HEALTH PROBLEMS WHICH MAY INTERFERE WITH THE PERFORMANCE OF THE POSITION APPLIED FOR:-

				IF YES, PLEASE SPECIFY
EYES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> _____
HEARING	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> _____
LIMBS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> _____
HEART	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> _____
LUNGS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> _____

#### DO YOU OR HAVE YOU SUFFERED FROM:-

HERNIA	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> _____
SKIN DISORDER/ALLERGIES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> _____
BACK DISORDERS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> _____
EPILEPSY/BLACKOUTS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> _____
JOINT OR MUSCULAR INJURIES	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> _____
OTHER SERIOUS ILLNESS, STATE DETAILS _____				

WILL ANY OF THE PROBLEMS ABOVE STATED AFFECT YOUR WORK PERFORMANCE? \_\_\_\_\_

HAVE YOU PREVIOUSLY LODGED A CLAIM FOR WORKERS COMPENSATION? \_\_\_\_\_

IF SO PLEASE STATE DETAILS: \_\_\_\_\_

ARE YOU AT PRESENT IN GOOD HEALTH? YES  NO

\* EMPLOYEES SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

### PERSONAL HISTORY

\* A CRIMINAL RECORD WILL NOT NECESSARILY PRECLUDE YOU FROM EMPLOYMENT BUT FULL DISCLOSURE IS REQUIRED.

\* HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?

IF YES, GIVE DETAILS: \_\_\_\_\_

I have checked that all questions have been answered in full and when signing this application I understand the following:

1. This contract shall be void if I do not report for duty, at the due time and date of starting
2. I shall abide by the rules of the company.
3. I am to notify the company of any changes of address.

In signing this application for employment I understand that misrepresentation or facts is sufficient cause for dismissal.

\* SIGNATURE OF APPLICANT \_\_\_\_\_ INTERVIEWERS SIGNATURE \_\_\_\_\_  
DATE: \_\_\_\_\_ INTERVIEWERS NAME \_\_\_\_\_