



THE PORK SANDWICH SHOP application form

Application for employment

Shop: _____

Date: _____

Full Name _____ Circle one MR MRS MISS MS

Address _____ Date of Birth _____

_____ NAT INS No _____

Post Code _____ Driver YES / NO

Home Tel _____ Car Owner YES / NO

Mobile _____ Smoker YES / NO

Current and / or previous Employment (most recent first)

Dates of employment _____ Duties _____

Name of Company _____ Reason for leaving _____

Address _____

_____ Referee _____

Dates of employment _____ Duties _____

Name of Company _____ Reason for leaving _____

Address _____

_____ Referee _____

Dates of employment _____ Duties _____

Name of Company _____ Reason for leaving _____

Address _____

_____ Referee _____

Continue on another sheet if necessary

Please answer the following questions:

Have you ever been subject to disciplinary action ? YES / NO

If yes, please give details _____

Have you ever been involved in a dispute with an employer ? YES / NO

If yes, please give details _____

Have you ever made any claims against an employer, e.g. for negligence / personal injury ? YES / NO

If yes, please give details _____

I confirm that all the information I have given is correct:

Sign name _____ Date _____

Date form completed _____

Please fill in the medical questionnaire overleaf and return the application form to...

S. Beres & Son
(Personnel)
Unit 1 Riverdale Industrial Estate
Rawson Spring Road
Sheffield
S6 1PD



Pre-Employment Medical Questionnaire

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.

Name _____ Date of Birth _____

Have you ever suffered from any of the following ailments in the past, please give details where appropriate?

- > Circulatory problems such as varicose veins, phlebitis or thrombosis
- > Heart problems, angina, hypertension, or heart attack or stroke
- > Respiratory Problems such as asthma or severe bronchitis
- > Diabetes
- > Epilepsy or fainting attacks
- > Depression or anxiety
- > Skin disorders
- > Recent operations or bone fractures
- > Back trouble, arthritis or rheumatism
- > Injuries to bones, joints tendons, including wrist tendons

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?

Signature _____ Date _____