



Bring home the goodness

Ref. No. \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Note: ALL SECTIONS MUST BE COMPLETED IN FULL**

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**PERSONAL PARTICULARS (Please use BLOCK Capitals)**

<b>Title:</b> Mr / Mrs / Miss / Ms	<b>National Insurance Number:</b>
<b>Surname:</b>	<b>Do you have transport to work?</b> YES / NO
<b>First Names:</b>	
<b>Address:</b>	
<b>Post Code:</b>	
<b>Contact Number:</b>	

Please give the names and addresses of two people (not relatives) who can be approached for a reference: (at least one must be present or last employer)

**Reference 1:**

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tele. No.: \_\_\_\_\_

**Reference 2:**

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tele. No.: \_\_\_\_\_





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<b>Have you ever been convicted of a Criminal Offence?</b> (Which is not spent under The Rehabilitation of Offenders (NI) Order): Yes / No		
<b>Are you in receipt of any benefits from DHSS and if so what?</b>		
<b>EMERGENCY</b> Contact (preferably next of kin)		
Name:	Relationship:	
Address:		
Postcode:	Tel. No. (Home):	(Work):
Details of any Holiday commitments:		







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A large rectangular area containing 25 horizontal dotted lines, intended for writing.



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**DECLARATION BY APPLICANT**

I confirm that the above information is correct and understand that misleading statements or deliberate omissions may be sufficient grounds for cancelling any agreements made.

Signed.....

Dated.....



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## PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

*To be completed by all applicants*

Information **MUST** therefore be accurate and honest. If some questions are left unanswered, we will assume that you **HAVE** suffered from the complaint in question.

PART A:

Name Application.....

Date:.....

Name and address of Doctor:

.....  
 .....  
 .....

Please delete as appropriate:

1. Have you a history of ulcers or indigestion?	Yes	No
2. Have you been outside the U.K. or Ireland during the past 12 months?	Yes	No
If Yes, which country/countries have you visited?..... .....		
3. Have you ever had contact with typhoid or enteric fever?	Yes	No
4. Have you ever been diagnosed as having arthritis, or gout?	Yes	No
5. Have you ever had a history of skin disease, e.g. rashes, dermatitis or eczema?	Yes	No
6. Have you ever suffered from or been treated for anxiety, depression, phobias, mental breakdown or stress related problems?	Yes	No
7. Have you ever had any discharge from eyes, ears or nose?	Yes	No
8. Have you ever had any trouble with teeth or gums?	Yes	No
9. Have you any history of joint trouble, e.g. sore heads, wrists, elbows, shoulders or arms?	Yes	No
10. Have you ever been treated for sore hands, wrists, elbows, shoulders or arms?	Yes	No
11. Are you suffering, or have you suffered any disability which may affect your ability to undertake some tasks of the job on offer? If Yes, give dates and details.....	Yes	No
12. Have you ever had to leave a job because of ill health reasons or been medically retired from a job in the past? If Yes, give dates and details.....	Yes	No





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13. Have you any history of back trouble, e.g. strain, lumbago, sciatica or disc problems?	Yes	No
14. Have you history of bronchitis, asthma, TB, or chestiness?	Yes	No
15. Are you colour blind?	Yes	No
16. Have you ever had heart problems, e.g. angina, chest pains or heart attack?	Yes	No
17. Have you ever had problems with your blood pressure?	Yes	No
18. Have you ever had a rupture or hernia?	Yes	No
19. Have you ever had fits, turns, fainting attacks or dizziness?	Yes	No
20. Have you ever had an injury or disease not already mentioned? If Yes, give details.....	Yes	No
21. Have you ever had hospital investigations or treatment? If Yes, give details.....	Yes	No
22. Have you a hearing problem or condition of any kind?	Yes	No
23. Do you wear glasses?	Yes	No
24. Are you at present, on any treatment such as injections, tablets or medicines?	Yes	No
25. Do you suffer from any allergies?	Yes	No
26. Have you ever had a previous industrial accident/injury in your previous place of work that has resulted in a personal injury claim? If Yes, give details.....	Yes	No
27. Please state you Date of Birth?	/	/

The information that I have provided is accurate and I have not withheld any relevant details. I am aware that I am responsible for the accuracy of this declaration. I understand that the giving of the false information or withholding of relevant information could result in disqualification or if appointed to the position, instant dismissal.

Signature.....

Date:.....



Bring

**PLEASE DO NOT PUT YOUR NAME ANYWHERE ON THIS SHEET**

**TO ALL JOB APPLICANTS - CONFIDENTIAL**

**Fair Employment (Northern Ireland) Act 1989 - Job Application Monitoring Form**

W.D. Irwins & Sons is required by law to monitor the community background of its workforce and job applicants. The information you give on this form will be treated in the strictest confidence and will not be used for any other purpose other than monitoring our equality of opportunity in employment policy. It is an offence for somebody to knowingly give false information for monitoring purposes. May I thank you for your co-operation.

Please indicate the community to which you belong by ticking the appropriate box below:-

- I am a member of the Protestant community
- I am a member of the Roman Catholic community
- I am a member of neither the Protestant nor the Roman Catholic community

Please indicate your Ethnic group:-

- |                                    |                                      |  |
|------------------------------------|--------------------------------------|--|
| White <input type="checkbox"/>     | Indian <input type="checkbox"/>      | Pakistan <input type="checkbox"/>          |
| African <input type="checkbox"/>   | Bangladeshi <input type="checkbox"/> | Chinese <input type="checkbox"/>           |
| Carribean <input type="checkbox"/> | Traveller <input type="checkbox"/>   | Mixed Ethic Group <input type="checkbox"/> |

Please indicate your sex:-

- Male
- Female

Please indicate:-

**Marital Status:** Single /Married /Divorced /Widower

**Do you consider yourself to have a disability?**

By disability we mean by any physical or mental impairment that has a substantial & long term (last or expected to last 12 months or more) adverse impact on your ability to carry out normal day to day activities, without mechanical or electrical assistance or the adaptation of your workplace.

- Yes
- No

If Yes, please specify:-.....

**FOR OFFICE USE ONLY:**

JOB REF NO:.....

APP NO:.....