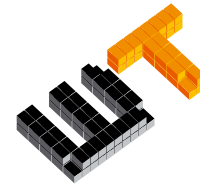


Application for Employment



W.T.
SeaAir

Position Applied For		Salary Expectation	
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PERSONAL DETAILS			
First Name(s)		Surname	
Current Address		Previous Address	
Postcode		Postcode	
No. of Years Lived at Address		No. of Years Lived at Address	
Telephone Number		Mobile Number	
National Insurance No.		Date of Birth	
Marital Status	Single [<input type="checkbox"/>]	Married [<input type="checkbox"/>]	Widowed [<input type="checkbox"/>] Divorced [<input type="checkbox"/>]
No. of Dependants	Spouse [<input type="checkbox"/>]	Children [<input type="checkbox"/>]	Parents [<input type="checkbox"/>]
Do you have any relatives/friends employed by this company	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]	If YES please give details

EDUCATION & TRAINING				
Name & Address of Institute	Start Date	Leaving Date	Course Studied	Exam Results
Have you received any AVIATION SECURITY Training	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]		
If YES what Level of training you have received	Level 1 [<input type="checkbox"/>]	Level 2 [<input type="checkbox"/>]	Level 3 [<input type="checkbox"/>]	Level 4 [<input type="checkbox"/>]
Please state any other relevant training that you have had				

PREVIOUS EMPLOYMENT

Employee Name		Employee Name	
Employee Address		Employee Address	
Position		Position	
Name of Immediate Superior		Name of Immediate Superior	
Salary		Salary	
Reason for Leaving		Reason for Leaving	
Date Joined		Date Joined	
Date Left		Date Left	

PERSONAL & WORK REFERENCES

Please provide details of any two referees (ex-employer, school, college, personal); as part of the Aviation and Maritime Security Act 1990 and for insurance purposes you must provide the company with details for the last 5 years

Name		Name	
Address		Address	
Occupation		Occupation	
Years Known		Years Known	

EMERGENCY CONTACT

Please provide details of two individuals whom can be contacted in case of an emergency

Name		Name	
Relationship		Relationship	
Telephone No.		Telephone No.	
Mobile No.		Mobile No.	
Address		Address	

CRIMINAL RECORD

Have you ever been convicted? Yes [] No []

If so please give details

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PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

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. This 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.

Your doctor will not be contacted without your prior written consent to do so.

Height		Weight	
Eye Colour		Hair Colour	

PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE Cont.

Please give details where appropriate if you have ever suffered from any of the following ailments in the past:

Circulatory problems such as varicose veins, phlebitis or thrombosis.	No [] Yes []	If yes, give details if appropriate:
Heart problems, angina, hypertension, or Heart attack or stroke.	No [] Yes []	If yes, give details if appropriate:
Respiratory problems such as asthma or severe bronchitis	No [] Yes []	If yes, give details if appropriate:
Diabetes	No [] Yes []	If yes, give details if appropriate:
Epilepsy or fainting attack	No [] Yes []	If yes, give details if appropriate:
Skin disorders	No [] Yes []	If yes, give details if appropriate:
Recent operations or bone fractures	No [] Yes []	If yes, give details if appropriate:
Back trouble, arthritis or rheumatism	No [] Yes []	If yes, give details if appropriate:
Injuries to bones, joints tendons, including wrist tendons	No [] Yes []	If yes, give details if appropriate:
Are you currently on any medication?	No [] Yes []	If yes, give details if appropriate:
Have you suffered from any other significant health problems including eyes, hearing, skin, etc.?	No [] Yes []	If yes, give details if appropriate:
Have you ever made a claim for an Industrial Disease or Injury?	No [] Yes []	If yes, give details if appropriate:
Have you worked in an industry with high noise levels or been exposed to the use of hand held vibratory tools	No [] Yes []	If yes, give details if appropriate:

The law requires us to ensure that you are entitled to work in the UK and you must produce evidence of this. For example: a valid UK/ EU passport, a passport endorsed to show that you are entitled to work in the UK or a valid UK Residence or Work Permit.

I HEREBY DECLARE:

- That the information given is complete and accurate.
- I have no criminal convictions which are not treated as spent under the provision of the rehabilitation of offenders act 1974 and which are not disclosed on the form.
- I accept that any misrepresentation of the facts is grounds for refusal of employment or disciplinary proceedings (and, perhaps criminal charges).
- I authorise you to approach former employers, educational establishments, government agencies and personal referees for verification of the information.

Signature _____ (PRINT NAME) _____ Date ____ / ____ / ____

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.