





**Current or most recent employment**

<b>Job Title:</b>		<b>Start Date:</b>	
<b>Salary &amp; Benefits:</b>		<b>Notice Period:</b>	
<b>Employers Name:</b>			
<b>Employers Address:</b>			
<b>Reason for Leaving:</b>			

**Describe the main duties and responsibilities in your present / most recent position:**

**Work History**  
Please Note, gaps in employment history must be justified. Please continue on ONE additional sheet if required.

**Previous Employment (exclude current or most recent)**

<b>Employers name and address:</b>			
<b>Job Title:</b>			
<b>Start Date:</b>		<b>Leaving Date:</b>	
<b>Brief description of main duties and your reason for leaving:</b>			

<b>Employers name and address:</b>			
<b>Job Title:</b>			
<b>Start Date:</b>		<b>Leaving Date:</b>	
<b>Brief description of main duties and your reason for leaving:</b>			

<b>Employers name and address:</b>			
<b>Job Title:</b>			
<b>Start Date:</b>		<b>Leaving Date:</b>	
<b>Brief description of main duties and your reason for leaving:</b>			

### ***Education & Training***

Schools, Colleges, Universities or Institutes of Further Education attended	Dates (month / year)		Qualifications gained, including subjects & grades
	From	To	



## Medical Information

**We will not contact your doctor without your prior written consent.**

<b>1. How many days' absence have you had from work in the last three years?</b>	<b>Days</b>
<b>2. Are you currently on medication (excluding contraceptives)?</b> <i>If YES, please give further details.</i>	<b>YES / NO</b>
<b>3. Have you spent time in hospital in the last three years?</b> <i>If so, why?</i>	<b>YES / NO</b>
<b>4. Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties?</b> <i>If YES, please give further details.</i>	<b>YES / NO</b>
<b>5. Do you consider yourself to have a disability?</b> <i>If YES, please give further details.</i>	<b>YES / NO</b>

## Notes for candidates

- 1) We will inform you if your application has been unsuccessful as soon as is practicable.
- 2) Successful candidates who have been selected for interview may be contacted by telephone, e-mail or by post.
- 3) A no smoking policy applies throughout company buildings and property

I certify that the information provided in this application form is correct and agree that it should form part of the basis of my appointment. I authorise Clear-flow Ltd. to check the information I have supplied. I understand that falsification of qualifications or information may lead to withdrawal of any offer of employment and/or dismissal without notice.

### **DATA PROTECTION ACT 1998**

The information you have provided on this form will be used for the recruitment process. It will be held securely and used in connection with matters associated with employment with Clear-flow Ltd.

All or part of the information provided may be disclosed or supplied to external organisations or bodies such as Courts, Bailiffs, Benefits Agency, any other charging authority and to the company's external auditors for the following purposes;

- **The prevention of crime;**
- **The apprehension or prosecution of offenders;**
- **The assessment or collection of any tax or duty, in any case where failure to disclose would be likely to prejudice any of those matters;**
- **Data matching initiatives with other statutory bodies for the purpose of fraud prevention and detection.**

### **DECLARATION**

I am aware that Clear-flow Ltd. will create and maintain computer and paper records on me and that these will be processed in accordance with the Data Protection Act 1998 and may be used for the purposes detailed above.

**Please only sign this form once you have completed all sections**

<b>Signed:</b>		<b>Date:</b>	
----------------	--	--------------	--