



## HEALTH QUESTIONNAIRE - Section 2

1. Name and address of GP: \_\_\_\_\_  
\_\_\_\_\_
- May we request medical information from him/her if necessary? Yes  No
2. Have you had a Chest X-Ray in the last 2 years? Yes  No
3. Have you ever attended an Outpatients Department for longer than 6 weeks? Yes  No   
If Yes, please give details: \_\_\_\_\_  
\_\_\_\_\_
4. (a) Please place a cross against any undermentioned illnesses from which you have suffered:
- |              |                          |           |                          |                  |                          |                        |                          |
|--------------|--------------------------|-----------|--------------------------|------------------|--------------------------|------------------------|--------------------------|
| Asthma       | <input type="checkbox"/> | Epilepsy  | <input type="checkbox"/> | Heart Trouble    | <input type="checkbox"/> | Rheumatic Complaints   | <input type="checkbox"/> |
| Back Trouble | <input type="checkbox"/> | Fits      | <input type="checkbox"/> | Hernia           | <input type="checkbox"/> | Serious Skin Disorders | <input type="checkbox"/> |
| Bronchitis   | <input type="checkbox"/> | Fainting  | <input type="checkbox"/> | Migraine         | <input type="checkbox"/> | Tuberculosis           | <input type="checkbox"/> |
| Diabetes     | <input type="checkbox"/> | Hay Fever | <input type="checkbox"/> | Nervous Disorder | <input type="checkbox"/> |                        |                          |
- (b) Are you currently receiving any medical treatment? Yes  No
- (c) Do you suffer from colour blindness? Yes  No
5. Please give details of any other serious illness, injury, operation, physical defect or disability: \_\_\_\_\_  
\_\_\_\_\_
6. How many days (approximately) have you been absent owing to illness in the last two years? \_\_\_\_\_
7. Are you registered under the Disabled Persons (Employment) Acts 1944 and 1958? Yes  No   
If Yes, please complete the following:  
Certificate No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_
8. Have you been advised by a medically qualified person not to undertake night work? Yes  No

## UNEMPLOYMENT CONSENT FORM - Section 3

Each period of unemployment must be detailed on this form with name and full address of benefit office.

Applicant's Full Name: \_\_\_\_\_ National Insurance No.

Full address of Benefit Office: \_\_\_\_\_  
\_\_\_\_\_ Period of unemployment from: \_\_\_\_\_ to: \_\_\_\_\_

Full address of Benefit Office: \_\_\_\_\_  
\_\_\_\_\_ Period of unemployment from: \_\_\_\_\_ to: \_\_\_\_\_

Full address of Benefit Office: \_\_\_\_\_  
\_\_\_\_\_ Period of unemployment from: \_\_\_\_\_ to: \_\_\_\_\_

Any further periods of unemployment should be completed and authorised on a separate sheet.

I (name of applicant) \_\_\_\_\_ authorise SSR Personnel to apply for details of the unemployment period(s) stated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL REFERENCES - Section 4

Give the names and addresses of two personal referees known to you in excess of 10 years and in what capacity. These should not be relatives or previous employers. School leavers/graduates should name their headmaster/tutor as applicable:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

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

Postcode: \_\_\_\_\_ Profession: \_\_\_\_\_ Postcode: \_\_\_\_\_ Profession: \_\_\_\_\_

I certify that, to the best of my knowledge, the information that I have given is true and complete. I have never been convicted of any civil or criminal offence or dismissed from employment for any misconduct. I understand that any false statement or omission may render me liable to dismissal without notice or prosecution. I accept that I may be required to undergo a medical examination where requested by the Company and I consent to the results of such examination being given to the Company. I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835, in confirmation of previous employment or unemployment. I authorise storage and retrieval of information supplied on this form and any attachments to assist in the pursuance of my application for employment or for the Company to provide statistical analysis.

I have enclosed \_\_\_\_\_ sheet(s) with my application

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please complete in black ink  
 If accompanied by your CV  
 please record 'see CV'  
 if information can be  
 cross referenced.

SSR Personnel Services  
 FREEPOST  
 London E17 6BR  
 Telephone: 020 8626 3100  
 Facsimile: 020 8626 3101  
 info@ssrgroup.com  
 www.ssr-personnel.com

**OFFICE USE ONLY**

Applicant Ref. No. \_\_\_\_\_ Location: \_\_\_\_\_

**APPLICANT PROFILE - Section 5**

Date of Birth:  Age:  Sex:  Place of Birth:

Country of Origin:  Marital Status:  Former Name:

Partner's Name:  Partner's Occupation:  Partner's Employer:

Children:  Age(s):  Accommodation: Owner occupier  Rented  Parent's Home

Height:  Weight:  Smoker: Yes  No

**EDUCATION - Section 6**

Name and address of Schools attended	From	To	Exams Passed	Grades
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
Name and address of Polytechnics, Colleges, Universities attended	From	To	Type of Course	Highest Qualification Obtained
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

Membership of Professional Bodies, Training Achievements, etc. \_\_\_\_\_

Do you hold a current Driving Licence? Yes  No  Do you have your own transport? \_\_\_\_\_

Classification: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Yes  No  Company car: Yes  No

Do you have any current or pending motoring offences? If so please state: \_\_\_\_\_

Do you speak any foreign languages? Yes  No  If yes, please state which and level of competence: \_\_\_\_\_

Spare time interests: \_\_\_\_\_

Have you ever received a police caution, been fined, sentenced to imprisonment or placed on probation for a criminal act (subject to the Rehabilitation of Offenders Act): Yes  No

Has any order been made against you by a civil or military court or public authority? No  Yes  Give details: \_\_\_\_\_

**SELF ASSESSMENT - Section 7**

Any comments you may wish to highlight as to your abilities or achievements: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

