

Le-Roy Funeral Service Application Form

Office Use:

RESTRICTED – STAFF INFORMATION

Section 1: Personal Details

Name (Block letters):	
Date of Birth:	
Current post and salary:	
Current work location:	
Contact address:	
Contact telephone numbers:	
Email address:	
DECLARATION:	I declare that all the information I shall give on this application form is true to the best of my knowledge and belief. I understand that my application may be rejected and/or that I may be dismissed if I have given false information or withheld relevant details.
Signed	
Date	

Two referees, one being your current or most recent employer. They will not be contacted prior to interview or without your knowledge.

1 st referee name, address & tel. number	2 nd referee name, address & tel. number

Section 3: Career History

Dates	Post Held	Give brief job description

Section 4: Additional information

a) Please state below why you are interested in applying for the post and indicate how your skills, past achievements, qualifications, experience and personal qualities make you suited for this job, and what contribution you would expect to make if appointed. (Please use additional sheets if necessary)

Additional information Cont.d.....

c) Please give details of any hobbies or leisure activities:

.....
.....

d) Do you hold a current UK driving license? YES/NO (please circle)
• Do you have any endorsements? YES/NO " "
• If YES please give details and dates:

.....

e) Give details of any Criminal or Civil convictions (inc. County Court/Sheriff Court judgments but exclude any spent convictions). If NONE state NONE –DO NOT leave blank:

.....

f) Will we be your only employer? YES/NO (please circle)
If NO please give details:

.....

g) Do you perform any service or duties? YES/NO (please circle)
that may require extra time of work?

h) How did you hear about the vacancy?.....

i) If you were successful with the application how soon could you start work?.....

j) Give details of any holidays booked:.....

Section 5: Medical History, General Health and Fitness for Work

- a) The following questions have been designed to ensure that the Company does not employ you for work for which you may be unsuitable due to health reasons. It is therefore in your own interests to answer them as accurately as possible. Your attention is drawn to the declaration at the end of this application form.

The contents of this application form will remain confidential to the Company.

Please tick the appropriate YES/NO box and, if applicable, give further details in the space provided at the end of the section.

	CONDITION	YES	NO
1	Have you ever been treated for addiction to drugs or alcohol		
2	Have you ever had in-patient treatment in hospital		
3	Have you ever broken or fractured any bones		
4	Have you ever suffered serious injury		
5	Do you have any know allergies (i.e. drugs, substances, animals, foods, dust etc.)		
6	When did you last have your eyes tested (date).....		
7	Do you wear spectacles or contact lenses		
8	Are you aware of any colour blindness		
9	How would you describe your general health (circle most appropriate) VERY GOOD-----GOOD-----MODERATE-----POOR		
10	Give the number of days you have been absent from work due to illness in the last 12 months.....		
11	Have you at any time been absent from work for ill health for more than four weeks		

- b) The following are questions regarding specific illness and conditions
Have you ever, or are you currently suffering from any of the following illnesses or conditions?

	CONDITION	YES	NO
12	Mental illness, clinical depression or nervous breakdown		
13	Recurring headaches or migraines		
14	Epilepsy, fainting attacks or blackouts		
15	Ear discharge, bleeding from or ringing in the ears		
16	Frequent or persistent nose bleeding		
17	Chest infections (i.e. bronchitis, asthma, tuberculosis)		
18	Heart disease, high blood pressure, thrombosis		
19	Stomach or bowel disorders (i.e. indigestion, dysentery, frequent vomiting or diarrhea)		
20	Rheumatic fever or joint problems (i.e. swollen joints, arthritis etc)		
21	Back problems (i.e. lumbago, sciatica, disc trouble etc)		
22	Hernia (rupture)		
23	Skin disorders (i.e. dermatitis, eczema)		

24	Diabetes		
25	Varicose veins		

Further details (from above): Please account for periods of illnesses or incapacity and give further details, where applicable, for any of the above questions

.....

Name and Address of your GP:

.....

c) Disabled Applicants - If you have a disability, but meet the criteria for the job, your disability will not affect your application. To enable us to make necessary arrangements for the selection procedures please answer the following questions:

Do you consider yourself to have a disability? YES/NO (please circle)
 If YES please describe your disability:

.....

Please indicate any individual access/facilities or special requirements (i.e. Communicator, ramps or car parking)

.....

The Disability Discrimination act defines a disabled person as someone who has, or had, a disability, which makes it difficult for him/her to carry out normal day-to-day activities, and should be of at least twelve months duration. Disabilities, which are expected to become more severe, are also covered by the act. Severe disfigurement is also classed as a disability (other examples include walking difficulties, speech problems, epilepsy, depression, blood pressure or circulation problems and diabetes)

THANK YOU FOR COMPLETING THIS APPLICATION FORM,
 PLEASE ENSURE THAT YOU HAVE SIGNED THE DECLARATION ON
 THE FIRST PAGE AND RETURN TO:

**LE ROY FUNERAL SERVICE,
 10 ALPHINGTON ROAD,
 EXETER,
 DEVON. EX2 8HH**

The information on this form will be held and used by Le-Roy Funeral Service in accordance with the provisions of the Data Protection Act 1998 for the purposes of personnel/payroll administration, statistical and business analysis and marketing.
 We will never sell or transfer your details to third parties for marketing purposes.