

HEALTH QUESTIONNAIRE – Section 2

1. Name and address of G.P. _____

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 ever been advised by a doctor not to undertake night shift working? 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 UFP

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 _____ Postcode _____

Tel _____ Profession _____ Tel _____ 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 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. (Please do NOT send original documentation by post).

Applicant's Signature: _____ Date: _____



OFFICE USE ONLY	Applicant Ref No _____	Location _____
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APPLICANT PROFILE – Section 5

Date of Birth _____ Age _____ Sex _____ Place of birth _____

Country of Origin _____ Marital Status _____ Former Name _____

Children _____ Age(s) _____ Accommodation: Owner occupier _____ Rented _____ Smoker Yes No

EDUCATION – Section 6

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

Professional licences held _____ Issuer _____ Ref _____ Issue date _____

Membership of Professional Bodies, Training Achievements etc. _____

Do you hold a current Driving Licence? Yes No
 Classification _____ Date of issue _____

Do you have your own transport? 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 imprisoned 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. _____
