

TURNER MOTOR GROUP

Job Application Form

Confidential

Please complete this form in Black Ink as it may be photocopied

Location Stamp

Position applied for:

Personal Details

Surname		Forenames	
Home Address		Telephone Home	
		Telephone Work	
		Telephone Mobile	
Post Code		E-mail address	
Length of time at this address			
Date of Birth		Age	Nationality
Marital Status		Sex and age of Children	

Education

Secondary School Education (Dates in Month and Year)

From	To	School	Examinations taken	Examinations passed

Further Education (Dates in Month & Year)

From	To	College/University/Polytechnic	Courses Studies	Qualifications (give dates & grades)

Membership of professional bodies or other institutions

Please tick Yes or No to the following questions:

About You	Yes	No
Do you need a work permit to work in the British Isles?		
If yes, do you have one?		
Do you hold a full current driving licence?		
Is it endorsed?		

Turner Motor Group is committed to equal opportunity. We wish to monitor the effectiveness of our policy and ensure selection and promotion is based on suitability of the applicant for the job.

Would you please help us by providing the following details:

White Black / Caribbean Black / African
 Black / Other Indian Pakistani
 Chinese Other Asian Please specify _____
 Other Please specify _____

Country of birth: _____

Have you ever been convicted of any criminal offence or have a case pending? Yes No

If yes, please give details:

Offences which are spent under the rehabilitation of offenders act 1974 need not be declared .

The hours you are available to work?

Time / day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Earliest start time							
Latest finish time							

When can you commence work with us?

How did you find out about this vacancy? Please tick the following box

Local newspaper National newspaper Job centre
 Trade press Via a Turner Motor Group employee

Other (please specify) _____

Medical History

Have you in the past or do you suffer from any of the following:

If Yes, please give full details continuing on a separate sheet of paper if necessary

CARDIOVASCULAR PROBLEMS:

eg: Angina, Hypertension, Coronary Artery Disease, Raised Blood Pressure, Valve Trouble, Heart Failure, Other.

YES

NO

Please give details:

RESPIRATORY PROBLEMS:

eg: Asthma / Wheezing, Bronchitis, Emphysema, TB, Pneumonia, Pleurisy, Breathlessness, Other.

YES

NO

Please give details:

GASTRO-INTESTINAL PROBLEMS:

eg: Ulcerative Colitis, Crohn's Disease, Bowel Cancer, Liver / Gall Bladder Disease, Peptic Ulcer, Bowel Surgery / Colostomy, ileostomy, Other

YES

NO

Please give details:

MUSCULOSKELETAL PROBLEMS:

eg: Chronic Back Pain / Back Surgery, Arthritis / Joint Disease, Serious Fractures / Injuries, Impaired Limb Function, Serious Head Injuries, Other.

YES

NO

Please give details:

Any other notes you consider relevant

NERVOUS SYSTEM PROBLEMS: eg: Epilepsy, Fits, Loss of Consciousness, Sleep Disorders, Anxiety, Depression, Stress or other Psychiatric Conditions, Dizziness, Giddiness or Vertigo, Fear of Heights, Enclosure or other Phobias, Severe Migraine or Headaches.	YES	NO
---	-----	----

Please give details:

HORMONAL PROBLEMS: eg: Diabetes, Thyroid Disease, Breast Disease, Reproductive Problems.	YES	NO
--	-----	----

Please give details:

OTHER PROBLEMS: eg: Blood Disorders, Anaemia / Clotting etc Skin Disorders, Exzema, Dermatitis, Psoriasis. Kidney Disorders, Bladder Disorders, Prostate Disorders. Allergies to Medicines, Chemicals, Food Products, Plants, Animals. Eye Problems. Or any other significant medical problems you wish to mention.	YES	NO
--	-----	----

Please give details:

Have you been diagnosed as having any of the following, if so, please tick:

Occupational Asthma / Chest Disease		Occupational Dermatitis Skin Disease		Occupational RSI / Upper Limb Disorder	
Occupational Deafness		Occupational Back Disorder		Occupational Chemical Exposure Problems	
Occupational Injury		Occupational Health Problems of any kind			

How many days off sick have you had in the past 12 months and please give details		
Please give details of any medical treatment or medication you are currently receiving.		
LIFESTYLE		
Do you smoke?	YES	NO
If you do smoke, how many cigarettes per day and since when:		
If you do not smoke, have you smoked in the past?	YES	NO
If so, How many and for how long?		
Do you drink alcohol?	YES	NO
<p>Approximately how many units of alcohol do you drink per week in total:</p> <p style="text-align: center;">ONE UNIT = half pint beer single measure of spirits standard measure of wine</p>		
Do you take exercise?	YES	NO
What sort of exercise do you do:		
How often do you exercise per week:		
DRIVING LICENCE		
Driving Licence no:	Group / Categories:	
Valid from:	Valid to:	
Date driving test passed:	How regularly do you drive:	
What Motoring accidents have you been involved in and when did they occur :		

Have you ever been dismissed or discharged by an employer? If yes, give details.

Current or Most Recent Appointment

Basic Salary £

Commissions (Give full details of commission structure and commission earned in the past 12 months)

Company Car (Type)

Other Benefits (Bonuses, Mortgage Assistance, Pension Scheme, Medical Insurance, etc.....)

Leisure Activities (Give details of your leisure activities, including membership of any clubs and societies and any sporting activities).

What period of notice is required by your present employers?

Is there any additional information which you would like us to take into account when considering your application?

I certify that I have answered the questions on this application form truthfully and understand that any misrepresentation or failure to disclose information could jeopardise my employment with the company.

Print Name _____

Signed _____

Date _____