



Position applied for: \_\_\_\_\_

## EMPLOYMENT APPLICATION FORM

Surname: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Forenames: \_\_\_\_\_

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

Age: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Marital Status: Single/Married/Divorced/Widowed

Do you have your own transport? \_\_\_\_\_

Are you currently employed, if so with which Company? \_\_\_\_\_

What position do you hold there? \_\_\_\_\_

Why are you seeking a change of employment? \_\_\_\_\_  
\_\_\_\_\_

How many weeks notice are you required to give your present employer (if employed)?  
\_\_\_\_\_

Have you ever been convicted of a criminal offence, if so give details (other than minor motoring offences)?  
\_\_\_\_\_

Do you know any present employee of Marquis Motorhomes who would provide you with a reference if you have no objections?  
\_\_\_\_\_

Have you any holidays booked for the forthcoming year, if so when? \_\_\_\_\_  
\_\_\_\_\_

**Details of Previous Employment**

**a. Please list in date order:**

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**1) From: To: Position/Job Title:**  
**Name & Address: Reasons for leaving:**

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**2) From: To: Position/Job Title:**  
**Name & Address: Reasons for leaving:**

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**3) From: To: Position/Job Title:**  
**Name & Address: Reasons for leaving:**

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**4) From: To: Position/Job Title:**  
**Name & Address: Reasons for leaving:**

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**5) From: To: Position/Job Title:**  
**Name & Address: Reasons for leaving:**

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**If there is a period between jobs (or a long absence from work whilst in employment) due to ill health, please give details:**

**General Health**

a) **Do you have any disabilities. YES/NO**                      **If yes State your disability** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) **Have you at any time suffered from any of the following health complaints?**

**YES/NO**                      **If YES give dates and brief details (e.g. isolated or recurring complaint).**

- \_\_\_\_\_ Dermatitis
- \_\_\_\_\_ Skin Cancer
- \_\_\_\_\_ Ulcers (eg Gastric, Duodenal)
- \_\_\_\_\_ Deafness
- \_\_\_\_\_ Ear Infection
- \_\_\_\_\_ Sinusitis
- \_\_\_\_\_ Chest Trouble
- \_\_\_\_\_ Bronchitis
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ TB
- \_\_\_\_\_ Hay fever
- \_\_\_\_\_ Rheumatic Fever
- \_\_\_\_\_ Heart Trouble
- \_\_\_\_\_ Sclerosis
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Rheumatism
- \_\_\_\_\_ Arthritis
- \_\_\_\_\_ Fibrositis
- \_\_\_\_\_ Fits (e.g. Epileptic)
- \_\_\_\_\_ Fainting Attacks/Giddiness
- \_\_\_\_\_ Migraine
- \_\_\_\_\_ Nervous Breakdown
- \_\_\_\_\_ Mental Disorders

c) **Do you wear spectacles/contact lenses at work? (If YES, please specify)**

e) **Have you had any serious accidents at work? (If YES, give details (e.g. Requiring Hospital Treatment and time off work))**

f) **Are you currently receiving any medical treatment? (If YES, give details)**

g) **Are you a smoker?** \_\_\_\_\_

