



DO YOU HAVE ANY DISABILITY (AS A RESULT OF AN ACCIDENT/INJURY), MEDICAL CONDITION OR PROBLEM WITH YOUR HEALTH WHICH HAS CAUSED OR MAY CAUSE YOU TO TAKE FREQUENT TIME OFF WORK OR AFFECTS YOUR ABILITY TO PERFORM THE DUTIES OF THE JOB?

YES  NO

If YES, please specify:-

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**EMPLOYMENT HISTORY:**

NAME AND ADDRESS OF EMPLOYER	PERIOD OF EMPLOYMENT	POSITION HELD, DESCRIPTION OF DUTIES
	FROM: TO:	
	FROM: TO:	
	FROM: TO:	
	FROM: TO:	

**EMPLOYMENT REFEREES:**

NAME OF REFEREE	POSITION	COMPANY	TELEPHONE

ADDITIONAL INFORMATION *(Please add here any additional information relevant to the position eg. membership of any professional bodies, additional driver's licence information etc):*

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**DECLARATION BY APPLICANT:**

1. I understand that any misrepresentation of facts in this application could be cause for termination if employed.
2. I understand that part of the application procedure involves a medical examination by a medical officer nominated by the Company and I authorise disclosure of the results of this examination to the Company.
3. I consent to any reference checks which may be necessary to support this application.

I, ..... hereby declare that the information contained in this application is to the best of my knowledge true and correct.

Signature: \_\_\_\_\_ Application Date: \_\_\_\_\_

**Privacy:** Your application form contains personal information, which will be dealt with in accordance with our Privacy Policy. If you are successful in your application your form will become an employment record.

**IMPORTANT NOTE**

Section 79 of the Workers Compensation and Assistance act 1981, gives the Workers Compensation board discretion to refuse to award compensation which would otherwise be payable, where it is proved, that the worker has, at the time of seeking or entering employment, wilfully and falsely represented him/her self as not having previously suffered from the disability, the subject of the claim for compensation.