



# BOWOOD

HOTEL, SPA AND GOLF RESORT

## JOB APPLICATION FORM

Name			
Address			
		Post Code	
Telephone No.			
Mobile Telephone No.			
Email address			
Today's date			

Job position you are applying for	
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Please state why you are interested in applying for this job position at Bowood Hotel Spa & Golf Resort	
Salary Expectation:	

Present or most recent employment	
Job Title	
Employer's name	
Employer's address	
Salary	
Other benefits	
Period of notice required	
Date appointed, or	
Date employment ended	
Brief description of duties & responsibilities	
Reason for leaving	

Previous employment	
Job Title	
Employer's name	
Employer's address	
Salary	
Other benefits	
Period of notice required	
Date appointed, or	
Date employment ended	
Brief description of duties & responsibilities	
Reason for leaving	

Previous employment	
Job Title	
Employer's name	
Employer's address	
Salary	
Other benefits	
Period of notice required	
Date appointed, or	
Date employment ended	
Brief description of duties & responsibilities	
Reason for leaving	

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Job Title	
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Employer's address	
Salary	
Other benefits	
Period of notice required	
Date appointed, or	
Date employment ended	
Brief description of duties & responsibilities	
Reason for leaving	





## **Private & Confidential Medical Questionnaire**

Bowood Hotel Spa & Golf Resort is bound by The Management of Health & Safety at Work Regulations 1992 and is required to make assessments of risks to which employees may be exposed at work. A risk assessment involves considering not only the nature of the job, but also the fitness of the employee to carry out that work. In addition, the Disability Discrimination Act 1995 imposes a further obligation on the prospective employer to make, where appropriate, reasonable adjustments to enable a suitably qualified candidate to take up proposed employment. This medical questionnaire is part of Bowood Hotel Spa & Golf Resort's fulfillment of legal responsibilities in respect of the above two pieces of legislation.

In most cases the questionnaire will be sufficient for assessment of suitability for employment in the proposed occupation. However, in a few instances, further enquiries of an individual may need to take place with a medical advisor. All information will be kept private and confidential and only with the informed consent of a prospective employee will any further disclosures of information be made. Should you be invited to an interview please state if you need any additional assistance.

### **Personal Details**

Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	
Male/Female:	
Name & Address of GP:	
Position applied for:	

### **Occupational History**

Has your employment ever been terminated on the grounds of ill health? Yes  No

Approximately how many days sickness absence did you have in the last 12 months? \_\_\_\_\_

Were there any known hazards to which you have been exposed previously? Yes  No

If yes, please state explain:

### **Medical History**

Please complete the following questions by ticking the appropriate box. If the answer is 'yes,' give details including date, amount of time lost from work/education and treatment as appropriate. Have you ever suffered from any of the following illnesses?

	Yes	No	If yes, please give details
Visual defects/eye conditions (including colour blindness)			
Hearing defects/ear conditions			
Sever anxiety, depression, other psychiatric disorder			
Paralysis or other neurological disorder			
Fainting attacks, blackouts, epilepsy or fits			
Recurrent headaches, migraine			
Vertigo, giddiness or tinnitus			
Heart disease, high blood pressure			
Asthma, bronchitis, tuberculosis or other chest disease			
Peptic ulcer or other digestive or bowel disorder			

Liver disorder			
Kidney or bladder problems			
Gynaecological problems			
Recurrent backache, arthritis, rheumatism			
Any blood disorder			
Eczema, dermatitis, other skin conditions			
Diabetes, thyroid or other gland problems			
Hayfever, allergies to food, drugs, animals, etc.			
Any recurrent infections			
Any impairment of immunity to infection			
Varicose veins causing trouble			
Hernia			
Any alcohol or drug related problems or illness			
Any other medical condition, physical or mental, not mentioned above			

**Have you:**

Ever undergone a surgical operation or been admitted to hospital for any reason?			
Had more than 20 days sickness absence in the past 2 years?			
Ever been, or are a Registered Disabled Person?			
Received a Disability Pension?			
Suffered from an Industrial Disease/Accident?			
Had a chest x-ray in the past 12 months – if so state place, date, result			

**Present Health Status:**

	Yes	No	If yes, please give details
Are you currently attending a doctor?			
Are you at present on any medication or treatment prescribed by a doctor?			
Are you a smoker?			
Do you drink alcohol? If so, how many units per week? (NB – 1 unit is ½ pint of beer or 1 medium glass of wine)			
Do you wear glasses?			If yes, state last test results Left eye ..... Right eye ..... Date of test .....
Do you have any eyesight defects other than those corrected by glasses?			
Do you have any hearing problems?			
Do you have any defect of speech or communication problem?			
Do you have any physical disability necessitating special aids, or requirements for access to premises?			
Do you have any other relevant health problems?			
What is your height (without shoes)?	-	-	.... ft .... ins, or ....m
What is your weight?	-	-	.... st .... lbs, or ....kgs

Additional note space, if required

**Declaration**

I hereby declare that the information given is full and true to the best of my knowledge. I understand that I may be required to attend a medical examination. Should I become employed at Bowood Hotel Spa & Golf Resort and if, at a later date, it is discovered that I have knowingly withheld medical information, disciplinary action may be taken against me.

**Signed:** \_\_\_\_\_

**Date** \_\_\_\_\_