



# CARREFOUR HEALTH CLUBS

## EMPLOYMENT APPLICATION FORM

NAME \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

CLUB \_\_\_\_\_

**PERSONAL DETAILS**

Title (Mr/Mrs/Miss/Ms)	National Insurance Number
Surname	Nationality (Circle as appropriate)
First Names	Are you legally authorised YES / NO
Address	to work in this country?
Post Code	Do you hold a current, YES / NO
Home Tel. No.	full driving license?
Work Tel. No.	Have you had any YES / NO
Mobile	criminal convictions?
Email	If YES above please give details any 'unspent' convictions.

**EMPLOYMENT REFERENCES**

*These will not be taken up without your consent. (One should be your present or most recent employer)*

Name	Name
Position	Position
Company	Company
Address	Address
Telephone No.	Telephone No.

**PERSONAL STATEMENT**

*As part of our recruitment process please answer the following question in the space provided.*

What personal qualities do you possess that you feel would be of benefit to Carrefour?

Should you not be able to fit all information in the spaces provided please continue on a separate sheet of paper.

### EMPLOYMENT HISTORY

Please state your employment history over the past 5 years (most recent first)

FROM	TO	NAME & TOWN OF EMPLOYER	JOB TITLE	SALARY	REASON FOR LEAVING

### EDUCATION

DATE	SCHOOL / COLLEGE	QUALIFICATIONS	GRADES

### HOBBIES & INTERESTS

Please list your hobbies and interests below:

--

**Please complete the HEALTH QUESTIONNAIRE below:**

This information is important because if there have been any matters relating to your health which may affect your ability to perform your duties with us (or which may have implications for your own or others safety), we will need to discuss these issues with you. Any previous conditions will not on their own prevent us from offering employment to you unless that condition cannot be accommodated or unless it would jeopardise your own or others' health & safety.

HAVE YOU EVER:	NO	YES	PLEASE GIVE DETAILS
Had an operation?			
Been seriously injured?			
Received treatment for a mental condition?			
Received treatment for a physical condition?			
Received a disability pension?			
Been registered disabled?			
Been made ill by your work?			

DO YOU SUFFER FROM OR HAVE EVER HAD: (CIRCLE AS APPROPRIATE)

- |               |                    |                      |                       |
|---------------|--------------------|----------------------|-----------------------|
| Aneamia       | Diabetes           | Headaches (frequent) | Nerve Trouble         |
| Arthritis     | Ear Trouble        | Heart Trouble        | Rheumatic Fever       |
| Asthma        | Epilepsy/Fits      | High Blood Pressure  | Allergies of any kind |
| Back Trouble  | Eye Trouble        | Jaundice             | Shortness of Breath   |
| Chest Trouble | Fainting/Dizziness | Migrane              | Skin Rashes/Eczema    |

DO YOU TAKE MEDICATION REGULARLY? YES / NO

HAVE YOU EVER SUFFERED A HEAD INJURY? YES / NO

If YES, please give details .....

DO YOU SUFFER FROM ANY OTHER AILMENTS? YES / NO

If YES, please give details .....

**DECLARATION**

I confirm that I have read, understood and answered all of the above truthfully:

**SIGNATURE** ..... **PRINT NAME** ..... **DATE** .....

Information from this application may be processed for purposes registered by Carrefour under the Data Protection Act 1998.

I hereby give my consent to Carrefour processing the data supplied for the purpose of recruitment and selection.

**SIGNATURE** ..... **PRINT NAME** ..... **DATE** .....

**INTERVIEW DATES**

Please list any dates when you are NOT available for interview .....