





**Medical – Confidential**

The information given in this questionnaire will help ensure that you are not exposed to Unacceptable risk while at work. Please answer all of the following questions by putting a tick in the correct box. Where an explanation is required please write in the appropriate box and Continue overleaf if necessary. You will be given the opportunity to discuss any areas of concern at the initial interview. If selected for employment with Tar - Pave Ltd you will be required to provide medical details if applicable.

SURNAME: \_\_\_\_\_ FIRST NAME(S): \_\_\_\_\_

MALE:  FEMALE:

QUESTION YES/NO N/A

	QUESTION	YES	NO	N/A
1.	Have you been admitted to hospital in the last 5 years? If yes State when and what for:			
2.	Are you or have you ever been in receipt of a disability pension?			
3.	Have you ever submitted a claim for occupational injury or ill health? If yes state when and what for.			
4.	Do you smoke?			
5.	Are you pregnant?			
6.	Are you currently taking any form of prescribed medication, or have you done so in the past 12 months? If yes state when and what for:			
7.	Do you suffer from or have you ever had any circulatory problems e.g. thrombosis, varicose veins etc? If yes state when and what:			
8.	Do you suffer from or have you ever had heart problems e.g. angina, high blood pressure, heart attacks etc? If yes state when and what for:			
9.	Do you suffer from or have you ever had respiratory problems e.g. asthma, breathlessness etc? If yes state when and what:			
10.	Do you have diabetes?			
11.	Do you suffer from or have you ever had epilepsy or any other kind of seizure? If yes state when and what:			
12.	Do you suffer from or have you ever had any skin disorder e.g. dermatitis? If yes state when and what:			
13.	Have you ever had any fractures within the past five years?			
14.	Do you suffer from or have you ever had any back pain? If yes state when the last episode of pain was and whether you received medical treatment for the condition:			
15.	Have you ever been diagnosed as having any kind of repetitive strain injury? If yes state when and what:			

MAKE SURE THAT THE INFORMATION GIVEN IN THIS DOCUMENT IS ACCURATE AND COMPLETE.

## JOB APPLICATION FORM

QUESTIONS YES/NO N/A

16.	Do you suffer from any kind of pain or immobility caused by or affecting the muscles, tendons or ligaments? If yes state when and what:			
17.	Do you suffer from or have you ever had any form of ill health associated with Hand Arm Vibration Syndrome or Raynaud's disease e.g. vibration white finger? If yes state when and what:			
18.	Have you ever worked in an industry with high noise levels? If yes state when where:			
19.	Have you ever worked in an industry where you may have been exposed to asbestos dust? If yes state when and where:			
20.	Have you been vaccinated against Hepatitis A and or Tetanus? If yes state which and when:			

PLEASE PUT ADDITIONAL INFORMATION IN BOX BELOW – STATE QUESTION NUMBER

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

MAKE SURE THAT THE INFORMATION GIVEN IN THIS DOCUMENT IS ACCURATE AND COMPLETE.

In accordance with its equal opportunities statement, the Company will provide equal opportunities to all employees and job applicants and will not discriminate either directly or indirectly on the grounds of race, colour, ethnic origin, nationality, national origin, sex, marital status, disability, sexual orientation, religion or age.

Thank you for your assistance in completing this form.

<b>NAME:</b>	
<b>POSITION APPLIED FOR:</b>	
<b>GENDER:</b>	MALE
	FEMALE
	PREFER NOT TO SAY
<b>MARITAL STATUS:</b>	MARRIED
	SINGLE
	OTHER (PLEASE SPECIFY)
	PREFER NOT TO SAY
<b>AGE BAND:</b>	UNDER 18
	18 - 29
	30 - 39
	40 - 49
	50 - 59
	60 - 65
	OVER 65
	PREFER NOT TO SAY
<b>SEXUAL ORIENTATION:</b>	HETEROSEXUAL
	HOMOSEXUAL
	BISEXUAL
	TRANSEXUAL
	PREFER NOT TO SAY
<b>DISABILITIES:</b>	NONE
	PHYSICAL DISABILITY
	MENTAL DISABILITY
	PREFER NOT TO SAY

**JOB APPLICATION FORM**

RACE/ NATIONALITY/ETHNIC ORIGIN:	WHITE	ENGLISH
		SCOTTISH
		WELSH
		IRISH
		BRITISH
		OTHER WHITE BACKGROUND (PLEASE SPECIFY)
	MIXED	WHITE AND BLACK CARIBBEAN
		WHITE AND BLCK AFRICAN
		WHITE AND BLACK BRITISH
		WHITE AND ASIAN
		OTHER MIXED BACKGROUND (PLEASE SPECIFY)
	ASIAN	INDIAN
		PAKISTANI
		BANGLADESHI
		BRITISH
	OTHER ASIAN BACKGROUND (PLEASE SPECIFY)	
BLACK	CARIBBEAN	
	AFRICAN	
	BRITISH	
	OTHER BLACK BACKGROUND (PLEASE SPECIFY)	
CHINESE		
OTHER ETHNIC GROUP (PLEASE SPECIFY)		
PREFER NOT TO SAY		
RELIGION:	CHRISTIAN	
	CATHOLIC	
	JEWISH	
	SIKH	
	MUSLIM	
	HINDU	
	BUDDHIST	
	RASTAFARIAN	
	NONE	
	OTHER RELIGION (PLEASE SPECIFY)	
	PREFER NOT TO SAY	

For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to the Company processing the data supplied on this form for the purpose of equal opportunities monitoring.

Name:  
Signature:  
Date:

**Please return completed form to:**

**Tar - Pave Ltd, 4 Sibbald View, Armadale, West Lothian, EH48 2TG**