

PING[®] Europe Ltd

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Gainsborough Golf Club
Thonock, Gainsborough
Lincolnshire
DN21 1PZ
Tel: 01427 613088

CONFIDENTIAL POSITION APPLIED FOR

Personal Details

Surname First Name(s) Title: Mr / Mrs / Miss / Ms
Address

(If present at this address for less than three years, please complete details below)

Previous Address

Tel No Email Address

Place of Birth Nationality Sex: M / F

Marital Status No of Dependants NI No

Do you hold a full UK Driving Licence? **Yes / No**

If yes, how many years held?

Criminal Record

Do you have any Criminal Convictions including Motoring Offences? **Yes / No**

If yes, please give details below:-

<u>Date</u>	<u>Description of Conviction</u>	<u>Fine and/or Penalty</u>
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.....
.....
.....

PING Europe Limited reserves the right to carry out a criminal record check

Smoking Habits

For the health and safety of our employees we operate a smoke-free workplace. Please complete the appropriate answers to the following questions:-

1) I have never smoked _____

2) I used to smoke but not now _____ I quit in _____ (year)

3) I smoke occasionally _____ I smoke _____ per week

4) I smoke regularly _____ I smoke _____ per day

Employment History

Dates		Employer's name, address, nature of business, position held, duties & reason for leaving	Salary
From	To		

Education

Dates		Name of School, College Attended	Exams Passed including Dates & Grades
From	To		

Additional Skills or Training undertaken

Personal Achievements

Explain why you are interested in the job and what contribution you feel you can make to the company

Interests & Hobbies outside work

Medical History

Height ft ins

Weight stone lbs

When did you last consult your GP and why?

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.....

.....

Are you currently suffering from or have you ever suffered from any of the following conditions?

	Yes	No		Yes	No
Headaches/Migraines	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Severe Stress Reaction	<input type="checkbox"/>	<input type="checkbox"/>	Lung Disease	<input type="checkbox"/>	<input type="checkbox"/>
Stomach/Bowel Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Operations	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Kidney/Bladder Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Depression/Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	Hernia or Rupture	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Joint Problems	<input type="checkbox"/>	<input type="checkbox"/>
Back/Neck Problems	<input type="checkbox"/>	<input type="checkbox"/>	Skin Problems	<input type="checkbox"/>	<input type="checkbox"/>
Fits/Blackouts/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Serious Accident	<input type="checkbox"/>	<input type="checkbox"/>
Hearing/Sight Problems	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice/Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Any Other Conditions	<input type="checkbox"/>	<input type="checkbox"/>			

If you have answered “Yes” to any of the above questions, please give further details including any medication currently being taken.

How much alcohol do you consume in a typical week?

Are you currently or have you ever used illegal substances?
If yes, please give details

Yes/No

PING Europe Limited reserves the right to carry out random drug and alcohol testing on employees

Please give details of any time off work within the last three years (excluding holidays)

Referees

Please provide the following information in respect of two referees. ***Referees will not be contacted without your prior consent.***

1)

Name

Address

.....
.....
.....

Telephone No

Capacity in which known to you

.....
.....

2)

Name

Address

.....
.....
.....

Telephone No

Capacity in which known to you

.....
.....

I declare that the information given is full and true to the best of my knowledge. I understand that if, at a later date, it is discovered that I have knowingly withheld information or made false statements within my application for employment, disciplinary action may be taken against me, which may include dismissal.

Signature

Date

