

## Corpdata Application Form

You may submit your application by printing out this document providing the information required and mailing it back to us:

**Mark Haughton** - *Operations Manager*,  
Corpdata Limited, Corpdata House,  
Den Crescent, Teignmouth, TQ14 8BQ

### Alternatively

You may submit your application by providing the information required here digitally and clicking the Submit button at the end.

This PDF form contains interactive form fields. When you place the pointer over an interactive form field, the pointer icon changes to one of the following:



**Pointing Finger.** *Appears when the pointer is over a button, radio button, check box, or item in a list.*



**I-beam icon.** *Appears when you can type text into the form field.*

*If the form field is not interactive the pointer does not change.*

After you fill in the form fields, choose either of the following:

**Click the submit form button. Clicking this button sends the form data to an email across the web.**

*(Choose this if you currently use an email application such as Microsoft Outlook Express, Microsoft Outlook, Eudora or Mail).*

**In Acrobat Reader, choose File > Save A Copy, and specify a location for the copy with the data you entered.**

*(Choose this option if you currently use an Internet email service such as Yahoo or Microsoft Hotmail. You will then need to save your form and return it manually to [mark.haughton@Corpdata.co.uk](mailto:mark.haughton@Corpdata.co.uk) using your email service).*

## Health & Medical History

Your health declaration may be placed in a separate envelope marked for the attention of the 'HR Manager - Confidential'. If you do detach please write your name on this sheet.

The information you submit will remain confidential. The Company will consider any information you give in relation to your ability to perform the duties needed to be effective for the job you have applied for. Any information given is also considered in relation to the Disability Act 1995. The Company remains committed to equality of opportunity to all staff and applicants. Should it be necessary the Company will seek the advice of occupational health practitioners, it therefore becomes important that the information you give is complete and as accurate as possible.

Title: ..... Surname: ..... Forename(s): .....

What job are you applying for? .....

Is your hearing or vision impaired?	<u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>	Do you wear glasses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you colour blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you had any serious illness or injury in the last five years?	<u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>
Have you ever suffered from a work related illness?	<u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>	Have you suffered with fits, faints, dizzy spells, blackouts or epilepsy?	<u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>
Have you ever suffered from any form of heart disease?	<u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>	Do you suffer from diabetes?	<u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>
Do you have good use of your limbs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you suffer from back problems?	<u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>
Are you currently under medical supervision or treatment?	<u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>	Do you consider that you have a disability? A disability as defined by the Disability Discrimination Act 1995.	<u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>

How many days (during the last year you worked) have you not attended work because you were unwell? .....

If you have answered an underlined Yes question please give more details:

## Fair Treatment

Corpdata is committed to equality of opportunity for all applicants and employees and will not discriminate, directly or indirectly, against any individual on the grounds of their sex, race, colour or ethnic origin, sexual orientation, marital status, age, or disability.

We ask that you complete the following for monitoring purposes only; completion is voluntary, except for your age (we do need this for pay and employment administration). These classifications are recommended by the Commission for Racial Equality for monitoring purposes. If you do not wish to complete this section it will in no way prejudice your application.

You may if you wish detach this sheet from the body of this application form, and place it in a separate envelope marked for the attention of the 'HR Manager - Confidential'. If you do please indicate your name so that we know how old you are for administrative reasons only. Your age plays no part in our selection process.

Title: ..... Surname: ..... Forename(s): .....

Date of Birth: .....

White / Irish	<input type="checkbox"/>	Black - Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	Black - African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>

Other, please specify: .....

Gender:  Male  Female

Do you consider that you have a disability?  Yes  No

If yes, how would you describe your disability: .....

Do you require any particular arrangements for an interview?  Yes  No

If yes please let us know how we can help:

**Referees** (People who can tell us a bit more about you)

Name: .....

Name: .....

Address: .....

Address: .....

.....

.....

.....

.....

Tel: .....

Tel: .....

How do they know you? .....

How do they know you? .....

.....

.....

Can we contact?  Yes  No

Can we contact?  Yes  No

If you are currently working, what notice must you give your current employer?

.....

Do you have a criminal record?  Yes  No

**Declaration:** The information submitted is correct to the best of my knowledge. I understand that if it is subsequently discovered that any statements are false or misleading, I will be liable to have my application disqualified or subsequently will be liable to be dismissed from employment by the company.

Signed: ..... Date: .....

If returning by post, please return this form when complete to:

If returning digitally, please click the Submit button:

**Mark Haughton** - Operations Manager  
Corpdata Limited, Corpdata House  
Den Crescent, Teignmouth, TQ14 8BQ

**Declaration:**  
By submitting this form you are declaring that the information submitted by you is correct to the best of your knowledge.