



## MAX & MAXIE SERVICES LTD

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# APPLICATION FORM

<b>POSITION APPLIED FOR:</b>	
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### PERSONAL DETAILS

<b>Title:</b>			
<b>First Name:</b>			
<b>Surname:</b>			
<b>Middle Name:</b>			
<b>Address:</b>			
		<b>Postcode:</b>	
<b>Home Telephone No:</b>		<b>Mobile:</b>	
<b>Work Telephone No:</b>			
<b>Email address:</b>			
<b>Date of Birth:</b>			
<b>Passport / National Card No:</b>			

<b>National Insurance No:</b>	
<b>CSCS No:</b>	
<b>SIA Licence No:</b>	
<b>PTS No:</b>	

### EDUCATION & PROFESSIONAL QUALIFICATIONS

Subject/Qualification	Place of Study	Grade / Result	Year

**DRIVING LICENCE DETAILS**

<b>Do you hold current full driving license?</b>	<b>Yes</b>	<b>No</b>
<b>Details of any driving convictions in last 5 years:</b>		

**CRIMINAL OFFENCES**

<b>Do you have any criminal convictions or any court cases that are pending including fines</b>	<b>Yes</b>	<b>No</b>

**REFERENCES**

Please give details of your two most recent employers.

<b>May we approach your referees without further reference to you:</b>				<b>YES</b>	<b>NO</b>
<b>NAME</b>		<b>NAME</b>			
<b>POSITION</b>		<b>POSITION</b>			
<b>ADDRESS</b>		<b>ADDRESS</b>			
<b>TEL NO:</b>		<b>TEL NO:</b>			
<b>EMAIL:</b>		<b>EMAIL:</b>			

**HEALTH QUESTIONNAIRE**

		Circle as appropriate		
1	Has your doctor ever said you have a heart condition and recommended only medically supervised physical activity?	Yes	/	No
2	Do you have chest pain brought on by physical activity? Or have you developed chest pain in the last month when not doing physical activity?	Yes	/	No
3	Are you aware through your own experience, a doctor's advice, of any other physical reason that would prohibit you from engaging in physical activity?	Yes	/	No
4	Have you ever experienced pain or discomfort in the chest, neck, jaw, arm or other areas of the body that indicate lack of blood flow to the heart?	Yes	/	No
5	Do you ever experience palpitations of your heart or a very rapid heart rate with mild exertion?	Yes	/	No
6	Do you ever experience unusual fatigue or shortness of breath with usual daily activities?	Yes	/	No
7	Do you ever experience shortness of breath at rest or with mild physical activity?	Yes	/	No

**HEALTH QUESTIONNAIRE (CONTI...)**

		Circle as appropriate
8	Do you ever experience pain in your legs while exercising that is relived by rest?	Yes / No
9	Do you smoke or have you quit within last six months?	Yes / No
10	Are you physically inactive (less then 30 minutes of physical activity 3 days per week)?	Yes / No
11	Do you lose your balance because of dizziness or do you ever lose consciousness?	Yes / No
12	Are you now, or have you been pregnant in the last month?	Yes / No
13	Have you recently been ill, hospitalized or injured? If yes, Please describe.....	Yes / No
14	Do you have a bone or joint problem that could be aggravated by engaging in physical fitness?	Yes / No

**DECLARATION**

I confirm that the information provided by me on this application form is correct and gives a fair representation of my qualifications and work experience.

I consent to the use of this information during the recruitment process and during employment, if I am successful. I am aware giving false information will be liable for prosecution and instant dismissal from employment.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_