



Mason Land Surveys Ltd.
Dickson Street DUNFERMLINE Fife KY12 7SL
Tel: 01383 727261 Fax: 01383 739480

An Equal Opportunities Employer

Personal Details (BLOCK letters please)

Mr/Mrs/Miss/Ms		Name:	
Position Applied For:			
Advertised in / Reason for application:			
Address:		Home Tel. No: (inc. STD code)	
Post Code:		Work Tel. No: (inc. STD code)	
Email Address:		Mobile No:	
Maiden Name:		Sex:	
Date of Birth:	Age:	Nationality at Birth:	Present Nationality:
Marital Status:	No. of dependent children:	Ages:	
Car Owner: YES/NO	Driving Licence YES/NO	Any Endorsements YES NO	
If any endorsements please give details:		Work Permit required / Holder:	
Give details below of any conviction from which you are not deemed to be rehabilitated under the provisions of the Rehabilitation of Offenders Act 1974. State NONE if none.			

Medical Details (All Information will be held Confidentially)

Please tick or state any major illnesses, operations, accidents or disabilities:			
Diabetes	Colour Blind	Eyesight problems	Asthmatic
Blood Pressure	Stress	Neurological	Epilepsy
Deafness	Mental Disorder	Nervousness	RSI
Any known Phobias which may affect your work (Please State).....			
Mental Disorder (Please State).....			
Are you registered disabled? YES NO If YES please give Reg. No.....			

Other Illnesses: Other Disabilities (Please State).....
Number of days off work through illness last year:

Employment Details

Present Employment / last position held

Name of Employer:	Position Held:	
Salary PA:	Employed From:	Notice Required:
Other Benefits:	To:	
Give details of your responsibilities/duties:		

Previous Employment

Dates		Employer's Name & Address	Position Held	Reason for Leaving	Salary
From:	To				

Referees: **NOTE:** One should be your present/previous employer

(1) Name: Address: Occupation: Daytime Tel. No.	(2) Name: Address: Occupation: Daytime Tel. No.
--	--

Both Referees may be approached before any offer of employment is made and may also be approached after commencement. This will also be used for security classification purposes.

Office Use Only

1st Interviewer's Remarks

Signature

Date.....

2nd Interviewer's Remarks

Signature

Date

Presentable:

Knowledgeable:

Experienced:

Suitable:

Alternative Employment:

SALARY:

BENEFITS:

OFFER TO BE MADE:

POSITION: