

Date as Postmark

Dear Sir/Madam,

Further to your enquiry for the recently advertised vacancies. Please find enclosed the following:-

- Application Form
- Guidance Notes
- Job Description
- Job Specification
- Disclosure Information Form
- Area Availability Form
- Pre-Employment Questionnaire

Can you ensure that you read the guidance notes carefully and complete all sections of the application form? The application form is your opportunity to give us as much information about your skills and experience as you can, the interview selection will be based solely on your application form.

**Please return your completed Application pack by email to Andrew Bennett at [abennett@localsolutions.org.uk](mailto:abennett@localsolutions.org.uk).**

After attending the interview the application process will take approximately six to eight weeks, due to the fact that the position is subject to an Enhanced Criminal Records Bureau Disclosure check.

**Please Note:**

**If you do not receive a reply within four weeks of submitting your application, you can assume that your application has not been successful and we will not be writing to you further. The hourly rate of pay will vary depending upon the geographical area worked.**

Yours faithfully,

Andrew Bennett  
Recruitment Officer



Office Use Only Ref. No.	
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Mount Vernon Green, Hall Lane, Liverpool, L7 8TF  
 Telephone: 0151 709 0990, Facsimile:0151 709 9326, Minicom:0151 709 4962  
 E-mail: [info@localsolutions.org.uk](mailto:info@localsolutions.org.uk), Website: [www.localsolutions.org.uk](http://www.localsolutions.org.uk)

<b>APPLICATION FORM</b> PRIVATE AND CONFIDENTIAL	<b>Please complete in black ink or typescript</b>
<b>This form is also available in Large Print, Braille and Tape Cassette</b>	

<b>1. JOB DETAILS</b>
Where did you see the post advertised?
Application for Post of:
Department/Location:

<b>2. PERSONAL DETAILS</b>		
Title:	Forename:	Surname:
Address (including postcode):		
Daytime Telephone Number:		
Evening Telephone Number:		
Mobile Telephone Number:		
E-mail address:		
Are you a UK Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If NO, Do you hold a work permit \ visa? Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date:		

Data Protection Act 1998  
 Information on this form may be held on computerised records. Strict confidentiality will be observed and disclosures will only be made for payroll and personnel administration purposes.

<b>3. PRIVATE AND CONFIDENTIAL</b>
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**TRANSPORT DETAILS**

Do you have a full valid UK driving licence? Yes  No   
 Do you have access to your own private vehicle for work purposes? Yes  No

**CRIMINAL CONVICTIONS** (Please refer to guidance documents).

Do you have any previous convictions, cautions, reprimands or final warnings? Yes  No   
 Are there any criminal proceedings pending against you? Yes  No

If **YES**, please detail offence(s) including dates and sentence(s) on a separate sheet and attach in a sealed envelope marked confidential.

*Engaging, Enabling, Enhancing*

**4. EQUALITY OF OPPORTUNITY**

Date of Birth:	
If you are related in any way to an employee of Local Solutions please give details here	
Gender	

**DISABILITY**

- i) Do you consider yourself to have a disability? (Please Tick) Yes  No
- ii) Would the provision of any aids or adaptations assist you in carrying out the duties of this post?  
Yes  No
- iii) If YES, Please State:
  
- iv) Is there anything we need to know about your disability in order that you can have a fair interview?  
E.g. do you need a hearing loop, an accessible interview room? Please state:

**ETHNIC ORIGIN**

I would describe my ethnic origin as – please tick

**WHITE:**  
 English  Scottish  Welsh  White Irish

**MIXED:**  
 White and Black Caribbean  White and Black African  White and Asian

**ASIAN OR ASIAN BRITISH**  
 Indian  Pakistani  Bangladeshi

**BLACK OR BLACK BRITISH**  
 Black Caribbean  Black African

**CHINESE OR OTHER ETHNIC GROUP**  
 Chinese

**Any other ethnic background** – please state here: .....

Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic group. UK citizens can belong to any of the groups indicated. These groups are recommended by the Commission for racial Equality and take account of those used in the 2001 Census.

**5. QUALIFICATIONS & TRAINING**

Please give details of all the qualifications you have attained starting with your most recent and work back to secondary education. You should continue on a separate sheet as required. Please give details of any training and development activities you have completed, including vocational ones you feel are relevant to your application and are not covered by any other section.

Date From	Date To	QUALIFICATIONS/ TRAINING	LEVEL – E.G. GCSE, NVQ, BSc +grade/or equivalent /DURATION

**6. PRESENT/LAST EMPLOYER**

Name of Organisation	Position Held
Address (including postcode)	
Start Date	End Date
Main Duties and Responsibilities	
Reason for Leaving/ Reason for this application	

**PREVIOUS EMPLOYMENT HISTORY – (Most Recent First)** Please ensure a full employment history is given including details of any unemployment, etc.

From MM/YY	To MM/YY	Name and Address of Employer	Post held and brief description of duties	Reason for leaving

**PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY**

**8. ATTENDANCE DETAILS – Provide details of any sickness absence in the last two years**

Dates of absence	Number of working days lost	Reason (Indicate any absences that are related to pregnancy or disability)

**9. OTHER RELEVANT SKILLS AND KNOWLEDGE**

The following section will ensure that we successfully recruit people who believe in and can demonstrate the behaviours and values sought by Local Solutions.

Please use the space below to explain how you meet the specific requirements of the enclosed job description and person specification (continuing on a separate sheet if required).

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**10. REFEREES**

Please give details of three referees. The first one must be your current employer, the second referee must be from your second to last employer and the remaining reference needs to be from professional member of the community e.g. Teacher, Nurse, Police Officer, etc. Three professional references are required If you have been unemployed for more than ten years. A professional reference is required to replace the second to last employer if you have only worked for one company. We reserve the right to contact any of your previous employers for a reference unless you state otherwise.

Name	Organisation
Job Title	Email Address
Address (including postcode)	
Telephone Number	Fax Number:
Reference Type (tick as appropriate): <input type="checkbox"/> Employer <input type="checkbox"/> Education <input type="checkbox"/> Character	

Name	Organisation
Job Title	Email Address
Address (including postcode)	
Telephone Number	Fax Number
Reference Type (tick as appropriate): <input type="checkbox"/> Employer <input type="checkbox"/> Education <input type="checkbox"/> Character	

Name	Organisation
Job Title	Email Address
Address (including postcode)	
Telephone Number	Fax Number
Reference Type (tick as appropriate): <input type="checkbox"/> Employer <input type="checkbox"/> Education <input type="checkbox"/> Character	

Please indicate by placing a tick in the appropriate box whether you are prepared to give permission for us to release your payroll and/or personnel details (as appropriate) should we receive a request from a third party e.g. a prospective employer, building society etc.)  
 YES  NO

**11. DECLARATION**

I certify that the information on this application form is accurate and true. I give my consent to the processing, transfer and disclosure by the Company of all information submitted by me during the recruitment process and throughout any subsequent periods of employment for pre-employment checks, equal opportunities monitoring, payroll operations and training. (Data Protection Act 1998)

I understand that, if appointed, any false statement later revealed may result in disciplinary action against me, including dismissal.

Signed: .....

Date: .....

(If you return this form electronically without a signature you will be assumed to have accepted the above declaration)

## **APPLYING FOR A JOB WITH LOCAL SOLUTIONS**

### **IMPORTANT ADVICE ON COMPLETING YOUR APPLICATION FORM**

The decision to invite you for interview is based entirely on the information you give on your application form.

In your pack you have a job description and person specification. You should read this carefully as this information will help you to decide if you want to apply for the job. The job description lists the duties of the post. The person specification lists the knowledge, skills and qualification needed to do the job.

**Make sure that your application form clearly shows how you meet each item of the person specification, which is to be assessed from the application form. We can only shortlist you for interview if you show that you meet these requirements by providing examples/experiences where you can. Perhaps prepare a rough draft before filling in the application form. This will help you clarify your thoughts as to how you meet the person specification.**

Please use the application form enclosed, continuing on separate sheets if necessary, unless you have a disability and wish to make alternative arrangements. If you have difficulty in completing an application form we will be happy to consider an alternative application, e.g.: Tape or Braille. Telephone the HR Department on (0151) 705-2348 for advice.

**Do not send curriculum vitae, as these will not be considered. Please type or use black pen – black pen shows best when photocopied.**

Please remember to complete the equal opportunities section as we use this information to help us in assessing the effectiveness of our Equal Opportunity Policy. The completed monitoring form (page one and two) is separated from your application form as we receive it and no one involved in the selection process has access to it. It is used for monitoring purposes only.



## 1. **JOB DETAILS**

Complete where you saw the job advertised, the full job title and name of the department or location and closing date.

## 2. **PERSONAL DETAILS**

Give your title, full name, address, postcode, contact telephone numbers (if you are on the telephone), e-mail (if available), and state whether or not you are a UK resident, if not please state whether or not you hold a work permit and the expiry date. To comply with Sections 15-25 of the Immigration, Asylum and Nationality Act 2006, which came into force on 29 February 08. This replaces the previous offence under section 8 of the Asylum and Immigration Act 1996. All prospective employees will be required to supply evidence of eligibility to work in the UK. If you are selected for interview you will be provided with further information detailing what documents will be required.

## 3. **CRIMINAL CONVICTIONS**

Exemption under the Exceptions Order to the Rehabilitation of Offenders Act 1974

You are advised that the post for which you are applying may be exempt under the rehabilitation of Offenders Act 1974 and subject to a Disclosure Check via the Criminal Records Bureau. If so, then details of all criminal convictions, including spent convictions, cautions and bind-overs must be provided, together with relevant dates.

You are asked to sign that the information you have provided about your criminal convictions is a true statement. Applications from people with criminal records for jobs at Local Solutions will be treated according to their merits.

A conviction will not necessarily be a bar to obtaining employment, this will depend on the nature of the position and the circumstance and background of the offence(s) **BUT** failure to disclose any criminal conviction will disqualify you from this appointment and may render you liable to dismissal without notice.

Disclosure checks will be sought prior to starting recruitment.

If you have any doubts about this question, please take advice from the Human Resources Department. The Criminal Records Bureau Code of Practice and Local Solutions Recruitment Policy in relation to people with a criminal record is available upon request.

## 4. **EQUALITY OF OPPORTUNITY**

### **Statement of Equal Opportunities**

**Local Solutions aims to be an equal opportunities employer. It aims to ensure that no job applicant or employee receives less favourable treatment on the ground of race, colour, marital status, age, religion, sex, sexual orientation or disability. Selection criteria and procedures are reviewed to ensure that individuals are elected, promoted and treated on the basis of their relevant merits ability. All employees will be given equal opportunities and where appropriate and possible, special training to enable them to progress both**

**within and outside the organisation. Local Solutions is committed to a programme of action to make this policy effective and will bring it to the attention of all employees**

In order to ensure the continued development of the Equal Opportunities Policy, all applicants are asked to place a tick in the appropriate box and complete the details required. The information will be used solely for monitoring purposes and will be treated as confidential. You are under no obligation to fill in this section, but it would help our monitoring if you do so.

Local Solutions is committed to achieving equality of opportunity and adheres to the relevant legislation in order that all groups in society may have access to employment opportunities. Local Solutions has been awarded the right to use the "Positive about Disabled People" symbol. If you have a disability and it has been stated on your application form and you have met the essential criteria for the job, you will be guaranteed an interview. If you have a disability, please advise us of any adjustment/aid you might require for the interview and subsequent employment. If you are invited for an interview this will be discussed with you further.

Disability questions are asked in accordance with the Disability Discrimination Act 1995 and subsequent updates. The information you provide will help us to help you through the application process. Disabled people who satisfy the essential criteria of the Job Specification will be guaranteed an interview.

**5. QUALIFICATIONS AND TRAINING**

Specify details of **ALL** qualifications and training. Please do not use abbreviations, specify the full title of the qualifications. You should also include training that you have undertaken outside work if the training is relevant to the post.

**6. PRESENT/LAST EMPLOYER**

Please give us the basic details of your current/most recent employment with an outline of your duties and responsibilities. State your current salary, period of notice required and reason for leaving or reason for this application if currently still employed.

**7. PREVIOUS EMPLOYMENT HISTORY**

Please provide **FULL** details of your previous employment since leaving secondary school, accounting for any periods of unemployment, for Job Seeking/Pregnancy etc. Outline your previous work experience and responsibilities, in date order starting with the most recent first. You should use a separate box for each position held. Use a separate sheet if necessary.

**8. ATTENDANCE DETAILS**

Provide details of any sickness absence in the last two years

## 9. OTHER RELEVANT INFORMATION

This is a very important part of your application form. It is your opportunity to demonstrate, using examples, how your skills, knowledge and experience meet the requirements of the post. Include relevant achievements in your career history. Aim to be concise but address each point in the person specification.

If you have never been in paid employment you should draw on the skills, knowledge and experience you have gained from other aspects of your life, such as community or voluntary work, leisure activities, educational or other responsibilities such as bring up a family.

## 10 REFEREES

In order to support the selection decision, references are sought. You are asked to provide the names and addresses of three referees, one of whom must be your present or most recent employer. (Please provide company contact address only).

If you have never worked you should identify two referees – not family members - who are able to tell us about your skills, knowledge and abilities, e.g. Head Teacher or Voluntary Work Organiser.

## 11. DECLARATION

Please read declaration statement and confirm the information on the form is accurate and true.

## 12. RECRUITMENT COMPLAINTS PROCEDURE

Candidates who have reasons to believe that they have been treated unfairly or discriminated against at any stage of the recruitment and selection procedure may complain to the Manager where the post is situated.

## AND FINALLY

- ❑ Check that you have answered all questions, sign and date the application form and return to: HR Department, Local Solutions, Mount Vernon Green, Hall Lane, Liverpool, L7 8TF
- ❑ Check that any additional pages have been attached.



## **JOB DESCRIPTION**

**Section:** Homecare Department

**Post:** Care Support Worker

### **Purpose of the Post**

To provide personal/domestic care to the service user enabling them to retain their independence in their own home.

To offer support, both emotionally and physically to the service user.

### **Main Areas of Responsibility**

To promote good care practice, including a commitment to the service user, maintaining their dignity and independence and respect for their cultural, spiritual and religious needs.

To ensure at all times that the care practice is non-discriminatory and service users personal beliefs and preferences are appropriately acknowledged.

To meet the physical, social and emotional need of service users as agreed in the care plan, to promote independence and enhance their living skills.

Provide direct personal/domestic care in accordance with the service users assessed needs, for example:-

- i) Assisting/supporting with personal hygiene and appearance, i.e. bathing
- ii) Preparing/cooking meals and assisting with feeding where necessary
- iii) Undertaking routine domestic and household tasks
- iv) Shopping, collecting pensions and prescriptions

To liaise and collaborate with other departmental staff, agencies and community nurses who are involved in providing care for the service user.

To assist service users with tasks as agreed in care plans, in accordance with National Care Standards.

To work with service users to improve and maintain daily living skills, using appropriate equipment whenever required.

To contribute to the maintenance of appropriate records providing written reports on care plans and report regularly to the Line Manager any significant changes in the service user or their circumstances.

To inform the office immediately in the event of no access to service users property.

To contribute to the monitoring and evaluation of the service provided.

To be part of a team of staff working within the community, working flexibly with other staff members.

To attend staff training sessions as arranged by the Line Manager and in conjunction with personal development plans.

To attend supervision with Line Manager.

To carry out all duties in accordance with Local Solutions policies and procedures, including the promotion of anti-discriminatory practice and equal opportunities.

To undertake any other duties that are appropriate to the job.

I acknowledge receipt of a copy of the Job Description, which I have read and agreed.

Signed:.....

Date:.....  
(Job Holder)

To be completed by employer representative.

Signed:.....Position:.....



**PERSON SPECIFICATION**

<b>Section:</b> Homecare Department	<b>Post:</b> Care Support Worker
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CRITERIA	KNOWLEDGE & SKILLS	ESSENTIAL (E)/ DESIRABLE (D)	METHODS OF ASSESSMENT
<b>Qualifications &amp; Training</b>	* Aptitude and commitment to undertake training as required.	(E)	A/I
	* NVQ Level 2, Moving & Handling, Food Hygiene, Health & Safety, First Aid Certificate, POVA, Medication or equivalent. (In-house training available)	(D)	A/I
<b>Experience/Knowledge</b>	* Understanding of the needs and rights of people.	(E)	I
	* Working in a caring capacity to good care practice standards. (paid or unpaid)	(D)	A/I
	* Assessment & Care Planning Skills.	(D)	A/I
	* Worked in a residential or community care setting.	(D)	A/I
<b>Skills/Abilities</b>	* Good motivational skills.	(E)	I
	* Effective communication skills- including the ability to listen and communicate orally and in writing.	(E)	A/I
	* Good interpersonal skills.	(E)	I
	* Ability to promote independence to give clients choice.	(E)	I
	* Ability to write and record essential information clearly and accurately.	(E)	A/E
	* Respect confidentiality.	(E)	I
<b>Commitment</b>	* Ability to work effectively and contribute to a team, or on own initiative.	(E)	A/I
<b>Other</b>	* To be flexible in approach to the needs of the establishment.	(E)	I

Key to Assessment Methods: I – Interview    A – Application Form    E – Exercise

## LOCAL SOLUTIONS

### Criminal Records Bureau Disclosure information

It is important that you complete each section of this document accurately. This information will be used to complete your Criminal Records Bureau disclosure, which is required before you can start work. If any of the information in this document is incorrect it may delay your application.

**PLEASE ENSURE YOU COMPLETE THE FORM IN CAPITAL LETTERS.**

### PERSONAL DETAILS

Title:		Surname:	
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Forename(s):	
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Current Address: Town / City: County:			
Postal Code:		Country:	

Date of birth:	
----------------	--

At current address since:	Month:		Year:	
---------------------------	--------	--	-------	--

Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
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National Insurance No:	
------------------------	--

### ADDITIONAL PERSONAL DETAILS

Surname at birth (if different):	
----------------------------------	--

Used Until:	
-------------	--

Any other Surnames used:	
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Used from:	(Year)	Used until:	(Year)
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Any other Forenames:	
----------------------	--

Used from:	(Year)	Used until:	(Year)
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### PLACE OF BIRTH:

Town / City:	
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County / District:	
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Born in the UK:	(if no please state country)
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Nationality:	
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## TELEPHONE CONTACT DETAILS

Home Telephone No:	
Work Telephone No:	
Preferred contact No and time:	

## PREVIOUS ADDRESS DETIALS

In order to process your application we need the full previous addresses where you have lived within the last five years. If you have lived in the same address for more than five years and have completed the front page of this document, you do not need to complete this section.

1.

Address:			
Town / City:			
County:			
Postcode:		Country:	
Date From:	Month:		Year:
Date To:	Month:		Year:

2.

Address:			
Town / City:			
County:			
Postcode:		Country:	
Date From:	Month:		Year:
Date To:	Month:		Year:

3.

Address:			
Town / City:			
County:			
Postcode:		Country:	
Date From:	Month:		Year:
Date To:	Month:		Year:



4.

Address:				
Town / City:				
County:				
Postcode:		Country:		
Date From:	Month:		Year:	
Date To:	Month:		Year:	

5.

Address:				
Town / City:				
County:				
Postcode:		Country:		
Date From:	Month:		Year:	
Date To:	Month:		Year:	

6.

Address:				
Town / City:				
County:				
Postcode:		Country:		
Date From:	Month:		Year:	
Date To:	Month:		Year:	



## AREA AVAILABILITY FORM

Do you hold a full, valid driving licence? YES  NO   
Do you currently have access to a vehicle? YES  NO

Due to the wide geographical area covered by Local Solutions we will try our best to employ you in the area nearest to where you live, although this may not always be possible. To help us with the recruitment process, will you please tick the box next to the areas where you are willing to travel? We operate in the following areas:

### Manchester

Ardwick  Gorton North  Gorton South  Longsight   
Levenshulme

### Liverpool

Speke <input type="checkbox"/>	Woolton <input type="checkbox"/>	Belle Vale <input type="checkbox"/>	Garston <input type="checkbox"/>
Gateacre <input type="checkbox"/>	Lee Park <input type="checkbox"/>	Allerton <input type="checkbox"/>	Childwall <input type="checkbox"/>
Netherley <input type="checkbox"/>	Hunts Cross <input type="checkbox"/>	Wavertree <input type="checkbox"/>	Toxteth <input type="checkbox"/>
Kensington <input type="checkbox"/>	Old Swan <input type="checkbox"/>	Tuebrook <input type="checkbox"/>	Anfield <input type="checkbox"/>
Everton <input type="checkbox"/>	Walton <input type="checkbox"/>	Norris Green <input type="checkbox"/>	West Derby <input type="checkbox"/>

### Wirral

Birkenhead <input type="checkbox"/>	Wallasey <input type="checkbox"/>	Nocturum <input type="checkbox"/>
Rockferry <input type="checkbox"/>	Beechwood <input type="checkbox"/>	New Brighton <input type="checkbox"/>
Wallasey Village <input type="checkbox"/>	Prenton <input type="checkbox"/>	Oxton <input type="checkbox"/>

### Sefton

Netherton  Litherland  Seaforth

### Knowsley

Huyton  Whiston  Kirkby  Halewood

### Halton

Broadheath  Ditton  Hale Hough Green  Riverside   
Appleton  Birchfield  Farnworth  Kingsway  Halton View

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

## LOCAL SOLUTIONS

### PRE-EMPLOYMENT QUESTIONNAIRE

Local Solutions is committed to the health and safety of its staff. As part of these commitments, this Pre-employment Questionnaire is required to be completed by all staff on commencing employment.

The Management of Health and Safety at Work Regulations 1999, which are supplemented by an Approved Code of Practice, bind Local Solutions, like every other employer. We are required to make assessments of risks to which employees may be exposed at work, and a sufficient risk assessment involved considering not only the nature of the job, but also the fitness of the employee to carry out that work. In addition the Disability Discrimination Act 1995 imposes a further obligation on the prospective employer to make, where appropriate, reasonable adjustments to enable a suitably qualified candidate to take up employment. This Pre-Employment Questionnaire, supplemented where necessary by a further medical assessment, is part of Local Solutions fulfilment of our responsibilities in respect of the above legislation.

In the vast majority of cases the questionnaire will be sufficient. However, in very few instances, it may be necessary to make further enquiries of an individual and/or request a medical examination.

In some instances action may be required by Local Solutions to reduce potential risks or to improve the ability of a new member of staff to perform the full duties of the job. Such a disclosure will only be made with the consent of the employee.

Please complete the following questions by ticking the appropriate box. If the answer is 'yes', give details including (a) date, (b) amount of time lost from work/education, (c) treatment as appropriate.

Have you ever suffered from any of the following illnesses?

	Yes	No	If yes; please give details
Visual defects/eye conditions (including colour blindness)			
Hearing defects/ear conditions			
Severe anxiety, depression, other psychiatric disorders			
Paralysis or other neurological disorder			
Fainting attacks, epilepsy			
Recurrent headaches, migraine			

	Yes	No	If yes; please give details
Vertigo, giddiness or tinnitus			
Heart disease, high blood pressure			
Asthma, bronchitis, tuberculosis or other chest conditions			
Peptic ulcer or digestive or bowel disorder			
Liver, kidney or bladder problems			
Gynaecological problems			
Recurrent backache, arthritis, rheumatism			
Any blood disorder			
Eczema, dermatitis, other skin conditions			
Diabetes, thyroid or other gland problems			
Hayfever, allergies to drugs, animals etc			
Any recurrent infections			
Varicose veins causing trouble			
Hernia			
Any alcohol or drug related problems or illness			
Any other medical condition, physical or mental, not mentioned above			
Have you ever suffered from an industrial disease/accident?			
Do you have a learning disability?			
Any other relevant information?			
Do you require any additional support to aid you to fulfil your role?			

**Notify in an Emergency**

**Title:**..... **Name:**.....

**Address:** .....

.....

.....

..... **Postcode:** .....

**Telephone (Home):** ..... **(Work):** .....

**Relationship to you:** .....

**Any other information relevant to an emergency situation**

(e.g. Medication)

.....

.....

.....

.....

**Declaration**

1. I declare that to the best of my knowledge, the information I have given is correct.
2. I understand that I may be required to attend a medical examination.
3. I understand that failure to disclose relevant information or giving false information may result in termination of my employment.

**Signed**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Checked by HR Section**

\_\_\_\_\_

**Date**

\_\_\_\_\_