

13. Do you have any physical or mental condition which may limit your ability to perform the particular job for which you are applying?

Yes     No

If yes, give brief details: \_\_\_\_\_  
\_\_\_\_\_

14. Do you have a fear of heights?

Yes     No

15. Are you willing to take a physical exam?

Yes     No

16. Do any of your relatives work with CUC?

Yes     No

If yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

If yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

17. Were you previously employed with CUC?

Yes     No

If yes, please give the dates, from (dd/mm/yy) \_\_\_\_\_ to (dd/mm/yy) \_\_\_\_\_

In which Department(s) did you work? \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_  
\_\_\_\_\_

18. Have you ever been charged with a crime?

Yes     No

If yes, give details and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## 19. EMPLOYMENT RECORD

### a) Present or Most Recent Employer:

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of your Supervisor/Manager: \_\_\_\_\_

Dates of employment, from (dd/mm/yy) \_\_\_\_\_ to (dd/mm/yy) \_\_\_\_\_

Starting position: \_\_\_\_\_ Rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Last position held: \_\_\_\_\_ Rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_  
\_\_\_\_\_

May present employer be contacted?

Yes     No