

## APPLICATION FOR EMPLOYMENT

It is our policy to employ the best qualified personnel and provide equal opportunity for the training and promotion of employees without discrimination on grounds of race, religion, nationality, disability, age, sex or marital status.

Applicants are requested to note that smoking is not permitted in company vehicles or on company premises, except in designated areas.

## **APPLICATION FOR EMPLOYMENT**

## (PLEASE TYPE OR USE BLOCK LETTERS)

11						
			Wage/Salary required: £ per			
Prepared to work:	Full-time:	YES/NO	Part-time:	YES/NO	Shift work:	YES/NO
Surname:		Forename	s:			
Address:						
				Postco	ode:	
Telephone: Private			Business			
Email:						
Marital status:						
Details of dependent	children:					
Do you own a car?	YES/NO		Have you a cu	arrent driving licence	? PROVISIONA	AL / FULL / HGV / NONE
Are there any current	endorsements	? (Give details)				
Do you smoke?	YES/NO		Are	you in good health?	YES/NO	
Give details of any ill	nesses:					
Have you any disabil	ties which ma	y affect your ap	oplication? YES	S/NO		
Describe disabilities a	nd:					
(a) any special proce the job.	dures which y	ou feel we sho	uld apply to our re	cruitment process to	assist you in	your application for
(b) any reasonable a job.	ljustments wh	ich you feel sh	ould be made to t	he job itself which v	vould enable y	you to carry out the
Doctor's name:			T. 1	No:		

Schools attended from age 11 Dates (from/to) Examina			tions (subjects/results)		
<b>Further Education</b>					
Place of Education	Dates (from/to)	Qualifications			
Can you read or speak other languages	? YES/NO				
(Give details)					
Working Chills	How and when traine	ad	Licences/Certificates held		
Working Skills	How and when traine	ea	Licences/Certificates neid		
HGV Driving					
Lift Truck Operating					
Computer Operating					
First Aid Training Business Skills					
Other					
Previous Employment					
Include details of your most recent employment here.  Present/latest employer:	Use the spaces below to give details	of other employment, working  Type of business:			
		_ Type of business.			
Address:					
	Starting date:		Leaving date:		
Reason for leaving:					
Starting pay: £ per					
	Current/fini	ishing pay: £	per		
Job Title:	Duties	/Responsibilities:			
Job Title:	Duties	/Responsibilities:			
Job Title:	Duties,	/Responsibilities:			
Previous employer:	Duties,	/Responsibilities: Type of busines	ss:		
Previous employer:	Duties,	/Responsibilities: Type of busines	ss:		
Previous employer:	Duties,	/Responsibilities: Type of busines Leav	ss: ving date:		
Previous employer:  Address:  Reason for leaving:	Duties,	/Responsibilities: Type of busines	ss: ving date:		
Previous employer:	Duties, Starting date: Finishing	/Responsibilities: Type of busines Leav pay: £	ss: ving date: per		

Previous Employment	(cont'd)					
Previous employer:		Type of business:				
Address:						
			Leaving date:			
Reason for leaving:						
Starting pay: £	per	Finishing pay: £	per			
Job Title:		Duties/Respo	onsibilities:			
Previous employer:		T	Type of business:			
Address:						
			Leaving date:			
Reason for leaving:						
Starting pay: £	per	Finishing pay:	per			
		Duties/Responsibilities:				
General						
Interests/hobbies:						
Offices held in social/spo	orts clubs, etc:					
Public offices held (e.g	JP, local councillo	r):				
Community/voluntary or	ganisation experie	ence:				
Membership of profession	onal organisation o	or trade union:				
Have you ever been conv	victed of a crimina	l offence? (Declaration	subject to the Rehabilitation of Offenders Act)			
Do you need a work perr	mit to work in the	UK?	YES/NO			
If offered this position w	ill you continue to	work in any other capa	acity? YES/NO			
If 'Yes', give details:	·					
Personal referees (Pleas	se name two refere	ees from your previous	employment)			
Name:		Name: _				
Address:		Address	s:			
Occupation:		-	tion:			
Business Tel:		Busines	ss Tel:			
Home Tel·		Нота Т	Tel:			

Details of next of kin:		If another person should be contacted in an emergency, give details below:  Name:			
Name:					
Address:		Address:			
Relationship:		Relationship:			
Tel: (business)	(home)	Tel:	(business)	(home)	
Name and address of banker:					
Bank Sort Code		Account number:			
Name of account:					
National Insurance Number:					
I authorise the company to been made and accepted a by giving and receiving infe to the best of my knowledg	nd release the con ormation. I confir	npany and referees from that the information	om any liability caused		
Signature	Signature Date				
The following documents must b	e provided before	any offer of employme	ent can be confirmed:		
(a) Passport or Full Birth Certifi	icate				
(b) P45 or other document show	ing National Insur	ance Number			
For driving positions:					
(c) Driving Licence (card and pa	per versions)				

## For Interviewer's Use

Appearance:	1 2	3 4 5	(	seneral Comments:
Speech:	1 2	3 4 5		
Experience:	1 2	3 4 5		
General Impression:	1 2	3 4 5		
	(Grad	e 1 = top grade)		
Special Training Need	ls:			
Interviewer's Signatur	·e			
			For Office	e Use
Date job offered:		Jo	ob title:	Starting date:
Hours of work:				Reporting to:
References taken up b	y:			Date:
References received fr	rom:			PHONE / LETTER (delete one)
	_			PHONE / LETTER (delete one)
Comments on referenc	ces:			
Documents photocopi	ed:	Driving licence	e	Birth certificate
		Passport		<del></del>
		Other specified	d documents	
NI No:		P45 or P46:	YES / NO	
Recruitment source:_				
Employment offer no	ted by:			Date