

APPLICATION FOR EMPLOYMENT

Confidential (when complete)

Please complete this form answering all questions in black ink or ballpoint pen

Position Applied for: _____		Date available for work: _____	
SIA Licence Holder: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ⌚	Licence/Badge No: _____	Licence Expiry Date: _____	
How did you hear about this Vacancy? (Please tick 3 appropriate box)			
Company Website <input type="checkbox"/>	Local Press <input type="checkbox"/>	Contacted Company Directly <input type="checkbox"/>	Job Centre Plus <input type="checkbox"/>
Pertemps <input type="checkbox"/>	Other <input type="checkbox"/>	Please state: _____ _____	

PERSONAL DETAILS

Surname: _____	Forenames: _____
Address: _____ _____ _____	
Post Code: _____	

National Insurance Number: _____

How long have you lived at your present address?	Years:	Months:
Are you: Owner <input type="checkbox"/>	Renting <input type="checkbox"/>	Living with Family/Friends <input type="checkbox"/>
Home Telephone Number (incl. Dialing code): _____	Mobile: _____	E-mail Address: _____
Previous Address: _____ _____ _____	From: _____	To: _____
Post Code: _____		

Your addresses **MUST** cover the past 5 years - please list additional addresses on a separate piece of paper if appropriate

Age: _____	Date of Birth: _____	Nationality: _____	Place of Birth: _____
Country of Birth: _____		Marital Status: _____	Ethnic Origin: _____

OTHER INFORMATION

Do you have any relatives working for this Company? If yes please state: _____	Have you previously applied for a job within this Company? If YES, state when and for what position: _____	
Do you own a motor vehicle? _____	Do you possess a full clean UK driving licence? _____	Driving Licence Number: _____

Give details of any endorsements or other driving convictions within the last 5 years?

Do you have you any alleged offences outstanding against you? YES NO

(In accordance with BS 7858 and BS 7499, you are required to declare any current or pending county court judgment against you)

If YES please give details:

HEALTH

Please give details of any health / disability problems which may be relevant to the position applied for:

REFERENCES

Please give details of two people, other than family, and not connected with your school or college and who have known you for **AT LEAST THREE YEARS** whom we may approach for character references below:

Name: <hr/>	Name: <hr/>
Address: <hr/> <hr/> <hr/>	Address: <hr/> <hr/> <hr/>
Post Code: <hr/>	Post Code: <hr/>
Telephone no: <hr/>	Telephone no: <hr/>
Occupation: <hr/>	Occupation: <hr/>
Period known: <hr/>	Period known: <hr/>

EDUCATION

Secondary School: <hr/> <hr/> <hr/> <hr/> <hr/>	Dates (Month and Year): <hr/> <hr/> <hr/> <hr/> <hr/>	Grades Achieved: <hr/> <hr/> <hr/> <hr/> <hr/>
College / University: <hr/> <hr/> <hr/> <hr/> <hr/>	Dates (Month and Year): <hr/> <hr/> <hr/> <hr/> <hr/>	Grades Achieved: <hr/> <hr/> <hr/> <hr/> <hr/>
Course Title: <hr/> <hr/> <hr/>		

