

Application Form

Position Applied For: _____

NI Number: _____ Full Time Part Time

Please complete the following in BLOCK CAPITALS:

Full Name: _____ Title: Mr/Mrs/Ms/Miss

Address _____ Post Code: _____

Telephone Number: _____ Mobile: _____

Marital Status: _____

Date of Birth: _____ Age: _____

Please give details of employment both currently & over the last 3 years (full & Part time)

Name & Address of Company	Dates employed (from & until)	Position Held (full/Part time)	Duties	Reason For leaving

Have you ever suffered from a serious injury or illness? YES NO

If YES please give details _____

Do you have your own transport? _____

Are you available to work the following periods:

Lunch Times	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	what are your commitments outside work? _____ _____
Evenings	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Week Ends	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Statutory Bank Hol	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

I CONFIRM THE ABOVE PEOPLE CAN BE CONTACTED FOR IMMEDIATE REFERENCE: YES NO

I understand that any inaccuracy or falsification of the information I have give may result in the termination of any employment I may be offered. I declare that the above information is correct

Signed: _____

Date: _____