

Kathryn House, Manor Way, Rainham, Essex, RM13 8RE
Head Office Telephone: 01708 558211 Fax: 01708 523542
Sales Office Telephone: 01708 522311 Fax: 01708 559024

APPLICATION FOR EMPLOYMENT

Personal Information

Please Complete In Block Capitals

Position Applied For: Date Of Application:

Full Name: D.O.B.: (Optional)

Home Address: Nationality:

Town / City: Marital Status:

County: Postcode: Children / Ages:

Home Tel No: Mobile Tel No: Email Address:

Car Owner: (Y/N) Current Full Driving Licence: (Y/N)

Any Endorsements / Pending Motoring Offences? Details:

Hgv: Class & Licence No: (If Applicable)

Do You Have Any Criminal Convictions? Details:

General Health Information

Do You Have Any Physical Defects Or Disabilities? (Give Details Or State None):

Do You Suffer From Epilepsy, Diabetes, Fits Or Any Other Similar Illness Which May Impair Your Performance In This Position? (Give Details Or State None):

Any Serious Illness, Operations, Or Accidents In Recent Years? (Give Details Or State None):

Are You Currently Receiving Any Treatment Or Medication? (Give Details Or State None):

How Much Time Have You Lost From Work Due To Illness During The Past Year? (Give Details Or State None):

For Personnel Use Only

File Ref: Date:

Sent To: Date:

Returned: Action:

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Employment History

Last / Current Position

Company:	<input type="text"/>	From:	<input type="text"/>	To:	<input type="text"/>
Address:	<input type="text"/>	Position Held:	<input type="text"/>		
Telephone No:	<input type="text"/>	To Whom Responsible:	<input type="text"/>		
Nature Of Business:	<input type="text"/>	Gross Salary (Excl. Overtime):	<input type="text"/>		
Reason For Leaving:	<input type="text"/>				
Main Duties:	<input type="text"/>				

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Previous Position

Company:	<input type="text"/>	From:	<input type="text"/>	To:	<input type="text"/>
Address:	<input type="text"/>	Position Held:	<input type="text"/>		
Telephone No:	<input type="text"/>	To Whom Responsible:	<input type="text"/>		
Nature Of Business:	<input type="text"/>	Gross Salary (Excl. Overtime):	<input type="text"/>		
Reason For Leaving:	<input type="text"/>				
Main Duties:	<input type="text"/>				

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Previous Position

Company:	<input type="text"/>	From:	<input type="text"/>	To:	<input type="text"/>
Address:	<input type="text"/>	Position Held:	<input type="text"/>		
Telephone No:	<input type="text"/>	To Whom Responsible:	<input type="text"/>		
Nature Of Business:	<input type="text"/>	Gross Salary (Excl. Overtime):	<input type="text"/>		
Reason For Leaving:	<input type="text"/>				
Main Duties:	<input type="text"/>				

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Have you any objections to us applying to previous employers for references? (Yes or No)

Give details of any current part time employment:

Please state membership of any professional bodies/unions:

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Education

Last School / College Attended: Date of Leaving:

Examinations Taken / Passed

Subject:	<input type="text"/>	Year:	<input type="text"/>	Grade:	<input type="text"/>
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General

Have you or any relatives previously worked under our employment? (If yes, please state relationship):

Are you employed now? (Yes or No) If yes, how soon available?

Please list any commitments that may limit or restrict your working hours :

Please give details of any holiday commitments:

Hobbies & interests:

Please enter any additional information about yourself, including any qualities and additional qualifications, which you think will help us to assess your suitability for employment:

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I understand that any false or misleading information given in this application may render my contract of employment, if i am appointed, liable to termination. I declare that to the best of my knowledge the above information and that submitted in any accompanying document(s) is correct.

Confirmed:
(Mark X)

Signed:

Should you wish to provide further information regarding past/present experience please use the space below: