



APPLICATION FOR EMPLOYMENT

Today's date

Surname

First Name(s)

Address

.....

.....

Telephone No

Medical History Please tick if yes

Do you suffer from: Hay fever? Reading Difficulties: Migraine?
 Back pains? Lung disorders? Asthma/bronchitis/other? Regular Headaches?

Do you suffer from any other disability? Yes/No if yes please give details below

Are you registered as disabled? Yes/No if yes please give details below

How would you describe you general health & fitness? Please indicate below

Excellent Good Satisfactory Average Poor

Personal

Do you own a vehicle? Car Bicycle Motorbike Other

Do you have a driving licence? Yes/No? Full/Provisional

Do you have any hobbies or interests?

Have you been convicted of a criminal offence other than one considered as spent under the rehabilitation of offenders act 1974?

Yes/No If yes please give details below

EMPLOYMENT

Position applied for:

Expected Pay:

Have you ever worked for this Company before? Yes/No IF yes please give details below

If appointed on what date would you be available to start work?

Employment History

Please list present and past employment beginning with your most recent/current appointments

Name of employer:

Address of employer:
.....

Name of person who can be contacted there:

Telephone No:

Type of business:

Position Held:

Duties Performed:

Employed from date: Employed to Date:

Salary on leaving: Reason for leaving:

Name of employer:

Address of employer:
.....

Name of person who can be contacted there:

Telephone No:

Type of business:

Position Held:

Duties Performed:

Employed from date: Employed to Date:

Salary on leaving: Reason for leaving:

Employment History Continued

Name of employer:

Address of employer:
.....

Name of person who can be contacted there:

Telephone No:

Type of business:

Position Held:

Duties Performed:

Employed from date: Employed to Date:

Salary on leaving: Reason for leaving:

Education

School attended:

Date from: Date to:

Examinations passed:

.....
.....

Details of any further education, such as first aid courses, health and safety, fork lift etc.

.....
.....

Please use this space to tell us a little about yourself, and what you believe you have to offer this company:

.....
.....
.....
.....
.....

REFERENCES

Please list the names and addresses of 2 persons (not relatives) whom we may approach to obtain suitable references. At least one should be a former/current employer if possible.

Name:

Address:

.....

Occupation:

Name:

Address:

.....

Occupation:

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may later result in dismissal

Signature:

Please return this form to the address below

Aluminium Bending Specialists Limited
Unit 1 Ventura Court
Lowmoor Business Park
Kirkby-in-Ashfield
Nottinghamshire
NG17 7DF

Telephone 01623 721172