

EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR:	PREFERRED BRANCH: MELKSHAM / FROME
DATE AVAILABLE FOR WORK:	PREFERRED HOURS (IF APPLICABLE): FULL TIME / PART TIME / CASUAL
HOW DID YOU HEAR ABOUT THE JOB?	
PERSONAL INFORMATION	
NAME:	
ADDRESS: _____ _____ _____ POSTCODE _____	
TEL. NO.:	
EMAIL:	
Are you legally eligible for UK employment? (circle as applicable)	YES NO
If the job you are applying for requires you to drive, do you have a driving licence?	YES NO
Are there any endorsements on your driving licence?	YES NO
Have you ever been convicted of a criminal offence?	YES NO
PRESENT EMPLOYMENT (If now unemployed give details of last employer)	
Please tick as appropriate; present employer? <input type="checkbox"/> *Last employer? <input type="checkbox"/>	
Company Name: _____	
Current Job Title: _____	
Your current salary/ wage is £ _____ Bonus/ Commission per annum/ month £ _____ Per annum/ week/ month (delete as applicable).	
What are your hours of work? _____	
What is your annual holiday entitlement? _____	
How long have you held your position? _____ Length of service with company: _____	
Please give details of any other positions you have held with your current employer:	
<u>Job Title.</u>	<u>Period Held.</u> <u>Last salary/ wage.</u>
_____	_____
_____	_____
*If this was your last employer; reason for leaving: _____	

PREVIOUS EMPLOYMENT

Company Name: _____
Job Position: _____
Main Duties: _____

Leaving salary: _____ Reason for leaving: _____

Company Name: _____
Job Position: _____
Main Duties: _____

Leaving salary: _____ Reason for leaving: _____

Company Name: _____
Job Position: _____
Main Duties: _____

Leaving salary: _____ Reason for leaving: _____

EDUCATION

Schools attended	From	To	Qualifications obtained.

Further Education Record.	From	To	Qualifications obtained.
University/ College attended			

Professional Qualifications Record.	From	To	Qualifications obtained.
Professional Body			

REFERENCES

Please give details of two people we may contact for a reference. They must not be related to you.

NAME: _____ OCCUPATION: _____

ADDRESS: _____

_____ POSTCODE: _____

'RELATIONSHIP' TO YOU (e.g. former employer etc.) _____

Please give details of two people we may contact for a reference. They must not be related to you.

NAME: _____ OCCUPATION: _____

ADDRESS: _____

_____ POSTCODE: _____

'RELATIONSHIP' TO YOU (e.g. former employer etc.) _____

EQUALITY ACT 2010

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview?

Yes No

If yes, please give details:

Successful applicants may be required to complete a medical questionnaire and may be required to attend a medical examination prior to being appointed

DECLARATION

1. I declare that, to the best of my knowledge, the information I have given is correct and I have not withheld any information.
2. I understand that if my application is successful I may be required to complete a medical questionnaire prior to being appointed and I may be required to attend a medical examination.
3. I understand that failure to disclose relevant information or giving false information may result in the termination of my employment.

Signature..... Date

The Company's Privacy Notice for job applicants, which sets out how we use the data provided to us, can be accessed at: <https://www.melkshammotorspares.co.uk/pdf/recruitment-privacy-policy-2018.pdf>

FOR OFFICE USE ONLY

DATE REC'D: _____ KEEP ON FILE UNTIL: _____ RECOMMENDATION: _____

NOTES:

