APPLICATION FORM

South Holland IDB

POSITION APPLIED FOR:						
	The following information will be treated in the strictest confidence.					
PERSONAL						
	(Please complete this section in BLOCK CAPITALS)					
Surname:						
First Name(s):	Preferred Name:					
Address:						
Contact Tel. No:	Mobile Tel No.					
Email:	Medile 18.1te.					
	\	** (50) 10				
Full Driving Licer		*YES/NO				
ii fES, please	give further details including dates.					
Are you involved e.g., local govern	in any activity which might limit your availability to work or your working hours ment?	YES/NO				
If YES, please gi	ve full details.					
Are you subject t	o any restrictions or covenants which might restrict your working activities?	YES/NO				
If YES, please gi	ve full details					
Are you willing to	work overtime and weekends if required?	YES/NO				
Please give deta	ls of any hours which you would not wish to work:					
Have you any co Act 1974)?	nvictions (other than spent convictions under the Rehabilitation of Offenders	YES/NO				
If YES, please gi	ve full details					
	byment, you will be required to complete a Pre-Employment Medical re you prepared to undergo a medical examination before employment?	YES/NO				
Have you ever w	orked for this business before?	YES/NO				
If YES, in what ro	le and when					
Have you applied	YES/NO					
Do you need a w	YES/NO					
If offered the role	, when would you be able to start employment?					

EDUCATION DETAILS

Length of Service:

Education History	From	То	Examinations and Results
	_	-	5: 1
Additional Formal / Work Based Training	From	То	Diploma/Qualification/Subject
EMPLOYMENT DETAILS			
EMPLOTMENT DETAILS			
Are you currently employed? YE	S/NO		
If yes:			
Employer:			
Address:			
Telephone No:			
Nature of business:			
Job title and a brief description of your duties:			
Reason for Leaving:			

Please give details of your previous employment in chronological order (most recent first, covering up to a ten-to-fifteen-year period):

Name and address of employer	Dates	Position held/Main duties	Reason for leaving
			<u> </u>
Please give details of membership of	any technica	al or professional associations relevant to this role:	

Please briefly explain what has attracted you to this position:					
Please choose 1 essential skill from the Person Specification within the Job Description and give an example of when you have evidenced that you have this skill:					
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Please set out below any further information to support your personal strengths.	sar approacion, e.g. past asmovemen	ts, future aspirations,				
DECLARATION						
I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.						
Signature:		Date:				
REFERENCES						
Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference.						
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