



Application Form

Please return to:

Office 6, Liskeard Enterprise Annexe, 5 Holman Road, Liskeard Business Park, Liskeard, Cornwall,
PL14 3UT

1. PERSONAL DETAILS

Position being applied for					
Surname		Forename		Title	
Address					
Telephone Number					
Email Address					

2. DRIVING DETAILS

Current driving license held:	Y <input type="checkbox"/> / N <input type="checkbox"/>
Details of any endorsements:	
Expiry date of any endorsements:	

3. EMPLOYMENT IN THE UK

Are there any restrictions on your taking up employment in the UK?	Y <input type="checkbox"/> / N <input type="checkbox"/>
If yes, please provide details:	

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4. EDUCATION HISTORY Please complete in full and use a separate sheet if necessary

School / College / University	Subjects	Qualifications	Year Obtained
Any other training:			

5. EMPLOYMENT HISTORY Please complete in full and use a separate sheet if necessary

Current or last position held:		Notice required and date available:	
Name of company:		Current salary:	
Brief description of duties			

Previous Employment

Dates from/to	Name and address of employer	Job title and brief duties	Salary	Reason for Leaving

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Other employment or commitments

Please note if there are any other employment you would like to continue if you were successful in obtaining this position:

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6. GENERAL COMMENTS

Please describe why you think you should be considered for the post:

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7. LEISURE

Please note here your leisure activities, sports, hobbies etc

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8. REFERENCES

Please give below the names and addresses of two referees.

<i>Name and address of most recent employer</i>		<i>Reference may be personal character reference but referee must not be related</i>	
<i>Telephone number</i>		<i>Telephone number</i>	
<i>Email</i>		<i>Email</i>	

<i>Do you give permission for references to be taken prior to interview?</i>			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Are you related to any member of staff?</i>			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

9. HEALTH DETAILS

As our work may involve physical aspects such as heavy lifting, it is important that we understand if you have suffered from any previous health issues in order to support you in the role.

Do you have any impairment which might have a substantial or long term effect on your ability to carry out day to day activities for this role?

YES

NO

If YES, please specify any special arrangements or reasonable adjustments for work associated with any impairments

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Please specify any special arrangements or reasonable adjustments you may require to attend an interview:

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10. DECLARATION (Please read this carefully before signing this declaration)

I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during my employment and up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

I agree that should I be successful I will if required apply to the Disclosure and Barring Service (formally the Criminal Records Bureau) for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed _____ Date _____