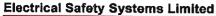


Employment Application For

Date received			
Relevant vacancy ava	Y/N		
Interview arranged		Date	
References requester	Y/N	Date	
References received			
Job offered	Y/N	Date	
For office use only.			

N.B. Please complete all questions in ink return to the address below.

Porcenal Details				
Personal Details				
Application for employment as :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Surname Mr/Mrs/Miss/Ms	Other names			
Address	Date of birth			
•••••••••••••••••••••••••••••••••••••••	Ethnic origin			
Telephone No	Disabled person's registration no			
Education and Training		·		
Name of school, college etc attended	Dates	Examinations passed and qualifications obtained		
Schools (after age 11) Further education (College, University etc)				
Professional or other training				











Date	Name of employer	Posi	tion held	Reason for leaving	Salary
From To		<u>& br</u>	<u>ief duties</u>		
]					
					1
			,		
<u></u>		J			1
dditional details					
Electrical staff annli	cations only - please con	nnioto ti	ha fallawina	. avactions	
creativeal stair applic	adons omy - piease con	ipiete ti	_	-	
o you hold a full clear	n driving license?	Y/N	<u>DETAILS IF</u>	F APPLICABLE	
o you nold a full clear	it driving acerise:	1719			
Vould you have any p	roblem with working	Y/N			
way from home?	· ·				
	perience of carrying out	Y/N			
spection & testing to	the I.E.E. Wiring Regs.	34/11		<u> </u>	
our own without supe	elf capable of working on	Y/N			
o vou consider vours	elf to have good fault	Y/N		<u> </u>	
nding skills?	on to have good radic	' ' ' ' '			
			<u> </u>		
	<u>'n</u>			<u>_</u>	
dditional Informatio	ails of any other informat	tion vou	wish in suu	pport of your application	includina
-		•	,	, , , , , , , , , , , , , , , , , , ,	
N.B. Please give deta	obbies and sports etc.				
N.B. Please give deta	obbies and sports etc.				
I.B. Please give deta	obbies and sports etc.				
I.B. Please give deta	obbies and sports etc.	_			

Employment History

Medical History		
N.B. Please answer ALL of the following q	uestions and give supporting details if	required.
Are you colourblind?	Y/N	
Do you smoke?	Y/N	
Do you suffer from epilepsy?	Y/N	
Do you suffer from vertigo?	Y/N	
Do you suffer from any long term industrial	Y/N	<u> </u>
injuries? Do have a dependency on any drugs?	Y/N	
If you suffer from any other medical conditions	s please give details below:-	
in you cand morn any conditions moderal conditions	produce give detaile poloii.	
References		
N.B. Please give names, occupations and addresses If you give your current employer please indicate if a		h for references.
		ONE
Name:-	Relationship to you:-	
Contact address:-		
Contact phone number if known:-		
Comments:-		
- Communication		
Name:-	Relationship to you:-	TWO
Contact address:-	Toutenamp to you	
outrast address.		
Contact phone number if known:-		
Comments:-		
If a job offer was made, how soon could you o	commence employment with us?	
Declaration	-	
I confirm that to the best of my knowledge the	above information is correct.	
Signature	Date	