

EMPLOYMENT APPLICATION

POSITION APPLIED FOR: _____

NAME: _____

D.O.B: _____

ADDRESS: _____

TEL No: _____

CAREER HISTORY

Please give details of your employment history commencing with your most recent employment. No former employer will be contacted before our prior notification to you.

(1)

COMPANY NAME: _____

TEL No: _____

ADDRESS: _____

Name of Person to whom you were responsible: _____

Their Position in that Company: _____

Your Position in that Company: _____

Please provide a summary of your duties: _____

DATE JOINED:

DATE LEFT:

REASON FOR LEAVING: _____

Cont'd.....2

(2)

COMPANY NAME: _____ TEL No: _____

ADDRESS: _____

Name of Person to whom you were responsible: _____

Their Position in that Company: _____

Your Position in that Company: _____

Please provide a summary of your duties: _____

DATE JOINED:

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DATE LEFT:

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REASON FOR LEAVING: _____

(3)

COMPANY NAME: _____ TEL No: _____

ADDRESS: _____

Name of Person to whom you were responsible: _____

Their Position in that Company: _____

Your Position in that Company: _____

Please provide a summary of your duties: _____

DATE JOINED:

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DATE LEFT:

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REASON FOR LEAVING: _____

Cont'd.....4

Please list below details of any relevant Professional Body/Organisation of whom you are currently a member.

<u>PROFESSIONAL BODY/ORGANISATION</u>	<u>DATE MEMBERSHIP COMMENCED</u>	<u>MEMBERSHIP NUMBER</u>

What do you consider to be your best attributes that you can bring to our Company?

- Do you possess a current driver's license? YES / NO
Have you applied for a position in our Company before? YES / NO
Do you have any unspent convictions? YES / NO

If yes, please provide details of type of conviction and date incurred, in a sealed envelope with this application.

Health & Safety

As an employer, we owe a duty of care and to look after the well being of all employees. To this extent we require further information on the following: -

1. Do you have any existing illness or health complaint that could affect your ability to carry out the duties of the position for which you are applying? YES / NO
2. Do you have any existing illness or health complaint that is likely to result in absence from work in the future? YES / NO
3. Do you have any existing illness or health complaint that we should be aware of in the event that you become unwell within the company premises? (For example fits/blackouts/epilepsy/diabetes) YES / NO

If you would like to add any comments or provide further information with regard to the above three questions, please do so here:

REFERENCES

Please provide details of 2 referees from whom we may obtain a reference.

NAME: _____
ADDRESS: _____

NAME: _____
ADDRESS: _____

OCCUPATION: _____

OCCUPATION: _____

GENERAL INTERESTS

Please provide details of any general interests you may have outside of work.

DECLARATION

I hereby declare that the above information is true and correct to the best of my knowledge and understand that should, at a later date, any of the above be found to be incorrect it may result in dismissal at the Company's discretion.

SIGNED: _____

DATED: _____

All employment application forms are kept strictly confidential and our Company will ensure that your application form is not shown to or discussed with any person other than those who are relevant to this application. We may contact your past employers and referees but will only do so after notifying you of our intention in writing beforehand. Your application will remain on our files for three years from the above date.