

TIME WELL SPENT ~ APPLICATION FORM

EMPLOYEE INFORMATION

Name:

Address:

Post Code:

Telephone:

Email:

Date of Birth:

National Insurance Number:

Nationality:

SECONDARY / EDUCATION SCHOOL

Name of Institution:

Dates:

Results:

HIGHER/ COLLAGE/ UNIVERSITY EDUCATION

Name Of Institution:

Dates:

Results:

EMPLOYMENT HISTORY – LAST THREE EMPLOYER’S ONLY

EMPLOYERS NAME:

Job Title:

Start Date:

End Date:

Role – Duties Performed (*please be specific*)

Reason for Leaving (*please be specific*)

References – Management Personal Only – No Supervisors

Company & Address:

Telephone:

Name of Referee:

Position Held:

EMPLOYERS NAME:

Job Title:

Start Date:

End Date:

Role – Duties Performed (*please be specific*)

Reason for Leaving (*please be specific*)

References – Management Personal Only – No Supervisors

Company & Address:

Telephone:

Name of Referee:

Position Held:

PTO to continue

EMPLOYMENT HISTORY cont...

EMPLOYERS NAME:

Job Title:

Start Date:

End Date:

Role – Duties Performed (*please be specific*)

Reason for Leaving (*please be specific*)

References – Management Personal Only – No Supervisors

Company & Address:

Telephone:

Name of Referee:

Position Held:

GENERAL INFORMATION

Please state how many days you have taken off due to sickness in the last 12 months:

Please state if you have any on-going illnesses that require medication:

If Yes, please provide details:

Do you or have you ever smoked?

If stopped, please state when:

Have you ever been convicted of a criminal offence in the last 5 years?

Do you hold a full or provisional driving licence?

For how long?

Please state your weight:

Please state your height:

Next of Kin:

Relationship:

Telephone:

THANK YOU FOR TAKING THE TIME TO FILL THIS APPLICATION FORM.

All information contained is treated as private and confidential and is not shared with any third party.