

Application for employment

PRIVATE and CONFIDENTIAL

Please return completed form to:

Managing Director
R&P Distribution Limited
22-24 Brunel Way
Thetford Norfolk, IP24 1HP

Position applied for	Employment	Forename(s)	Surname
	Full-time		Mr.
	Part-time		Miss.
	Self employed		Mrs.

Single/Married/Separated/Divorced/Widowed		Address			
Date of Birth	Age				
Do you require a permit to work in the U.K.?	No of children			Postcode	
Have you a current driving licence?	Any offence points endorsed	Tel. No. Home		Tel No. Mobile	
For what classes of vehicles		Would you have to move home if this job was offered			
Number of penalty points (if any) endorsed on current driving licence		Current Residence	Rented	Owner occupied	Other (state)

GENERAL EDUCATION			
Please give details of schools attended in date order			
Dates		Name & Address of Schools (secondary education only)	Type of School
From	To:		

FURTHER EDUCATION AND TRAINING				
Please give details of education since leaving School, including Training Courses				
Dates		Name & Address of University, College, Polytechnic, Institute, ect	Part time / Full time	Course title or subjects studied
From	To:			

FURTHER EDUCATION AND TRAINING CONT'							
Examination Results/Qualifications Obtained							
Date	Subject	Examination	Grade	Date	Subject	Examination	Grade

DETAILS OF PRESENT OR LAST EMPLOYER		
From	To	Position / Job Title
Name & Address		Main duties
		Why do you wish to leave? / Why did you leave
Nature of Business		
		Responsible to
		Basic Salary

DETAILS OF PREVIOUS EMPLOYERS (in date order)		
From	To:	Position / Job Title
Name & Address		Main duties
		Why did you leave
Nature of Business		
		Responsible to
		Basic Salary

From	To:	Position / Job Title
Name & Address		Main duties
		Why did you leave
Nature of Business		
		Responsible to
		Basic Salary

From	To:	Position / Job Title
Name & Address		Main duties
		Why did you leave
Nature of Business		
		Responsible to
		Basic Salary

HEALTH

Height	Weight	Are you Disabled	If Registered Disabled	Number	Expiry Date
To the best of your knowledge are you fit to perform the duties YES/NO		Would you be willing to have a medical examination if deemed necessary? YES/NO			

Please describe your smoking habits

The remaining questions in this section are optional – Please see declaration on the back page

Dermatitis or skin trouble		Back trouble or Slipped disc		Nervous breakdown or mental trouble	
Gastric or Duodenal ulcer		Rheumatism, Arthritis, Fibrosis		Rupture or Hernia	
Deafness, Ear infection, Sinusitis		Any deformity		Do you always wear glasses or contact lenses?	
Chest trouble, Bronchitis, Asthma, T.B., Hay fever		Fits, Fainting attacks, Giddiness, Epilepsy		Do you wear glasses or contact lenses for close work?	
Rheumatic fever, Heart trouble		Migraine		Have you had a serious accident at work or elsewhere?	
Diabetes		Swollen ankle, Varicose veins		Are you currently receiving any medical treatment?	

Details of above conditions or any other illness or injuries

PRACTICAL SKILLS

Summarise job skills acquired and specialist training received

What qualities do you have which most suit you to the job you are applying for?

GENERAL

What are your main interests sports and hobbies?

What clubs or societies do you belong to?

What Professional bodies or Trade Unions do you belong to?

Do you have any part time jobs?

Do you have any other commitments which might limit your working hours? e.g. Judicial, Military or Local Government

Future training plans Give details of any courses you intend to pursue

Have you ever been dismissed from employment?

Have you ever been convicted of a criminal offence? N.B Rehabilitation of Offenders Act

