

Employment Application form

Position applied for.....

Personal Details

Full Name:

Date of Birth: DD/MM/YYYY

This Data is optional under the Age Discrimination Act

Address 1 :	Contact Numbers:-
Address 2 :	Daytime:
Town :	Evening:
City/County :	Mobile:
Post Code :	E-mail:
National Insurance No:	

Do you currently hold:

A P4 pass Yes No

A full UK driving license Yes No

Education

Name of school/college/ university	Dates		Qualifications and grades (if known) achieved
	From	To	

Employment History

Name & address of employer	Period		Position held and responsibilities
	From	To	

*Continue on a separate sheet if necessary

Training, Skills and other information

Please detail any other skills, training or relevant information:

Health

Please give full details of any health/illness/disability issues that may affect your application:

*Continue on a separate sheet if necessary

Medical Check

Please tick as appropriate

- | | | | | | |
|--------------------|--------------------------|----------------------|--------------------------|-----------------|--------------------------|
| Epilepsy | <input type="checkbox"/> | Colour Blind | <input type="checkbox"/> | Skin Complaints | <input type="checkbox"/> |
| Asthma/Bronchitis | <input type="checkbox"/> | Arthritis/rheumatism | <input type="checkbox"/> | Heart Problems | <input type="checkbox"/> |
| Hearing Impairment | <input type="checkbox"/> | Dyslexia | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Visually impaired | <input type="checkbox"/> | | | | |

Other (*please specify*)

Referees

In the event that your application is successful, we will need a Name, Address and contact number of two people who can provide a reference. This cannot be immediate family or friends.

<p>Referee No.1</p> <p>Name:</p> <p>Address:</p> <p>Contact Number:</p>	<p>Referee No.2</p> <p>Name:</p> <p>Address:</p> <p>Contact Number:</p>
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Declaration

I confirm that to the best of my knowledge, the information given is correct and that if any misleading information has been given, this may subsequently lead to the company terminating my employment.

Signature _____

Date: DD/MM/YYYY

Stobarts Ltd are an equal opportunities employer, all data supplied in this form are treated the strictest confidence and are kept only to process your employment application as required by the Data Protection Act.