



APPLICATION FOR EMPLOYMENT

Position applied for:

Where did you see this position advertised?

PERSONAL DETAILS

Title:

Daytime telephone number:

First Names:

Home/weekend telephone number:

Surname:

Are there any restrictions on you taking up employment in the UK?

Address:

Yes No

Post Code:

EMPLOYMENT HISTORY

Present employment or last employment if not currently employed:

Job title:

Please give a brief description of your duties and responsibilities:

Name and address of employer:

Date of appointment:

Present or final salary: £

Reason for leaving:

Period of notice required:

PREVIOUS EMPLOYMENT (MOST RECENT FIRST)

From - To	Name and address of employer	Job title and duties	Reason for leaving	Start/finish salary

EDUCATION/TRAINING/QUALIFICATIONS

Subject	Qualification	Grade	Name & address of establishment attended

ADDITIONAL INFORMATION

We are interested in the type of person you are, as well as your work experiences.

Please describe your skills and attributes which you feel are relevant to the position applied for:



Why does this position appeal to you?

What are your main leisure/hobbies out of work including any groups/clubs that you may belong to? What benefits have you derived from them?

DRIVING DETAILS

Do you hold a current FULL driving licence? Yes No How many years have you held a full driving licence? _____

Have you ever committed a road traffic offence? Yes No

If yes, please give details including year:

A copy of your driving licence may be required prior to commencement of employment

REFERENCES

Please enter the names and address of two persons from whom we may obtain both character and work experience references. (Must be obtained prior to commencement of employment)

Name: _____	Name: _____
Job Title: _____	Job Title: _____
Address: _____	Address: _____
_____	_____
Post Code: _____	Post Code: _____
Telephone: _____	Telephone: _____

CRIMINAL RECORD Yes No

Please show any criminal convictions unless 'spent' under the Rehabilitation of Offenders Act 1974. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

DECLARATION

(Please read this carefully before signing this application)

If you are successful in your application for employment can you provide the following.

1. A valid passport Yes No
2. P45 or P60 showing your National Insurance number Yes No
3. Any other documents which confirm your eligibility to work in the UK Yes No
4. I confirm that the enclosed information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
5. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personal file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
6. I agree that should I be successful in this application, I will if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.
7. I agree to abide by the Andrew Page No Smoking Policy.
8. I agree and accept that I will abide by the Andrew Page Mobile Phone Policy.
9. It is a specific condition of employment offer that you undertake a Drivesafe assessment and ongoing yearly throughout your employment.

I confirm that the information I have provided on this form is, to the best of my knowledge, true and complete. Any false statements may give sufficient cause for rejection, or if employed, dismissal.

Signed: _____

Date: _____

Name: _____

Thank you for completing this form, please return in the reply paid envelope provided.

FOR COMPANY USE

This section must be completed by the Branch Manager before sending this form to Head Office

Branch / department: _____

Starting salary: _____

Commencement date: _____

Employee replaces (Name of staff member replaced) : _____

OR This staff member is an addition Please Tick :

Branch Manager's signature: _____

Date: _____

Probationary review date: _____

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