



Application for post of: _____ **Company** Lanes/Active Pest/Active Hygiene

Full-time Part-time Temporary How did you hear of the vacancy? _____

Available: _____ (give date) Location: _____

Have you done this kind of work before? YES / NO Wage / salary required: _____

Personal Details

Mr/Mrs/Miss/Ms

Surname _____ Forenames _____

Address _____

_____ Post code _____

Tel no: Home _____ Mobile _____ Date of birth __/__/__

Education

| | | | |
|----------------------|----------------|-----------|--|
| School attended from | Dates (approx) | | <u>Examinations (subjects/results)</u> |
| <u>Age 11</u> | <u>From</u> | <u>To</u> | |
| | __/__ | __/__ | |

| | | | |
|---------------------|-------------|-----------|--|
| Further education | | | <u>Examinations (subjects/results)</u> |
| <u>And training</u> | <u>From</u> | <u>To</u> | |
| | __/__ | __/__ | |

Employment

Present/last employer _____ Start date __/__/__

Address _____ Leave date __/__/__

_____ Job title _____

What were you required to do? _____

Reasons for leaving _____ Finish pay _____

Employment (continued)

| | |
|-------------------------------------|---------------------|
| Other most recent employer _____ | Start date __/__/__ |
| Address _____ | Leave date __/__/__ |
| What were you required to do? _____ | Job title _____ |
| Reasons for leaving _____ | Finish pay _____ |

| | |
|-------------------------------------|---------------------|
| Previous employer _____ | Start date __/__/__ |
| Address _____ | Leave date __/__/__ |
| What were you required to do? _____ | Job title _____ |
| Reasons for leaving _____ | Finish pay _____ |

Security

Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of Offenders Act):
 YES/NO (If YES please provide date and nature of offence _____)

Membership of professional organisation _____

Do you have a driving licence? YES/NO What type of licence is it? _____

Do you need a work permit to work in the UK? YES/NO

If offered this position, do you intend to continue working in any other capacity YES/NO
 (If YES please provide details including hours per week) _____

Are you in good health? YES/NO
 Are there any disabilities which may affect your application? YES/NO
 Describe any disabilities and

(a) any reasonable adjustments which you feel should be made to the recruitment process to assist you in your application for the job.

(b) Any reasonable adjustments which you feel should be made to the job itself which would enable you to carry out this job.

Do you speak a foreign language? YES/NO
 Give details _____

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

Signature _____ Date __/__/__