

M T Drains Ltd

Employment Application Form

POSITION APPLIED FOR: _____

Personal

Surname:	Title (Mrs/Mr/Miss/Ms)
Forenames:	Date Of Birth:
Home Address (including postcode)	
Tel Number:	Mobile Number:
Email Address:	
Full Driving Licence: Yes / No	Endorsements* Yes / No
*If YES, please give full details:	
Are you currently employed: Yes / No	
How much notice are you required to give to your current employer?	
Are you willing to work overtime and weekends if required: Yes / No	
Please give details of any hours which you would not wish to work:	
Please give your present/last salary and details of additional overtime payable:	
Have you any convictions? Yes / No	
If Yes, Please give full details:	
Do you need a work permit to take up employment in the UK? Yes / No	
How many days absence have you had from work in the last three years? Days	

The following information will be treated in the strictest confidence
(Please complete this section in BLOCK CAPITALS)

Are you currently on medication (excluding contraceptives)	Yes / No
If Yes, Please give further details:	
Have you spent any time in hospital in the last three years?	Yes / No
If so, why?	
Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties?	Yes / No
If Yes, please give further details:	
Do you consider yourself to have a disability?	Yes / No
If Yes, Please give further details:	

References

Please provide the names and addresses of two referees (one of whom should normally be your manager/supervisor at your workplace). Relatives may not be given as referees.

1)	2)
Tel no:	Tel no:
Fax no:	Fax no:
Email address:	Email address:
Job title of referee:	Job title of referee:
Relationship to you:	Relationship to you:

If you are shortlisted, references may be taken up prior to interview. Please tick if you do not wish us to contact your current employer prior to interview.

Education And Qualifications

School / College / University	Examinations Passed	From	To	Grades

Current And Previous Employers

Employer's name, address and type of business:	Positions held briefly describe duties:	From and To:	Reason For Leaving:

Please state below why you are interested in applying for the post and indicate how your skills, past achievements, experiences and personal qualities make you suited to this job.
You may attach an additional sheet if you wish.

Hobbies and Interests:

Data Protection Notice:

The Company requires certain information prior to you commencing employment, to ensure you will be able to perform the requirements of the job and give reliable service, and ensure compliance with relevant Health and Safety regulations. The information is also required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Disability Act 1995.

The information you provide will be treated in the strictest confidence, and used only for the purposes detailed above in compliance with the Data Protection Act 1998.

Signature:

Date: