



JOB APPLICATION FORM

POSITION and BRANCH APPLYING FOR

The following information will be treated in the strictest confidence

PERSONAL (Please complete this section in BLOCK CAPITALS)

SURNAME		FIRST NAMES (s)	
ADDRESS			
	POSTCODE		
EMAIL			
CONTACT TEL NO.		MOBILE TEL NO.	

FULL DRIVING LICENCE **YES/NO** ENDORSEMENTS **YES/NO**

If you have answered YES for endorsements, please give further details including dates

DO YOU HOLD A FORKLIFT LICENCE? **YES/NO**

ARE YOU INVOLVED IN ANY ACTIVITY WHICH MIGHT LIMIT YOUR AVAILABILITY TO WORK OR YOUR WORKING HOURS **YES/NO**

E.G., LOCAL GOVERNMENT? If YES, please give full details:

ARE YOU SUBJECT TO ANY RESTRICTIONS OR COVENANTS WHICH MIGHT RESTRICT YOUR WORKING ACTIVITIES? **YES/NO**

If YES, please give full details:

HAVE YOU ANY CONVICTIONS (OTHER THAN SPENT CONVICTIONS UNDER THE REHABILITATION OF OFFENDERS ACT 1974)? **YES/NO**

If YES, please give full details:

7 Standard Way, Fareham Industrial Park, Fareham, Hampshire PO16 8XB Tel: (01329) 226500 Fax: (01329) 231305

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Williams & Co
TRADE ONLY PLUMBING & HEATING SUPPLIES

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EDUCATION

SCHOOLS ATTENDED SINCE AGE 11	FROM	TO	EXAMINATIONS AND RESULTS
COLLEGE OR UNIVERSITY	FROM	TO	COURSES AND RESULTS
FURTHER FORMAL TRAINING	FROM	TO	DIPLOMA/QUALIFICATIONS
JOB RELATED TRAINING COURSES / NAME OF ORGANISATION	DATE	SUBJECT	

PLEASE GIVE DETAILS OF MEMBERSHIP OF ANY TECHNICAL OR PROFESSIONAL ASSOCIATIONS

PLEASE LIST LANGUAGES SPOKEN AND THE LEVEL OF COMPETENCE

EMPLOYMENT DETAILS

PRESENT OR LAST EMPLOYER

ARE YOU CURRENTLY EMPLOYED? YES/NO

NAME OF PRESENT OR LAST EMPLOYER	
ADDRESS	
TELEPHONE NO	
NATURE OF BUSINESS	

PRESENT OR LAST EMPLOYMENT DETAILS (CONTINUED)

JOB TITLE	
BRIEF DESCRIPTION OF YOUR DUTIES	

REASON FOR LEAVING	
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LENGTH OF SERVICE	FROM		TO	
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CURRENT OR PREVIOUS SALARY	£	
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HOW MUCH NOTICE ARE YOU REQUIRED TO GIVE TO YOUR CURRENT EMPLOYER?	
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How many days' absence have you had from work in the last three years?	DAYS:
How many periods of absence have you had in last three years?	PERIODS:
Are you currently taking or have been prescribed medication (excluding contraceptives)? If YES, please give further details.	YES/NO
Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties? If YES, please give further details.	YES/NO
Do you consider yourself to have a disability? If YES, please give further details.	YES/NO

PAST EMPLOYMENT stating the most recent first excluding your present or last employer

NAME AND ADDRESS OF EMPLOYER	DATES	POSITION HELD/MAIN DUTIES	REASON FOR LEAVING

ADDITIONAL PERSONAL INFORMATION

ARE YOU WILLING TO WORK OVERTIME AND WEEKENDS IF REQUIRED? Please give details of any hours which you would not wish to work:	YES/NO
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HAVE YOU EVER WORKED FOR THIS BUSINESS BEFORE? If YES, please give full details:	YES/NO
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HAVE YOU APPLIED FOR EMPLOYMENT WITH THIS BUSINESS BEFORE?	YES/NO
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DO YOU NEED A WORK PERMIT TO TAKE UP EMPLOYMENT IN THE U.K.?	YES/NO
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INTERESTS, ACHIEVEMENTS, LEISURE ACTIVITIES (e.g. hobbies, sports, club memberships)

SUPPLEMENTARY INFORMATION (Please set out below any further information to support your application, e.g. past achievements, future aspirations, personal strengths)

SOURCE OF APPLICATION

How did you hear of this vacancy?

REFERENCES

Please give the names of two people (one of which should be your present or most recent employer) whom we may approach for a reference. Can we approach your current employer before an offer of employment is made? YES/NO

NAME	NAME
POSITION	POSITION
ADDRESS	ADDRESS
TEL. NO	TEL. NO

DECLARATION

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the Data Protection Act 1998.

SIGNATURE		DATE	
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