

Applicant	Office Use
1 Title	<input style="width: 100%;" type="text"/>
	(Mr/Mrs/Miss/Ms/Dr etc)
2 First Name	<input style="width: 100%;" type="text"/>
3 Last Name	<input style="width: 100%;" type="text"/>
4 Address	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Post Code	<input style="width: 100%;" type="text"/>
5 Home Phone	<input style="width: 100%;" type="text"/>
6 Mobile Phone	<input style="width: 100%;" type="text"/>
7 e-mail address	<input style="width: 100%;" type="text"/>
8 Position applied for:	<input style="width: 100%;" type="text"/>
9 Why do you believe you are suitable for this position:	
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	
10 Current salary or hourly rate	<input style="width: 100%;" type="text"/>
11 Current other benefits	<input style="width: 100%;" type="text"/>
12 Your salary / hourly rate expectations for this position	<input style="width: 100%;" type="text"/>
13 Your notice period / availability	<input style="width: 100%;" type="text"/>
14 Which shift patterns can you work:	
A 0730 - 1600 Mon - Thu and 0730 - 1230 Fri	<input style="width: 50px; height: 20px;" type="text"/>
B 0800 - 1630 Mon - Thu and 0800 - 1300 Fri	<input style="width: 50px; height: 20px;" type="text"/>
C 0830 - 1700 Mon - Thu and 0830 - 1330 Fri	<input style="width: 50px; height: 20px;" type="text"/>
D 2015 - 0600 Mon - Thu (Night Shift)	<input style="width: 50px; height: 20px;" type="text"/>
15 Male / Female	<input style="width: 100%;" type="text"/>
16 Previous name / maiden name	<input style="width: 100%;" type="text"/>
17 Date of birth	<input style="width: 100%;" type="text"/>
18 Nationality	<input style="width: 100%;" type="text"/>
19 Do you require a work permit to work in the UK	<input style="width: 50px; height: 20px;" type="text"/>
If yes attach a copy of your passport and work permit.	<input style="width: 50px; height: 20px;" type="text"/>

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20 **National Insurance No.**

21 **Marital status**

22 **Do you hold a current UK driving license** Yes / No

Do you have any endorsements Yes / No

If YES - give details:

23 **Criminal Record**

Have you been convicted of a criminal offence that is not regarded as spent under the rehabilitation of offenders act 1974, or are you waiting any criminal prosecutions? Yes / No

If YES - give details:

24 **Health**

Do you have any disabilities that might affect your ability to perform the duties of the job which you are applying for? Yes / No

If YES - give details:

In the last three years, approximately, how many days have you been absent from work due to ill health?

25 **Employment / Education record**

Please attach a current CV, or complete the attached employment and education record CV / Attachment

26 **References**

Please give details of two referees (no relatives), one being your current / last employer.

Current	Name	<input type="text"/>
	Position	<input type="text"/>
	Company Name	<input type="text"/>
	Address	<input type="text"/>
	Post code	<input type="text"/>
	Phone Number	<input type="text"/>
	E-mail	<input type="text"/>

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Name	
Position	
Company Name	
Address	
Post code	
Phone Number	
E-mail	

If you do NOT wish us to contact your current employer prior to employment please tick here:

27 Declaration

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM

Your employment with Speedboard will be subject to:

- Receipt of satisfactory references
- Successful completion of a three month probationary period
- Production of a specified document to establish eligibility to work, i.e.. a passport confirming your nationality; appropriate work permit, etc in accordance with section 8 of the Asylum and Immigration Act 1996

Speedboard is committed to Equal Opportunities for all

By providing the information contained within this application form, you are consenting to its use for the purpose of processing your application, assessing your performance in the future (should your application be successful), and monitoring the efficiency of our recruitment and other employment procedures.

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. I also confirm that I have not withheld any information, the declaration of which might prejudice my acceptability for employment with the Company. I also accept that it is my personal responsibility to notify the Company of any employment I accept other than the position for which I am employed and to declare on a weekly basis the actual hours worked.

Signature _____

Print Name _____

Date _____

Applicant

22 Employment / Education record (Only required if you do not have a CV)

Name of School / University	From	To	Examinations passed / qualifications obtained

Employer	From	To	Position	Reason for leaving	Final salary / hr rate

Relevant skills and responsibilities:

Signature _____

Print Name _____

Date _____