

IF YOU HAVE A DISABILITY, WHICH MEANS THAT YOU ARE UNABLE TO COMPLETE THIS FORM, PLEASE LET US KNOW SO THAT ALTERNATIVE ARRANGEMENTS CAN BE MADE.

PLEASE COMPLETE THE TWO BOXES BELOW IN BLOCK CAPITALS.

SURNAME (MR / MRS / MISS / MS)

FORENAME(S)

For office use only:

Date received:

Work Number:

Department:

Other details:

APPLICATION FORM FOR ALL STAFF VACANCIES

STRICTLY CONFIDENTIAL

ELLIOTT BAXTER & COMPANY LIMITED

The House of Mr EBB, Central Way, Feltham, Middx TW14 0RX

*For the attention of Mrs G Dinan
marked 'Private & Confidential'*



PERSONAL DETAILS

NATIONAL INSURANCE NUMBER _____

POSITION APPLIED FOR _____

CURRENT PERMANENT ADDRESS _____

DATE OF BIRTH _____

POSTCODE _____

TELEPHONE NUMBER _____

MARITAL STATUS _____

WORK EXPERIENCE

MOST RECENT EMPLOYER (references will only be taken up once you have accepted our job offer)

EMPLOYERS NAME AND ADDRESS

FROM _____ TO _____
MONTH / YR MONTH / YR

POSITION HELD _____

REASONS FOR LEAVING _____

CONTACT NAME _____

POSTCODE _____ TEL _____

LEAVING SALARY _____

PREVIOUS EMPLOYERS NAME AND ADDRESS (1)

FROM _____ TO _____
MONTH / YR MONTH / YR

POSITION HELD _____

REASONS FOR LEAVING _____

CONTACT NAME _____

POSTCODE _____ TEL _____

LEAVING SALARY _____

PREVIOUS EMPLOYERS NAME AND ADDRESS (2)

FROM _____ TO _____
MONTH / YR MONTH / YR

POSITION HELD _____

REASONS FOR LEAVING _____

CONTACT NAME _____

POSTCODE _____ TEL _____

LEAVING SALARY _____

REFEREE INFORMATION

PLEASE NOMINATE TWO REFEREES

If you are not in employment, or have been self employed, please give the names and addresses of two people, unrelated to you, who would give you a personal reference. If you are still in, or have just finished full-time education, one of these should be the Head Teacher or Tutor of your school / college / university.

NAME AND ADDRESS	TITLE (MR / MRS / MISS / MS)
POSTCODE	TELEPHONE NUMBER

NAME AND ADDRESS	TITLE (MR / MRS / MISS / MS)
POSTCODE	TELEPHONE NUMBER

HEALTH

DO YOU HAVE, OR HAVE YOU EVER HAD, ANY OF THE FOLLOWING?	YES	NO	PLEASE EXPLAIN AND GIVE DETAILS WHERE POSSIBLE
Any form of heart disease / chest pains?			
High blood pressure or circulatory problems (list medication)?			
Fits, black outs, epilepsy or dizziness?			
Diabetes mellitus? (State treatment)			
Chest complaints i.e. asthma, bronchitis or use of inhalers?			
Mental illness, depression, anxiety or panic attacks or receiving counselling?			
Are you currently taking any form of medication or undergoing treatment?			
Are you on any waiting list for hospital treatment?			
Have you any health problems that would prevent you from handling machinery or driving?			
How would you describe your general health?	Excellent Good Average Poor		

EDUCATION

If you have recently completed full-time education or within the last 3 years please complete below:

NAME AND ADDRESS OF SCHOOLS / COLLEGES ATTENDED

From:

To:

1. _____
2. _____
3. _____

Subjects taken and Qualifications achieved. (Please attach copies of certificates where possible)

_____	GRADE	_____	GRADE
_____	GRADE	_____	GRADE
_____	GRADE	_____	GRADE
_____	GRADE	_____	GRADE
_____	GRADE	_____	GRADE

OTHER SKILLS, QUALIFICATIONS AND LEISURE PURSUITS

We are interested to know of any other skills and Qualifications you possess. e.g. Computer Skills Fork Lift driving, NVQ'S etc.

Please would you also let us know about your leisure interests, hobbies and sporting activities.

DECLARATION

I declare that the information contained in this form is true and complete. I understand that if it is subsequently discovered that any statements are false or misleading I will be liable to have my application disqualified or subsequently will be liable to be dismissed from employment by the Company.

SIGNED

Print Name

DATE