

JOB APPLICATION FORM

ELLIOTT BAXTER & COMPANY LIMITED

www.ebbgroup.com

PLEASE ENSURE THAT YOU COMPLETE ALL SECTIONS OF THIS APPLICATION FORM TO THE BEST OF YOUR ABILITY.

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.

EBB

POSITION APPLIED FOR

Job title

Location

APPLICANT'S DETAILS

Title:

Surname:

Forename(s):

Current permanent address:

Postcode:

Are you currently employed? YES / NO (delete as appropriate)

How much notice do you need to give to your current employer?

Are there any restrictions regarding your employment? YES / NO (delete as appropriate)

If you answer 'yes' please supply details on a separate piece of paper

Marital status: single / married / divorced / co-habiting / other (delete as appropriate)

National Insurance number:

CONTACT DETAILS

Home:

Mobile:

Email address:

DO YOU HOLD ANY OF THE FOLLOWING?

- | | | | |
|-----------------------------|--------------------------|--------------------|--------------------------|
| Provisional Driving Licence | <input type="checkbox"/> | Fork Lift - Reach | <input type="checkbox"/> |
| Full UK Driving Licence | <input type="checkbox"/> | Counterbalance | <input type="checkbox"/> |
| Class 1 HGV | <input type="checkbox"/> | Digital Tacho Card | <input type="checkbox"/> |
| Class 2 LGV | <input type="checkbox"/> | | |

Do you have any driving convictions which resulted in points on your licence? YES / NO (delete as appropriate)

If yes please give full details:

Do you have any criminal convictions? YES / NO (delete as appropriate)

If yes please give details on a separate sheet. This should exclude any spent convictions under Section 4 (2) of the Rehabilitation of Offenders Act 1974.

The Company requires that a criminal records check is made. Your refusal to agree to such a check will mean that your application cannot be progressed any further.

Do you agree to a CRB Check? YES / NO (delete as appropriate)

EMPLOYMENT RECORD

Please start with your most recent employment. Briefly describe the main duties & responsibilities of your position.

Current / most recent employer

Name:

Address:

Job Title:

Brief description of duties:

From:

To:

Reason for leaving:

Name:

Address:

Job Title:

Brief description of duties:

From:

To:

Reason for leaving:

Name:

Address:

Job Title:

Brief description of duties:

From:

To:

Reason for leaving:

Name:

Address:

Job Title:

Brief description of duties:

From:

To:

Reason for leaving:

Please give reasons for any breaks in employment:

EDUCATION

Please tell us about your education and any qualifications gained.
Include any training courses which you feel are relevant to your application.

Name & date attended University / school / college	Subject studied	Qualification level	Date gained

TRAINING

Please list any training you have received or courses which did not lead to a qualification but which you feel are relevant.

Training course:

Date:

EXPERIENCE / SKILLS

This section is for you to add any details or specific information in support of your application. After reading the job description carefully, consider to what extent you have gained the skills and experience necessary for the post.

Please let us know about your leisure interests, hobbies and sporting activities:

HEALTH

Absence

How many days absent and how many occasions have there been in the last year?

.....days,occasions.

MEDICAL

Do you have, or have you ever had, any of the following:

YES / NO (delete as appropriate)

If YES please explain and give details where possible.

Any form of heart disease / chest pains?

High blood pressure or circulatory problems?
(list medication)

Fits, blackouts, 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?

Is there anything concerning your medical history or
state of health that is relevant to
your application?

How would you describe your general health?

Excellent

Good

Average

Poor

REFERENCES

Please give the name, address and position / occupation of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate. Testimonials or references from friends and relatives are not acceptable.

1. Name:
Position:
Organisation:
Address:
Telephone number:

2. Name:
Position:
Organisation:
Address:
Telephone number:

DECLARATION AND SIGNATURE

The information supplied in this application form is accurate to the best of my knowledge. 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.

PRINT NAME

SIGNATURE

DATE

If you require extra space for any of the questions please use a separate sheet of paper.

Elliott Baxter & Company Limited is an equal opportunities employer. A copy of our policy is available upon request.

Please return the completed application form in the envelope provided. Please note a stamp will be required for the return post.

FOR OFFICE USE ONLY

Applicant's name:

Job applied for:

Branch:

Date application received:

Interview granted: YES / NO

Interview date:

Interviewer:

Interview notes (if using separate sheet, please attach to this form)

2nd Interview YES / NO (if yes, please give date)

If application unsuccessful, 'no thank you' letter sent? Date:

Closing notes:

Start date agreed: Salary:

Immediate Manager/Director: Hours:

Job offer letter sent?

Print & sign name Date: