

Application for Employment

For office use only

Date Received:

Time Received:

ASM Cars Ltd. T/A Arnolds Garage

Hints:

- Please write clearly in blue/black ink.
- The size of the box you write in indicates the length of answer expected.
- Feel free to attach your CV, but please complete this form too.
- Failure to complete this application form correctly and in full may lead to your application not being processed further.

Position applied for: _____

Type (*please circle*): Full Time / Part Time

Section 1: Personal Details

1.1. Please give your contact details:

Surname (Mr / Mrs / Miss / Other): _____

Full Forenames: _____

Date of Birth: _____ Age: _____

Place of Birth (Town / Country): _____

Home Address: _____

Postcode: _____

Home telephone number: _____

Mobile telephone number: _____

1.2. Do you require a permit to work in this country? Yes No

1.3. Have you been convicted of a criminal offence? Yes No

1.4. Do you hold a current UK Driving Licence? Yes No

If yes, what type/class? _____

1.5. The following question we would like you to complete as we operate an equal opportunity policy. To enable us to monitor its effectiveness with the Race Relations Commissions Code of Practice, please indicate the ethnic group to which you belong:

Afro – Caribbean

European (incl. UK)

African

Asian

Other (*please specify*) _____

1.6. How did you hear about this vacancy? _____

1.7. Who do you know employed by us? _____

Section 2: Formal Education Details

For each school, college or university attended, please state the name of the institution, dates attended, and qualifications obtained.

2.1. O-Levels / GCSEs

Institution name: _____

Dates attended: _____

Qualifications obtained:

Type of Exam	Subject	Grade	Type of Exam	Subject	Grade

2.2. A-Level / Further Education

Institution name: _____

Dates attended: _____

Qualifications obtained:

Type of Exam	Subject	Grade	Type of Exam	Subject	Grade

2.3. University / Higher Education

Institution name: _____

Dates attended: _____

Qualifications obtained:

Subject	Grade

Section 3: Other Relevant Skills & Experience

You must complete this section in order to clarify skills and experience relevant to this post. You must clearly demonstrate that you meet the essential and desirable criteria in terms of skills and experience.

3.1. Describe any skills, expertise and abilities that you have acquired relevant to this application, including those gained through voluntary work, work experience or apprenticeships:

3.2. Please explain the reasons for your application and indicate your suitability for the position in terms of your personal attributes:

3.3. Do you have any future (long term) career plans?

Section 4: Hobbies and Interests

4.1. Please give details of your interests, sports and hobbies. Tell us about any clubs and societies you belong to. Also describe any non-work achievements you think would help your application.

Section 5: Employment History

5.1. Starting with the most recent, please give details of previous employment.

Name:	_____
Address:	_____ _____
Dates:	From ___ / ___ / _____ To ___ / ___ / _____
Job title:	_____
Main duties:	_____ _____
Reason for leaving:	_____
Final salary:	_____ per hour / annum

Name:	_____
Address:	_____ _____
Dates:	From ___ / ___ / _____ To ___ / ___ / _____
Job title:	_____
Main duties:	_____ _____
Reason for leaving:	_____
Final salary:	_____ per hour / annum

Name:	_____
Address:	_____ _____
Dates:	From ___ / ___ / _____ To ___ / ___ / _____
Job title:	_____
Main duties:	_____ _____
Reason for leaving:	_____
Final salary:	_____ per hour / annum

Name:	_____
Address:	_____ _____
Dates:	From ___ / ___ / _____ To ___ / ___ / _____
Job title:	_____
Main duties:	_____ _____
Reason for leaving:	_____
Final salary:	_____ per hour / annum

Section 6: Medical History

6.1. Have you been unavailable for work (or unable to attend your place of education) for medical reasons for one or more periods of more than two weeks duration in the last five years?

Yes No

If yes, please give details: _____

6.2. How many days in total have you been unavailable for work (or unable to attend your place of education) for medical reasons in the past year?

Number of days: _____

6.3. Do you smoke? Yes No If yes, please describe your smoking habits _____

6.4 Have you suffered at any time from any of the following conditions?

- | | |
|---|--|
| <input type="checkbox"/> Dermatitis or skin trouble | <input type="checkbox"/> Back trouble |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Migrane |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Epilepsy / fits |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Ear trouble | <input type="checkbox"/> Nervous breakdown |
| <input type="checkbox"/> Diabetes | |

6.5. Do you have any illness, allergy, or other condition which might affect your suitability for employment in the position for which you have applied, or might affect your ability to work?

Yes No

If yes, please give details: _____

Section 7: References

7.1. Please name two referees, not relatives, one at least of whom should have knowledge of your present work and be in a supervisory/managerial capacity.

Name: _____

Address: _____

Postcode: _____

Occupation: _____

Telephone: _____

Name: _____

Address: _____

Postcode: _____

Occupation: _____

Telephone: _____

Section 8: Availability

8.1. When would you be available for interview?

8.2. If offered this job, when could you start?

8.3. Do you have any holiday commitments?

8.4. Do you have any other commitments?

Section 9: Declaration

I confirm that the information given above is, to the best of my knowledge, true and complete.

Signature: _____

Date: _____