

APPLICATION FOR EMPLOYMENT



Premier Solutions (Nottingham) Ltd.
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 Sandiacre,
 Nottingham NG10 5DJ
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Please complete in INK and use BLOCK CAPITALS

REFERENCES		Names and addresses of 2 References: 1 for experience, 1 for character		Can They be contacted now?
A. (Experience)		B. (Character)		A.
				B.
Occupation		Occupation		
Who do you know employed by our company?				

Position applied for	Forename(s)	Surname
		Mr. Mrs. Miss Ms.

AVAILABILITY		Please give details	
When would you be available for an interview?			
If offered the job, when could you start?			
Do you have any holiday commitments?			

Single/Married/Separated/Divorced/Widowed		Address	
Date of Birth	Age		
Nationality	Number of Children	Post Code	
Have you a current Driving Licence	Endorsements?	Tel. Number (Home)	Tel. Number (Mobile)
For what classes of vehicle?	E-mail Address		
THE REMAINING QUESTIONS IN THIS SECTION ARE OPTIONAL - Please see declaration on the back page			
Details of any Driving licence Endorsements		Religion	
Place of Birth		Current Residence	Rented or Council Owner Occupied With Parents or relatives Other (State)
		Please Tick	

NOTES	Use this section if you require additional space

GENERAL EDUCATION					Please give details of secondary education	
Dates From	To	Name & Address of School	Type of School	Examinations:	List subjects taken & results. Mention any Scholarships, prizes or other distinctions	

DECLARATION			Please read this carefully, then sign and date your application		
I confirm that the above information is correct and understand that misleading statements may be sufficient grounds for canceling any agreements made. I also understand that questions left unanswered may be discussed at interviews arising from this application.		Applicant's signature			
		Date			

FURTHER EDUCATION						Please give details of education since leaving school, including training courses.	
Dates From	To	Name of University College or Institute	Type of courses e.g. Full time, day release	Subject Studied	Qualifications obtained. Give class of pass, prizes etc.		

FOR OFFICE USE ONLY

CRB CHECK	Do you consent to us applying for a Criminal Records Bureau Check for you to work with vulnerable groups e.g. in Special Needs Schools	YES		NO	
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DETAILS OF PRESENT OR LAST EMPLOYER											
From		To		Position/Job Title							
Name & Address				Main Duties							
Nature of Business			Number of Employees			Responsible to			Number reporting Directly to you		
Why did you leave/do you wish to leave?				Remuneration at start (before Tax)	Basic Salary	£	p.a.	Remuneration Now or on Leaving (before TAX)	Basic Salary	£	p.a.
					Bonus etc.	£	p.a.		Bonus etc.	£	p.a.
					Total	£	p.a.		Total	£	p.a.

DETAILS OF PREVIOUS EMPLOYERS (In date order) Please list all organisations you have worked for including and military service and stating highest rank.

From		To		Position/Job Title						
Name & Address				Main Duties						
				Responsible to			Number reporting Directly to you			
Nature of Business			Starting Remuneration			Final Remuneration				
Reason for Leaving										

From		To		Position/Job Title						
Name & Address				Main Duties						
				Responsible to			Number reporting Directly to you			
Nature of Business			Starting Remuneration			Final Remuneration				
Reason for Leaving										

From		To		Position/Job Title						
Name & Address				Main Duties						
				Responsible to			Number reporting Directly to you			
Nature of Business			Starting Remuneration			Final Remuneration				
Reason for Leaving										

From		To		Position/Job Title						
Name & Address				Main Duties						
				Responsible to			Number reporting Directly to you			
Nature of Business			Starting Remuneration			Final Remuneration				
Reason for Leaving										

PRACTICAL SKILLS		Summarise job skills acquired and specialist training received	
What qualities do you have which most suit you to the job you are applying for?			

HEALTH								
Height		Weight		Are you disabled?		If Registered Disabled	Number	Expiry Date
To the best of your knowledge are you fit to perform the duties involved in the position applied for?						Would you be willing to have a medical examination if deemed necessary?		
Please describe your smoking habits								

THE REMAINING QUESTIONS IN THIS SECTION ARE OPTIONAL - please see declaration on the back page

Have you at any time suffered from any of the following conditions?					
Dermatitis or skin trouble	Yes/No	Back trouble, or slipped disc	Yes/No	Nervous breakdown or Mental trouble	Yes/No
Gastric or Duodenal ulcer		Rheumatism, Arthritis, Fibrositis		Rupture or Hernia	
Deafness, Ear infections, Sinusitis		Any deformity		Do you always wear glasses or contact lenses?	
Chest trouble, Bronchitis, Asthma T.B., Hay fever		Fits, Fainting attacks, Giddiness, Epilepsy		Do you wear glasses or contact lenses for close work?	
Rheumatic fever, Heart trouble		Migraine		Have you had a serious accident at work or elsewhere?	
Diabetes		Swollen ankles, Varicose veins		Are you currently receiving any medical treatment?	
Details of above conditions or any other illnesses or injuries					

GENERAL Please give details

What are your main interests, sports and hobbies?					
What clubs or societies do you belong to?					
What professional bodies or Trade Unions do you belong to?					
Do you have any part-time jobs?					
Do you have any other commitments which might limit your working hours? E.g. Judicial, Military or local government					
Future training plans. Give details of any courses you intend to pursue					
Have you ever been dismissed from employment?					
Have you been convicted of a criminal offence? N.B. Rehabilitation of Offenders Act 1974					
Please give any other information relevant to your application. Outline any notable achievements.					