

CLOCK No.	START DATE	SHIFT TIME	LOCATION
FOR OFFICE USE ONLY			

please complete and return to:-

AW PRECISION
 COSFORD LANE
 RUGBY
 WARWICKSHIRE
 CV21 1QN

APPLICATION FOR EMPLOYMENT

Please print clearly



ALL INFORMATION IS STRICTLY CONFIDENTIAL

Surname	Address
Forenames	
Telephone Numbers Private	
N.H.I. Number	
	post code

Next of kin (name and relationship):

Address:

Telephone Number: (Home): (Work):

Under the Disability Discrimination Act 1995

Disability is defined as a physical or mental impairment which has a substantial and long term adverse effect on a persons ability to carry out normal day to day activity.

Do you consider yourself disabled? Yes/No

If you do, how would your disablement affect your ability to carry out this job?

Do you have a current driving licence? YES/NO Is it clean? YES/NO (If no, please give details):

Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974?
 YES/NO (If yes, please give details):

EMPLOYMENT

Position applied for:

Have you previously worked for us? YES/NO. If YES, when?

On what date would you be available for work?

EDUCATION

Schools	from	to	Examinations and results
College/University	from	to	Courses and results
Further education and formal training	from	to	Courses and results

Please outline the skills and experience you have gained through paid employment and other work activities and interests which are relevant to your application of this job.

Equal Opportunities

The company operates a policy of equal opportunities whereby any person shall have the right to employment or subsequent entitlements regardless of age, gender, race or creed.

EMPLOYMENT HISTORY

List below present employment, beginning with your most recent

Name and address of employer	From		To		Starting salary	Leaving salary	Name of Supervisor
	Mo	Yr	Mo	Yr			
					£ per hour/week/annum	£ per hour/week/annum	
	Job Title:						
	Describe the work you did:						
	Reason for leaving:						
Telephone							
Type of business							

Name and address of employer	From		To		Starting salary	Leaving salary	Name of Supervisor
	Mo	Yr	Mo	Yr			
					£ per	£ per	
	Job Title:						
	Describe the work you did:						
	Reason for leaving:						
Telephone							
Type of business							

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	Mo	Yr	Mo	Yr			
					£ per	£ per	
	Job Title:						
	Describe the work you did:						
	Reason for leaving:						
Telephone							
Type of business							

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed:

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s).

PERSONAL REFERENCES

Please give details of two referees, (not relatives) one of whom should be your last or current employer, we could approach for references.

Name Name

Occupation Occupation

Address Address

.....

.....

Telephone Telephone

The facts set forth in this application for employment are, to the best of my knowledge, true and complete.

Signature Date

for office use only

INTERVIEWERS

Interviewer Date

Comments

Interviewer Date

Comments

Applicant engaged YES/NO
Starting date

Engagement letter sent YES/NO
Date

Personnel File opened YES/NO

References applied for YES/NO
(Date)

Rejection letter sent YES/NO
Date

Holding letter sent YES/NO
Date

Rate of Pay:- £..... per hour/per week/per annum