

PERSONAL DETAILS

FIRST NAMES: _____
FAMILY NAME (MR/MRS/MS/MISS): _____
HOME ADDRESS: _____

POST CODE: _____
TELEPHONE NUMBER: _____
NATIONAL INSURANCE NUMBER: _____
D.O.B DAY: _____ MONTH: _____ YEAR: _____
PLACE OF BIRTH: _____
NATIONALITY: _____

MARITAL STATUS: _____
MAIDEN NAME: _____
EMERGENCY CONTACT (IN CASE OF EMERGENCY AT WORK, PLEASE GIVE DETAILS OF THE FIRST PERSON WE NEED TO CONTACT IN THE UK)
FIRST NAMES: _____
FAMILY NAME (MR/MRS/MS/MISS): _____
HOME ADDRESS: _____
TELEPHONE NUMBER: _____

YOUR RIGHT TO WORK IN THE UK

IF YOU ARE NOT A BRITISH CITIZEN OR FROM THE EUROPEAN ECONOMIC COMMUNITY, DO YOU NEED PERMISSION TO WORK IN THE UK? **IF YES**, PLEASE PRODUCE EVIDENCE OF YOUR RIGHT TO WORK. **IF NO**, PLEASE PRODUCE EVIDENCE THAT YOU HAVE A RIGHT TO STAY IN THIS COUNTRY.

PASSPORT NUMBER _____ WORK PERMIT NO. _____ EXPIRES: _____

YOUR HEALTH

DO YOU HAVE ANY DISABILITIES OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?

HOW MANY DAYS SICK LEAVE HAVE YOU TAKEN DURING THE LAST 12 MONTHS:

ARE YOU REGISTERED DISABLED? YES: _____ NO: _____

IF YES, PLEASE GIVE YOUR REG NO. _____
IF YOUR APPLICATION IS SUCCESSFUL, WILL THE COMPANY NEED TO MAKE ANY ADJUSTMENTS TO ACCOMMODATE ANY SPECIAL NEEDS THAT YOU MAY HAVE?

PRESENT STATE OF HEALTH: _____

YOUR EMPLOYMENT HISTORY

PLEASE LIST THE NAMES AND TELEPHONE NUMBERS OF YOUR LAST 3 EMPLOYERS (STARTING WITH THE MOST RECENT)

1) COMPANY: _____
TELEPHONE NUMBER: _____
START DATE: _____ FINISH DATE: _____
JOB TITLE: _____
SALARY: _____
REASON FOR LEAVING: _____

CONTACT FOR REFERENCE: _____
JOB TITLE: _____

REASON FOR LEAVING: _____

CONTACT FOR REFERENCE: _____
JOB TITLE: _____

2) COMPANY: _____
TELEPHONE NUMBER: _____
START DATE: _____ FINISH DATE: _____
JOB TITLE: _____
SALARY: _____

3) COMPANY: _____
TELEPHONE NUMBER: _____
START DATE: _____ FINISH DATE: _____
JOB TITLE: _____
SALARY: _____
REASON FOR LEAVING: _____

CONTACT FOR REFERENCE: _____
JOB TITLE: _____

