

W. J. King (Garages) Ltd

Please return completed form to:

APPLICATION FOR EMPLOYMENT (Form B)

(STRICTLY PRIVATE and CONFIDENTIAL)

You may attach your curriculum vitae, but complete the application form as well

PERSONAL DETAILS		Position Applied for	Date
Full Name Mr / Mrs / Miss / Ms: <i>(Delete as appropriate)</i>			
Home Address			
Post Code	Duration of Residence:	Date of Birth	Age
Home Tel No.		Mobile Tel No.	
<i>(please tick)</i> House Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	Living with Parents or Family <input type="checkbox"/>	Other
Marital Status <i>(please tick)</i> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>			
Number of Dependant Children <input type="checkbox"/>	Other Dependants <input type="checkbox"/>	National Insurance No.	
a) Are you currently employed?	YES / NO	b) Have you been convicted of a criminal offence?	YES / NO
c) Do you hold a current Full UK Driving Licence?	YES / NO	d) Do you have the use of a motor vehicle	YES / NO
e) Is your licence free from endorsement?	YES / NO	if No give details.	

EMPLOYMENT HISTORY (DETAILS OF PRESENT OR LAST EMPLOYER)

Name & Address	
Post Code	
Period of Employment. From: Month..... Year..... To: Month..... Year.....	Current / Final Salary per annum £
Job Title	Average Working Hours per week.
Reason for Leaving	Notice required

PREVIOUS EMPLOYER (Prior to the above)

Name & Address	
Post Code	
Period of Employment. From: Month..... Year..... To: Month..... Year.....	Current / Final Salary per annum £
Job Title	Average Working Hours per week.
Reason for Leaving	

OTHER EMPLOYMENT HISTORY

EMPLOYERS NAME	FROM	TO	JOB TITLE	REASON FOR LEAVING	GROSS INCOME PER ANNUM

GENERAL EDUCATION

Dates		Name and Address of Schools/Colleges
From	To	

EXAMINATION RESULTS / QUALIFICATIONS / PRACTICAL SKILLS (INCLUDE APPRENTICESHIP)

Dates	Subject	Examination	Qualifications or Grade Obtained

HEALTH

Do you have any re-occurring health problems that would affect your work? **YES / NO**

If **YES**, please describe

How many days have you been absent from work through illness in the last two years? *Number of Days*

Are there any disabilities which may affect your work? **YES / NO**

If **YES**, please describe

Do you need to smoke whilst at work? **YES / NO**

GENERAL

What are your interests, sports and hobbies?

Do you have any commitments which may affect your employment with us? **YES / NO**

If **YES** please give details:

REFERENCES *(Include your present/previous employer) N.B. References are taken up only when an applicant has been offered and accepted employment*

Name & Address	Name & Address
Telephone Number	Telephone Number

References may be taken before an offer of employment, only if express permission is granted by yourself at interview

AVAILABILITY

If offered this job when could you start?

Do you have any holiday commitments? YES / NO If **YES** please state dates. From: / / To: / /

How did you hear about this job? If through the media, please specify publication.

Do you know anyone employed by this Organisation?

NOTES (USE THIS SECTION IF YOU REQUIRE ADDITIONAL SPACE)

DECLARATION

I understand that employment by the Company is subject to the following conditions:

1. That the references given are satisfactory.
2. That I am prepared to undertake any training that may be required either locally, or at any other location.
3. That I agree to comply with whatever Company rules and conditions are from time to time in force.

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

Signature

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Date

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