

Steeles of Worthing

EMPLOYMENT APPLICATION FORM

Full name:

N.I. No:

Current address:

Daytime tel. No.:

Evening tel. no:

Email Address:

Position required:

Full-time / Part-time

Date of birth:

Full, current, valid CAR driving licence?

YES / NO

List any endorsements in the last 5 years and ANY driving bans:

Smoker: YES / NO

Do you have any handicap, physical or mental limitation that may cause you difficulty, either at interview or in performing the job for which you have applied? If so, please give details overleaf

YES / NO

Are you a registered disabled person?

YES / NO

Number of sick days in past 12 months:

Do you have any criminal convictions which are not yet 'spent' or prosecutions pending? YES / NO

Employment record:

List overleaf with dates if not shown elsewhere

Education record:

List overleaf with dates if not shown elsewhere

Relevant training/certificates:

List overleaf with dates if not shown elsewhere

Work/personal references:

List overleaf if not shown elsewhere

Other relevant information:

List overleaf with dates if not shown elsewhere

Signed:

Date:

***Form to be completed by applicant in own handwriting and signed/dated.
Please contact us should you require an alternative application method.***