

Thomas Silvey Ltd
 111-119 Newfoundland Road
 Bristol
 BS2 9LU



JOB APPLICATION FORM

JOB TITLE.....

SURNAME OF APPLICANT.....**FORENAMES**.....

Address.....

Daytime tel:.....**Evening tel:**.....**Email**.....

Please attach your Curriculum Vitae, if available.

Education & Qualifications Schools / colleges attended	Dates attended	Full time/ Part time	Exams passed with subjects (if no passes state best two subjects)

Technical, commercial or professional qualifications

Present or most recent employment Name & address of employer	Names of jobs held	Main duties performed	Commencing & final salaries & commission

Reasons for changing employment

Names of Previous Employers	Job titles	Dates employed	salaries	Reasons for leaving

Information that you consider relevant to your application (why do you want the job? What makes you suitable?)

Hobbies & outside interests

Details of any convictions for criminal/civil offences

Period of notice required by present employer.....date available to start.....

*Driving licence no.....Categories of vehicle for which valid.....years held.....

*ADR (if applicable) date of expiry.....Categories of vehicle for which valid.....

*Details of any endorsements.....

* Driving licence details are only relevant if you will be driving on company business.

Trade union membership details.....

MEDICAL DETAILS:

- 1. Have you, during the past three years, had a period of sickness for more than a week? Yes/No
- 2. Have you ever had mental illness or nervous breakdown? Yes/No
- 3. Have you had hospital in-patient treatment at any time? Yes/No
- 4. Have you ever had blackouts or fits? Yes/No

If answer to any of the above is YES, please give details below:

	(a)	(b)	©
Condition (illness, injury, etc)			
Date illness began			
Length of illness			
Nature of Treatment (Home or Hospital)			
Length of Absence from work/school			

Thomas Silvey Ltd. operate a "no smoking policy" throughout its business. Would this in any way effect your life style were your application to be successful? YES/NOAre you a smoker?..... YES/NO

Have you ever had a Chest X-ray YES/NO If yes, When

Where

What Result

I declare that to the best of my belief the above information is true. Furthermore, I understand and acknowledge that if it is subsequently discovered that the above information is incorrect in any material particular, or that I have failed to make a full disclosure I shall be liable to have my contract of service terminated or to be excluded from any relevant Company benefit.

I give my consent for the Company's Medical Adviser to seek medical information from any Doctor who has attended me.

C.R.B. [Criminal Records Bureau] checks may be made. All successful candidates will be expected to satisfy current legislation regarding eligibility to work in the United Kingdom. All information given will be used for the purposes of recruitment and, in the event of successful employment for personnel files. All duties under the Data Protection Act will be observed by the company and the applicant.

Date: **Signed:**

<u>References from previous employment:</u> (Only to be taken up if appointment offered)	<u>Position Held:</u>	<u>Address & Tel No.</u>
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